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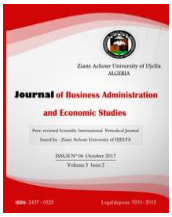

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The modernization of hospitals in Algeria through the internal contractual system.

EPH Jijel

تحديث المستشفيات في الجزائر من خلال نظام تعاقد داخلي

حالة EPH جيجل

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Abstract

The hospital is a complex and rapidly changing organization where technological innovations are accelerated and consequently the information circuit has become very complex. In this context, this article studies the mechanisms put in place in the contracting system. This allows us to see, on the one hand, how management control tools are progressively being built, and on the other hand, to see the importance of these management tools in the modernization of the health system to ensure the quality of services. Patient care. An empirical study at the level of the EPH of Jijel, makes it possible to better grasp the importance of the internal contractualization in the modernization of the hospital management, to ensure the quality of the care

Keywords

internal contractualisation; hospital; modernization; EPH Jijel; Quality of care;

JEL Classification Codes : K12 ; M10 ; K30 ; K32.

الملخص

يعتبر المستشفى أحد ركائز الإدارة الصحية التي تتميز بكونها سريعة التغير لتأثرها بالابتكارات التكنولوجية. كما أنه مكان لتقاطع القوى والتأثيرات المتعددة. حيث قررت الدولة وضع حد للتنظيم التقليدي للمستشفى واعتماد تطبيق إصلاح جديد يقوم على نظام التعاقد الداخلي. والذي يهدف الى إصلاح دارة المستشفى وتحديثه. في هذا السياق تبحث هذه المقالة في الترتيبات الموضوعة لنظام التعاقد. ما يتيح لنا الاطلاع على أدوات التحكم الإداري، ومن ناحية أخرى أهمية تلك الأدوات في تحديث النظام الصحي لضمان جودة رعاية الصحية. حيث اجريت هاته الدراسة في مستشفى جيجل EPH Jijel، لفهم أفضل لأهمية التعاقد الداخلي ودوره في تحديث إدارة المستشفى.

الكلمات المفتاحية

التعاقد الداخلي مستشفى؛ ؛ جودة EPHتحديث؛ جيجل الرعاية الصحية.

تصنيف JEL: K12؛M10 ؛ K30؛ K32.

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INTRODUCTION:

In Algeria, the hospital sector has experienced significant fiscal difficulties for several years. Due to the financial crisis, governments tend to limit these health expenditures. In addition, the fundamental concern of the state is the search for a better allocation of resources allocated to care. Since then, the Algerian state has committed to developing a policy to modernize the internal functioning of the hospital, which has resulted in the establishment of the mechanisms of the contracting system, for an internal reorganization of the hospital.

Our problem will be to know: How the devices of the system of contractualization internal to the hospital, which are built progressively, make it possible to modernize the management system of the hospital. From the theoretical point of view, the contracting system is inspired by agency theory, from the practical point of view; many shortcomings have been found according to the analysis of various studies concerning the diffusion of the internal contractual model within public hospitals in Algeria.

Our work is structured in two parts. The first part will focus on the efforts made by the state in setting up the internal contractual system. As for the second part, we will try to analyze the impact of the internal contractual system in the modernization of the operation of the hospital to ensure the quality of care. We will complete our work with a conclusion and some recommendations.

Our problem: Does the contractualization system have an impact on the modernization of the operation of the hospital to ensure the quality of care?

Hypothesis: We assumed a priori, that the absence of the devices of the contractual system in the hospital field hampers the modernization of the operation of the hospital to ensure the quality of care.

1. Conceptual analysis "Quality of care and internal contractualization and the establishment of the internal contractual system"

Before tackling the implementation of the internal contractual system, it is important to clarify certain concepts of the healthcare system, namely quality of care and internal contractualization.

1.1. Concept of quality of care and internal contractualization:

Quality concerns everyone at all levels and in all departments; Quality is not the business of one person, but it is everyone's business. In the health field, it includes the involvement of the health facility, health and administrative staff. This global involvement is essential because it helps to overcome the difficulties that hinder the proper functioning of the health care system.

