

The Algerian health system and its indicators: Reforms at the crossroads and their Challenges during the post-Corona covid19 pandemic period.

المنظومة الصحية الوطنية ومؤشراتها: إصلاحات في مفترق الطرق وتحديات لما بعد
زمن جائحة كورونا كوفيد19.

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Abstract:

This paper aims to highlight the most important reforms that made Algeria's health system adapted to the new economic, social and political realities, in addition to the demographic, epidemiological, technological shifts. In this study we will uncover the stages of Algerian health sector's development until 2020 and monitor the impact of these changes on the development of public health indicators. We will also attempt to identify the weaknesses, their dissatisfactions factors of all parts, and their challenges during the post covid19 pandemic period, which has put the national health system under severe strain, and clearly revealed its vulnerability. Finally, we will conclude with recommendations that would remind us of the important and urgent reconstructions and help us to have a new vision for developing strong, overall and sustainable health policy. To achieve these aims, we relied on a historical and analytical approach to describe and analyze information represented in theoretical studies, and to evaluate their results in accordance with the research objectives.

Key words: Health system – Reforms – Health indicators – Public health – Corona Covid 19 pandemic.

JEL classification: I15 – I18

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الملخص:

تهدف هذه الورقة البحثية إلى إبراز أهم إصلاحات المنظومة الصحية في الجزائر للتكيف مع الواقع الجديد على الصعيد الاقتصادي، الاجتماعي والسياسي، ومع التحولات الديمغرافية، الوبائية، والتكنولوجية. من خلال هذه الدراسة سنتطرق إلى مجمل مراحل تطور القطاع الصحي الجزائري إلى غاية 2020، وتأثير هذه التغييرات على تطور مؤشرات الصحة العامة في الجزائر، فضلا أننا سنحاول تحديد نقاط ضعفها وعوامل عدم رضا جميع أطرافها، وتحديات ما بعد زمن جائحة كورونا كوفيد 19 والتي وضعت النظام الصحي الوطني تحت ضغط شديد، وكشفت بوضوح عن نقاط ضعفه. أخيرا، سنتختم بتوصيات من شأنها أن تذكركنا بعمليات إعادة البناء المهمة والعاجلة، وتساعدنا في الحصول على رؤية جديدة لتطوير سياسة صحية قوية وشاملة ومستدامة. ولتحقيق ذلك اعتمدنا على المنهج التاريخي التحليلي لوصف وتحليل المعلومات المتمثلة في الدراسات النظرية، وتقييم نتائجها بما يوافق أهداف البحث.

الكلمات المفتاحية: منظومة صحية؛ إصلاحات؛ مؤشرات الصحة؛ صحة عامة؛ جائحة كورونا كوفيد 19.

Introduction:

Health care is one of the most urgent services that humans need today compared to previous stages, due to the emergence of various unknown diseases that are difficult to treat, that's why Algeria should pay more attention to health care services, especially expenditures allocated to it from the state budget and as a percentage of the gross domestic product.

Giving attention to the national health system in general, and hospitals in particular has become a necessity and urgent priority, for the reason that it enables us to consolidate the gains made and ensure the right to treatment for all segments of population.

This is achieved through improving the effectiveness of the health system by introducing regulatory measures that affect all its components, particularly hospitals,

which are the central axis of the treatment system, and the main factor behind the growth of health expenditures.

The changes taking place in all sectors in Algeria make it imperative for us to adapt the health system, especially hospitals, to these requirements, with a great care to maintain and strengthen the gains achieved, and this indicates that health system reform policy is a part of the general reforms initiated by the government at more than one level in order to achieve sustainable development.

After the Covid 19 pandemic, several actions were initiated by the authorities in order to avoid damage or limit risks and thus increase resilience. It is obvious that this pandemic has turned all parameters of social, economic and even political life, with all the evils it caused, but we must not lose sight of the insights it was able to provide, particularly on the weaknesses of our health system; inequalities in access to care between regions, the devaluation of nursing staff, the lack of materials, equipment and drugs in hospitals, etc. Therefore, the advantage lies in the lessons that can be learned from this crisis in order to think about how to rebuild our health system and set up a strategy that would lead to improving the system.

The aim of this study is attempting to diagnose the health situation in Algeria, and to mention its weaknesses, also to demonstrate reforms and their objectives, while highlighting the challenges faced especially after the pandemic.