1.1.1. Concept of quality of care:

For (Robelet M. without date): "managing quality means implementing a management-type process that involves all the players in the organization in order to ensure the quality of the service and the satisfaction of the consumer. On duty. The main key success factors for quality are focused on the involvement of the health facility. And, the leaders of the health establishments are obliged to define the quality policy, the objectives, the action plans, the allocation of the human and technical means in coherence with the global strategy the health establishment.

The second key factor of quality is the involvement of health and administrative staff. This staff is considered as the only player who will be able to master the field and appreciate the coherent solutions. This involvement involves working in groups, training, communication of quality results. Quality is therefore a state of mind, and the health facility can meet the collective challenge, preparing all employees, training, informing and motivating them.

1.1.2. Cconcept of internal contractualization

For (Guillaume , 2003), internal contracting means redefining the roles and missions of the hospital's general management to care services, with the basic principle of the client / supplier interdependence approach at all levels of the process. Care and management. According to always, the same author (Guillaume , 2003) the internal contractualization at the level of the hospital management means (Abrer & Perego, 2016), as one of the indispensable elements to the renewal of the governance of the hospitals. Authors such as P. Aberer & M. Perego (no date) emphasized, the role of the empowerment of the internal actors, through the joint control of the quality and the costs, the cooperation of the health professionals within the networks are major points of the new reform of hospitalization.

For (Emiie , 2011) the notion of the management device specifies "arrangements of men, objects, rules and tools. The study [1]of the internal contractualization of several authors (A. Charles, P. Marquet, C. Colombini (2000) analyzed the internal contractualization as an alternative based on the existing methods in order to answer in particular to the competitive and organizational stakes.

A concerted approach leads the service to formalize the mutual commitments on the services that bind it with its internal customers.

According to (Lamri L. 2017), contractualization takes three types of patients and financers: if the patient is a social insured, He returns to the hospital, a shuttle form is opened for all the care, acts, drugs and other supplies. When it is released, the content of the shuttle form is quantified financially (nomenclature of professional acts, medicines and stays), the bill is drawn up by the hospital and sent to the insurer (CNAS /CASNOS). If the patient is a destitute identified by the DAS (Department of Social Action) at the level of the wilaya, he follows the same path for his care and at the end of his care path, the form shuttle is evaluated and the invoice is sent to the DAS concerned for payment. Finally, if the patient is neither a social insured nor a destitute, he must pay his bill by his own financial means.

1.2. The establishment of the internal contractual system:

In the interest of efficiency and effectiveness, the Algerian state is committed to providing hospital officials with some indicators of support for steering and decision-making, namely the internal contracting method. On the other hand, this contractual approach can be considered as new in health systems, particularly in developing countries. According to WHO, some countries (larbi, 2017) have developed "national contracting policy" documents. A contractual policy allows a framework and a harmonization of the contractual practices, this contractual policy aims to define the relations between actors; it defines the place of the contract in the relations between the actors working in the field, it lays down the principles and the objectives of the contractual relations, it defines the priorities and the actions. To date, few countries have developed specific contractual policy.

documents. More people are referring to contracting in their National Health Policy document. The basic principle of contracting is to lead to a better organization of health services, based on a better coordination of the efforts of each, in order to achieve the desired objective of efficiency and effectiveness. Contracting is an important tool in improving the quality of care, as it forces health services to adapt to the expressed needs of the population. The main challenges of the contracting

system are "to find the means of a dialogue and the procedures of application and follow-up that allow each party to be heard understand and commit to fulfilling its obligations, on previously discussed bases "(OMS,2018)