We will also try to present the development of health indicators as a result of reforms, and then show bets for the national health system.

Therefore, to reach the targeted points of the study and analyse the problematic

That despite the development witnessed by the health sector, which is considered as an essential factor in improving health indicators, this is still obstructed by a complex reality about the performance of a fuzzy health system; based on this, we ask the following main question:

To what extent have successive reforms of Algeria's health system responded to the latest changes in health and epidemiological situation, and achieved their goals?

To answer this main question, we suggest the following sub questions:

- 5- What are the most important fields of reforms that the health sector has known in Algeria?**
- 6- What is the impact of these reforms on public health?**
- 7- What are the imbalances that led to complaining about the sector and creating dissatisfaction?**
- 8- What are the current challenges facing the national health system especially after the Corona Covid 19 pandemic?**

9- The reasons of change in Algeria's health system:

Algeria's public health system is characterized by some defects, which led to a rethinking of its organization.

Among the most important drivers of change in the public health system, we mention:

(مرينق، 2011، ص13)

- Allocating the most important resources of health sector to the benefit of hospitals led to direct orientation of citizens to the general hospital, which provides primary treatments, and that increases the pressure on it.
- Specialized treatments such as oncology, cardiovascular surgery and ophthalmology are located in some hospitals.
- Overcrowding of specialized hospitals.
- The preference of treatment in foreign countries, although it has decreased in recent years.
- The imbalance in distribution of public health institutions and national competencies among the various regions of the country, as most of them are

concentrated in the north, particularly in the country's centre, by 55%, leaving other areas, especially the southern one.

10-Goals for change:

The main objective is to bring health services closer to the citizens. To achieve this goal, the following measures have been taken:(سلطاني، 2016، ص147)

- Achieving the best hospital coverage in the interior and southern regions of the country.
- Finding the best places to develop new structures for high-level specialized treatments.
- Schooling doctors for general and specialized medicine.
- Bringing the structures concerned with prevention and basic treatment closer to the citizen.
- Transferring the patient from structures outside the hospital to the hospital shall be the decision of a general practitioner or a specialist doctor.
- Enabling citizens to obtain health services by adapting multi-service clinics and treatment rooms to the requirements of the new health map.

11-Imbalances and obstacles facing Algeria's health system:

The health sector is considered one of the main sectors in the economic development process that Algeria pursues, due to the effective role that it plays, by linking all vital economic and social sectors together.

However, this does not deny that Algeria's health system suffers from a number of imbalances affecting the quality of services provided, which we summarize in the following points:

3-1 Organizational deficiencies:

- The hospital is a service based institution that operates in an administrative logic; the structural relationships within it exist, but the functional

ones are not clearly defined, as we find the multiplicity of interventions, which results in a relationship of a dual membership. (بن حلّيمة، 2006، ص5)

- The lack of motivation for employees leads to stagnation in their activity due to the absence of adaptation of the basic law, poor working conditions, and low wages compared to the private sector.

- unequal distribution of human and material resources between the nation's parts and even within each side, where there are significant differences: in the north, there is a doctor per 800 inhabitants corresponding to 01 doctor per 1,200 inhabitants in the south.(خروبي بزارة، 2011، ص59)

- Misallocation of available financial resources: expenditures and incomes for the health sector budget are not prioritized.

- The system of training in the health sector does not take into account its needs, therefore, the incompatibility of academic training with the qualifications required in application, as well as the difference between training and the occupied job.

3-3 Financial management defects:

- The Algerian health system does not suffer from a lack of financial resources, but rather the mismanagement of available resources, which further aggravated the situation of health structures which face an increasing demand for treatment.

- The lack of control over expenditures and the inaccuracy of data related to costs made the hospital accounting approximate, inaccurate, and unrealistic, which explains the situation that is characterized by the accumulation of debt on the public institution, and the loss of its credibility.

3-3 Management imbalances:

The most important defect in the Algerian health system is mismanagement, which is caused by deficiencies in the health media system, as well as health training; in

addition, the current media system does not give complete access to the therapeutic medicine nor to the quality of health services available to the population.

This deficiency is due to poor handling of medical files and reports, inflexibility of administrative records, and lack of staff training.

12-Principles of health reform in Algeria:

The reform of Algeria's health system is a national public policy, taken by the public authorities in order to improve and develop the health sector and bring its health structures and institutions closer to the Algerian citizen with the aim of ensuring public health for all.

This is according to article 66 of the constitution, which says:"Health care is the right of citizens, and the state is responsible for the prevention and control of infectious diseases..."

The "Health Charter" was established in 1998 as an indication of the necessity of adapting the health system to economic and social transformations, with the aim of identifying key principles and priorities that should characterize the national health policy, including the organizational and financial dimensions of the reform process.

The health policy principles were as follow:

- Protecting and promoting health in order to reduce inequality and prioritize it in the government's work program.
- Benefiting from free treatment, equity, and national solidarity.
- Eliminating regional disparities by creating the five regional health districts.
- Access to safe drinking water, education, housing and environmental protection.
- Developing a health indicator information system and rehabilitation of human resources through continuous training.
- Developing alternative formulas for financing health expenditures through community involvement.

- Improving the social and professional conditions and status of all health sector workers and setting incentive measures.
- Establishing a national health Council.

13-Stages of reforming the health sector in Algeria:

Health is not only a fundamental right, but it is also a basic source of social, economic, and individual development.

According to this general principle, Algeria has worked in all constitutions to make the citizen's right to health a fundamental principle that cannot be denied or ignored. (حاروش، 2008، ص78)

The policy of reforming Algeria's healthsystem has undergone various transformations fromindependence to the presentday, eachwere a reflection of the political, economic, and even social and environmental conditions thatprevailed at each stage separately.

The main goal of these policies is to protect the health of individuals:

Stage1: 1963-1973

After the independence, Algeria's health situation was deteriorating and deplorable, as the existing health system was centred in the major cities of Algiers, Oran and Constantine. The health system was particularly represented in public medicine inside hospitals, and clinics supervised by municipalities providing free medical assistance.

After the restoration of its lands, Algeria took the socialist approach as an economic system, and the government had to replace the inherited colonial health form with a different method, one that is different in its elements and objectives.

After independence, Algeria had about 500 doctors, 50% Algerians, in order to cover the needs of the population estimated at 10.5 million, while health indicators during

this period were characterized by infant mortality, and a life expectancy under 50 years.

The prevalence of infectious diseases associated with environmental and living conditions was the main cause of death and disability.

To face this situation and the limited resources available, the Ministry of Health had two main objectives: (بن لوصيف، 2007، ص91)

- Redistributing public and private health institutions as well as doctors to the various regions of the country, to enable the entire population to benefit from treatment equally (Compulsory half-time work in the public sector for medical practitioners in the private one, and the formation of mobile medical teams).

-Controlling the mortality and eradication of infectious diseases and epidemics.

This stage was also marked by the development of several health programs aimed at protecting disadvantaged groups, and thus the compulsory vaccination of children was established.

The major themes of national health policy were:

Prevention: The best method of treatment is to avoid disease through vaccination campaigns and hygiene measures.

Disease treatment: After illness or work accident, the patient receives the necessary treatments from the primary health centers and then hospitals if treatment is difficult.

The rational distribution of doctors: in order to achieve the goals set out in the health map, that means full health coverage for the national territory in terms of the human resources, structures and equipment necessary.

Stage2: 1974-1989

This period was marked by the establishment of many health programs in order to protect the underprivileged population, and to to ensure the prevention

of incurable diseases, and compulsory vaccination was imposed and generalized for all children.

The health system could be divided into the following:(براح، 2009، ص102)

- State hospitals.
- Private clinics owned by individuals.
- Municipal health centers and clinics, which were attached to hospitals between 1968/1976.
- The decision to offer free treatment in public health structures from January 1974.
- Using the slogan « health for all citizens, whatever their income and social situation ».
- Reforming the educational system by strengthening it with medical studies, in order to improve the quality of education.

Stage3: 1990-1999

This stage was marked by the accumulation of problems that had developed since the end of the eighties, and led to a gradual restructuring of health system, this development was translated into:

- Health-care regional project, which began in the 1980s as a framework for mediation and arbitration to embody decentralization, and to achieve balanced health development at the institutional level.
- Decentralization of the Council and the regional health observatory.
- The health regional community was unable to respond to the tasks assigned to it, due to its limited powers in some advisory decisions. (chaouch, 2005, p205)

Stage 4: 2000-2009

This stage is considered a stage of renewing confidence in restoring security and stability to Algeria after a bloody decade, that led to the weakening of

state institutions, which prevented it from playing the role assigned to it constitutionally, which is protecting the citizen and providing the necessary needs for community members in various fields, especially in the health sector. At the beginning of this period, a national health map was designed to reduce differences between regions, considering the specifics and urgent needs of each part and to reduce imbalances in organization and coordination.