In addition, the theory of the agency relationship (Tetart & Le, 2008) seems to have a hard time accounting for hospital reality. It is considered as an approach to change hospital policies, because it makes it possible to report dysfunctions of the health system based on the asymmetry of information, it allows to apprehend real relations and to limit the deviant behaviors. Previously, the increase in expenditure depended on exogenous factors; the theory agency focuses on endogenous behaviors. According to this theory, the "main" patient delegates the decision of his treatment to his doctor, because he does not have all the information to treat his health risk, it is the doctor who makes his choice. The doctor "agent" will make the decision in his place. This wide margin of maneuver leaves room in theory for deviant behaviors the doctor can manipulate the request, which is made to him to satisfy his only interests. The theory of the agency relationship, as well as the different scientific works have raised two characteristics of the care market, namely uncertainty and asymmetry of information. And the principle of efficiency and effectiveness of care is based on a powerful information system, the competence of techniques, control of health costs, etc…

In France (Domin, 2016) the health system modernization project was adopted in 2016. This project focuses on three main areas: improving access to care, strengthening prevention and creating new rights for patients. Improving access to healthcare is the focus of health modernization; the latter allows everyone, regardless of their financial means, to be supported by a doctor to be effectively treated. The Health System Modernization Act also provides for group health action to enable citizens to collectively defend themselves against certain health injuries. According to the study by Racheline F (2009) "to reform the health system, to reorganize it, we must start by looking at the quality of care." (Francois , 2015) The quality of care will condition the modernization of our health system " In this context, agency relationship theory, or relational contract (OMS, 2018), is based on the trust of stakeholders to act in the common interest. the relationship, the working methods and the means that will be mobilized to achieve the actions.The flexibility and cooperation that characterize this type of contract are intended not only to ensure sustainability but also efficiency and effectiveness. contractual peace.

1.3. Role of the internal contractual system in the modernization of hospitals:

The modes of operation and hospital organization have been questioned for some years in a general context of modernization of the hospital. Internal contractualization has been observed for some years in hospitals (2007). The health sector has therefore broken with previous practices by launching the new reform of contracting (Sociale protection,2016). Because of the health insurance system, which ensures significant health expenses, is no longer able to keep pace with perceived needs and increased costs, and the CNAS health insurance fund has always paid hospitals free care, without having the right to look at the different medical acts performed.

Today, it is more than urgent to implement the new reform of contracting, which imposes an optimal distribution of resources.

The contracting system aims to: "redefine the nature of relations between social security organizations and public health establishments, in order to better understand the status of users of the public healthcare system (social insured, entitled to an insured person social, poor, uninsured, etc.) and to

ensure a high level of transparency in the relations between donors, including social security organizations, and healthcare providers. (Louh) "

The internal contractual system aims to preserve a health system based on equity, access to care and quality of care.

It is also to redefine the relations between the social security organizations in terms of funding the health of patients and public hospitals; for better coordination, between the different institutions that manage information on the patient, for a good management of the service; for a better control in the social insurance funds, a transparency in the management of the files of the insured persons, but also an upgrade of the hospitals to the international standards in force.

For WHO, there is a big gap between the desired objectives of the contracting system and the level of organization applied in the Maghreb countries, due to: the lack of specialized staff in the control of the contracting process, the lack of cooperation between the actors concerned, the absence of a contractualisation policy in which the objectives (saada,) and the achievements to be achieved will be fixed. Contracting is on the agenda in many countries pursuing a reform of their health and social protection systems. It is often presented as a means to redefine the relationships between the main actors of the health system with a view to achieving greater efficiency in the use of available resources. In some developed countries, such as France (Gerard & joseph, 2003), the management of public sector hospitals has been the subject of many reflections and texts, legislative and regulatory, with recurring objectives. Expenditure control is the first of these, but this control is part of a process of modernizing (loi de modernisation de systeme de sante , 2016) management practices. Indeed, the bill to modernize the health system was adopted in 2016. This law is structured around three main axes: improve access to care, strengthen prevention and create new rights for patients.