The government's program also aimed to form human resources through basic and continuous training, in order to upgrade the sector and improve the performance of medical institutions and modernize them to accommodate the growing demand of citizens, while encouraging the private sector.

The implementation of the new health map has contributed to strengthening health structures of all kinds and has brought health closer to citizens.

The private sector has also contributed to improving the situation, with 286 private clinics, 5095 specialist doctors and 6205 general doctors.

The funds for the health sector to meet the UN Millennium Goals have been continuously evolving, with 76% of the 2008 Finance bill compared to 58% in 1999.

Stage 5: 2010-2014

At this stage, the health sector benefited from a financial cover estimated at 619 billion dinars under the public investment program for the period between 2010-2014, approved by the Council of Ministers held on 24 May 2009.

This amount was allocated for the accomplishment of 172 hospitals, 45 health complexes, 377 multidisciplinary clinics, 1,000 treatment halls, 17 paramedical training schools and more than 70 specialized institutions for the disabled.

The five-year program also includes improved access to primary and secondary treatments, with 254 multi-services clinics and 34,800 beds required by 2015.

There were multiple hospital structures distributed throughout the country, including 13 university hospital centers, one university hospital institution, 5 hospital institutions, 68 specialized hospitals, and 195 public hospitals.

This fabric has been strengthened by 271 public neighbourhood health institutions. These institutions operated 988 multidisciplinary clinics with 3,566 maternity beds, 387 multidisciplinary clinics without beds, 5,376 treatment rooms and an estimated total of 63,680 public beds.

This period was marked by the issuance of a new health law amending or repealing the outdated Health Law 85-05 of February 16, 2005 related to health protection and promotion.

Indeed, Law No. 11-18 of July 2, 2018 on Health was issued, which included 449 articles repealing the provisions of the aforementioned law.

However, it is noted that the external departments of health were not installed within the deadlines specified by a maximum of two years from the date of publication of this law in the Official Journal.

The same situation is the issue of the health map, the health district system and other structures in charge of public health functions, such as the National Pharmaceutical Agency and others...

Under the above law, the Basic Law of public health institutions has been transformed from a public institution of an administrative nature to a private and health-oriented public institution, but nothing of this has also been applied in the ground until the end of the year.

In this phase (2018), the departments of preventive medicine have been restructured in line with the requirements of the preventive policy, economic, demographic and technological transformations.

In addition, the Mixed Hospital Model Law was promulgated by Presidential Decree No. 18-114 of April 17, 2018, providing dual health care to civilian and military citizens.

Stage 6: 2020 and post-Corona Covid 19

In Algeria, the Covid-19 pandemic spread from the 25 February 2020, when the first case tested positive was declared. The wilaya of Blida, the epicenter of the outbreak, recorded the first cases in the national territory at a progressive rate. Moreover, the first death from this virus was recorded on March 12, 2020.(snoussi, 2020, p377). After almost four months from the screening of the first case, the cure rate is 70% against a mortality rate of 7%. It should be noted that since the first week of April, the number of people cured has multiplied by seven in the space of 70 days (from 113 to 7,842 healed between April 07 and June 16, 2020). Moreover, regarding the distribution of cases confirmed by age group, there is a predominance of 25-49 years old %40.5 followed by those over 60 (28.6%). In addition, the two wilayas of Algiers and Blida alone account for around 24% of the total confirmed cases and 34% of deaths, since the start of the pandemic.(Kouaci M, 2020, p45).

The health system in this period is characterized by:

- A highly centralized health system: the Institute Pasteur alone authorized to perform PCR tests.
- Strong mobilization of nursing staff in health establishments public despite difficult working conditions
- The help of doctors in the private sector in taking care of patients. However, doctors in the same sector preferred to close their practices despite an obligation of the government to maintain their activity.
- The use of teleconsultation as an alternative to the activity of doctor's offices.

- Shortage of certain chronic disease drugs as a result of border closure.(Hamra F, 2020, p320)

At this stage, we are experiencing accelerated change events represented by three main points:

4. Publishing an executive decree (90-60 dated March 14, 2020) defining the model agreement between social security services and private sector health institutions (EHP) in a period of health crisis, to provide healthcare for pregnant women and newborn.
5. Establishing mobile health teams (May 2020) in order to ensure medical coverage in the south and isolated regions in the north.
6. The installation of the National Health Security Agency (June 2020) with an absence of assigned tasks and powers, which will oversee reforms in the health system; and the first change will be in the principles of the order of 1973 talking about free health for all.

14-Indicators of the health situation in Algeria:

Health indicators are an important factor in development of the economy and the progress of any country. Algeria is one of the countries that has achieved a remarkable development in its health indicators, some of which will be presented:

(بن زيان، د.ت، ص4)

6-1 Mortality rate:

Indicators derived from mortality give a good picture of population's health, and it include:

- **General mortality rate:** It is one of the most important health indicators for the population that gives insight into the living and health conditions prevailing in societies.

- **Infant mortality rate less than a year:** It is a very important indicator, as it reflects levels of health care provided by countries for this age group, and it is also considered as an indicator of the general health level in society.

- **Under-five mortality rate:** It is one of the important health indicators that measure and reflect the level of health care coverage for children based mainly on immunization against diseases.

- **Maternal mortality rate:** maternal health is one of the most important priorities for development, and this importance comes from the fact that women's health is not limited to them only, but extends to the family and society, which make caring for women's health, especially reducing maternal deaths during childbirth a global concern, and became a universal provision of basic services, to ensure decent reproductive health.

Mortality rate statistics:

The infant mortality rate (U5MR) and infant mortality rate (IMR) were both significantly reduced between 1990 and 2008, with an estimated infant mortality rate of 8.46 % in 1990 which dropped to 5.25 % in 2008, and the mortality rate for children under 5 years of age is estimated at 7.55% in 1990 and decreased 7.29% in 2008, mainly due to improved health care through the provision of essential vaccines, and then a slight decrease is noticed compared to previous years, with an estimated infant mortality rate of 7.23% in 2010 to 3.22% in 2015, and the mortality rate for children under five years of age was also slightly reduced to 8.28% in 2010 and to 7.25 % in 2015.

The maternal mortality rate witnessed a remarkable decrease, as it was estimated after independence of 500 mother deaths per 100,000 live births, then it decreased to 215 in 1981, and then knew stability, after that it witnessed a significant decrease until the year 2014, which was estimated at 60. 5 deaths per 100,000 live

births; this is a result of the development of the health sector through the provision of quality care for the mother and child before and after birth, and as a result of the Millennium Development Goals.

The overall mortality rate did not witness a significant decrease, as it was estimated at 6.30% in 1990, reaching 4.57% in 2015.

The coronavirus (COVID-19) caused the first two confirmed deaths on March 12, 2020. Since then, the cumulative number of coronavirus deaths increased daily, reaching a total of 3,270 deceased people by May 2, 2021. The highest variation in the daily mortality rate was recorded at 30 new cases of death on April 9, 2020 (statista. 2020)

6-2 Life expectancy at birth:

It is one of development indicators, which allow us to know the level of development in that country, so that it is considered among the most useful indicators regarding the ability of each society to guarantee its members a Longest and safest life at birth.

Life expectancy statistics:

Available statistical data indicate that the level of life expectancy in Algeria moved from 51 years during 1965 to 67 years during 1987, continuing its rise, where it was estimated at 75 years in 2008.

In 2015 life expectancy at birth reached 77 years, and this means that the average age of life expectancy in Algeria increased by 26 years during the past 48 years between 1965 and 2015.

This increase in life expectancy is due to the improvement in standard's living of Algerians, as well as the development of epidemic and disease prevention methods, especially with the high percentage of chronic diseases currently estimated at 60%

of the population, which has recently received a significant funding rate in the context of caring for this segment of the population.

However, these indicators are not enough to describe and compare the health status of the various population groups on a complete basis, especially regarding the health status during life.

Despite the high rate of life expectancy, Algeria still occupies a late position in the World Health Organization statistics.

The improvement of life expectancy will not cover the widespread prevalence of diseases, as diabetes, hypertension and cancer that remain the most important causes of death in Algeria.

The national health development, according to the World Health Organization, is poorly organized in terms of health system performance, which confirms that the health level in Algeria is not related to the health sector only, but also to the economic, environmental, nutrition, education, employment, housing and other sectors related to individual's lives. (بومعروف ، عمار ، 2009، ص35)

15-Health system bets in Algeria:

Regarding the expected stakes, it seems that the public authorities will continue to strengthen the context of reforms, (*Rapport Nabni,2020*)hoping to reach the OECD indicators within 2025 taking into account the following challenges:

7-4 On the demographic level :

Demographic development has profound implications on the composition and determination of population and is also reflected in the economy of societies.

The studies predict a decline of indicators in 2025 for general mortality, including maternal and child mortality accompanied by a significant increase in marriage and life expectancy at birth, as well as an increase in births.

This forces the health authorities to rethink about the modernization of the health system, and make health closer to the citizens, while improving the quality of treatment that citizens complain about.

Studies also indicate that by 2025, the age pyramid will experience more balanced structural changes characterized by a decrease in the youth group, an increase in the number of hierarchical age groups, and a gradual expansion of the old age group, resulting in increased health expenditures.

In the year 2025, the population will reach 45 million, with a ratio of 16.9 per thousand for the birth rate, 4.5 per thousand for the general death rate, and a life expectancy of 80 years.

7-5 At the epidemiological level :

Algeria is a country undergoing a pandemic transformation, marked by the decline of some infectious diseases and the persistence of some of them, with the emergence of chronic diseases, and the Algerian authorities are trying to improve the future epidemiological situation by relying on:

- Continuation of the vaccination program.
- Providing some antibacterial medicines.
- Ensuring chronic diseases.
- Strengthening coordination with other sectors (environment, professional environment, school health).

7-6 At the treatment display level:

The authorities aim to balance the distribution of health services and specialists, and to promote organ and pediatric cardiac surgery, strengthen maternal and child health, and ensure blood transfusion. (بوشلاغم، شرفي، 2017، ص19)

16- Measures and solutions related to the health system:

Based on an analysis of health situation in Algeria, the proposed general measures presented by the National Council for Hospital Reform are:

- Reducing centralization.
- Establishing an independent directorate at the level of Health Ministry, responsible for equipment and maintenance.
- Updating codes of hospital medicine.
- Emphasizing the necessity of centralizing and grouping purchases, especially for the southern regions, due to supply difficulties.
- Providing hospitals with the necessary structures, mechanisms, means and tools for internal evaluation and auditing.
- Establishment of a national health insurance system to provide health services to the poor.
- Searching for new sources of financing the health system, by imposing local taxes on pollution and smoking.
- Listing the contribution of economic insurance.
- Standardizing material means and human resources and setting a healthy map for the distribution of human resources.
- Making the hospital pharmacy an independent structure, defining its functions and obligations accurately.
- Giving greater autonomy to the hospital.
- Modernization and adaptation of health structures.
- Redefining the functions of hospital institutions and adapting their basic laws to these functions.
- The need to review the organizational and administrative structures of health institutions according to the stated objectives.(Oufriha F-Z, 1997, p100).
- Rehabilitation and improvement of employees in the course of their work.

- Setting up a hospital account plan.
- Determining the nature and forms of a social security fund's relationship with service providers.

Conclusion:

From the above it is clear that Algeria is very interested in health sector, and this is reflected in the great progress that the country has made in health structures and human resources of all kinds, in addition to the improvement in health indicators that have become close to those recorded in developed countries,

However, despite the development witnessed by the health sector this is still have a complex reality about its performance, that we summarize in the following points:

1. The absence of good reception, guidance and hospital hygiene.
2. Poor quality of services provided to citizens in emergencies.
3. Overcrowding and inhuman conditions in the process of taking care of pregnant women.
4. Inappropriate and unfavorable working conditions.
5. The growing phenomenon of violence against health professionals.
6. Insufficient exploitation of neighborhood health structures despite their large number.
7. Ignoring the pivotal role of the general doctor.
8. Significant differences for health coverage of regions.
9. Unreasonable deadlines for radiotherapy.
10. Unjustified delay in sector digitization programs.
12. The ineffectiveness of the civil service system in its current form.
13. Substantial deficit in paramedical users.
14. Significant delay in completing the registered projects.
15. Imbalances in providing the national market with pharmaceutical resources.

The advent of the new Coronavirus has put our system strained health. The Covid-19 clearly revealed the dysfunctions of our health system. However, this crisis could emerge a new hope for change in the event that the lessons learned help to weave the first lines of a solid, comprehensive and sustainable health policy, and answers to current problems that are consistent, reliable and feasible.

Thus, the reform health sector will have to start with:

- Decentralization of giving real autonomy to health regions.
- Upgrading the skills of the public health sector is essential, it therefore becomes imperative to review the training and human resource management
- The development of teleconsultation is essential for the medicine of tomorrow
- Updating the reimbursement rates for medical procedures.
- A development of a strong national pharmaceutical industry.

Finally, we must all be involved in a strategy that brings together all the players, putting their hands together to initiate a policy of change.

References:

10. إلياس، بومعروف وعمار، عماري. (2010). من أجل تنمية صحية مستدامة في الجزائر. مجلة الباحث. 42-27 (7).
11. بن حليمة، حليمة. (2006). الإصلاحات الإستشفائية في الجزائر: النظام التعاقدى. تقرير التريص الميداني السنة الرابعة إدارة الصحة. المدرسة الوطنية للإدارة. الجزائر.
12. بن زيان، إيمان. (د.ت). واقع أداء النظام الصحي في الجزائر. جامعة الحاج لخضر باتنة. الجزائر.
13. بن لوصيف، زين الدين. (2007). تسيير المؤسسات الصحية العمومية الجزائرية في ظل المتغيرات المعاصرة. مجلة العلوم الاجتماعية والإنسانية. 1.
14. حاروش، نور الدين. (2008). إدارة المستشفيات العمومية الجزائرية. الجزائر: دار كتامة للكتاب.
15. خروبي بزارة، عمر. (2011). إصلاح المنظومة الصحية في الجزائر 1999-2009. مذكرة مقدمة لنيل شهادة الماجستير في العلوم السياسية والعلاقات الدولية تخصص رسم السياسات العامة. جامعة الجزائر 3. الجزائر.
16. سلطاني، وفاء. (2016). تقييم مستوى الخدمات الصحية في الجزائر وآليات تحسينها. أطروحة مقدمة لنيل شهادة دكتوراه ل م د في علوم التسيير. كلية العلوم الاقتصادية والتجارية وعلوم التسيير جامعة باتنة 1. الجزائر.
17. بوشلاغم، عميروش ومنصف، شرفي. (2017). واقع وآفاق المنظومة الصحية في الجزائر. دراسات اقتصادية. 30-9 (3) 4.
18. مريزق، عثمان. (2011). التغيير التنظيمي في المؤسسات الصحية، المؤسسة العمومية للصحة الجوارية بالجزائر نموذجا. جامعة البليدة. الجزائر.
10. Chaouch, Mohamed. (2005). Développement du système national de santé: Stratégies et perspectives. *revue le gestionnaire*, revue élaborée par l'école nationale de santé.
11. Hamra, F. (2020, 17 février). Pénurie de 10 médicaments pour maladies chroniques: A quila faute? CAP Ouest. Consulté sur: <http://capouest.info/2020/02/17/penurie-de-10medicaments-pour-maladies-chroniques/>
12. Kouaci, M. (2020, 21 avril). Société algérienne de cardiologie: Une nouvelle application de téléconsultation pour les cardiologues. Rapport consulté sur: <https://www.reporters.dz/societe-algerienne-de-cardiologie-une-nouvelle-application-de-teleconsultation-pour-les-cardiologues/>

13. Oufriha F-Z. (1997). Ajustement structurel et autonomie du système de santé: Quels résultats?. Les Cahiers du CREAD, N°41.
14. Rapport Nabni. (2020, 2013). "Cinquantenaire de l'indépendance: Enseignements et vision pour l'Algérie de 2020, Chapitre Santé". Disponible sur: <http://www.nabni.org/wpcontent/uploads/2013/01/Nabni-Santé-2020.pdf>.
15. snoussi, zoulikha. (2020). Le système de santé Algerien face à la crise sanitaire du COVID-19: quels enseignements sur ses défaillances ? Les cahiers de CREAD Vol. 36-n° 03.
16. <https://www.statista.com/statistics/1177286/total-number-of-coronavirus-deaths-in-algeria/> consulted 03/05/2021.