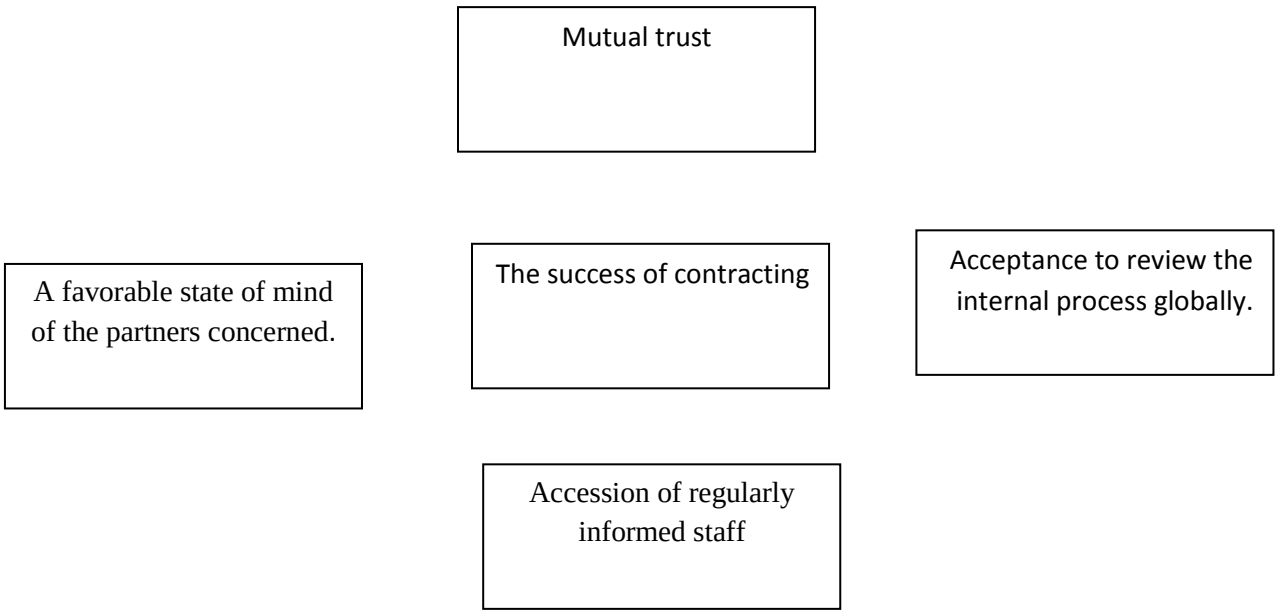
For the Maghreb countries, the implementation of the contracting system is at the center of the priorities of the health system reforms, but these countries continue to suffer from the dysfunction of the health system.

The reform attaches particular importance to electronic prescription management. Such network, not only facilitates the management of social insurance files that can be quickly identified and, therefore, supported. But also a better quality of care, including sharing information with the patient's agreement. The file of the patient who is informed in electronic form on the care, which has been provided, allows a better support by the centralization of information in relation to the treatments dispensed.

Indeed, this modernization (la loi sanitaire prevoit la modernisation du securie) of the management and organization of the health sector requires the upgrading of all mechanisms and legislative devices, namely, free, universal and access to care, will not be challenged in the new law. To ensure the proper functioning of all these devices and the regulation of the sector, the new law provides for the creation of a National Council of Health. This body will be responsible for reviewing, monitoring and regularly ensuring the proper functioning of

all structures at the national level. The contractualization (Albert & Parego) was put in place thanks to four conditions called the keys to success. (see figure n ° 1).

Figure n ° 1: The success of the contracting system.



Source: Made by us on the basis of the study: Aberer P. Perego M.Internal contracting: A means of development for our biology services (no date).

In this context, the internal contracting approach is based on a dual objective of efficiency and effectiveness. As several authors have pointed out (Charles , Marquet, & Coombini, 2000) contracting is seen as a concerted approach, which will lead all services to define the mutual commitments on the services that bind them. And, the hospital that faces several constraints must engage in a process of progress.

2. The place of the internal contractual system in the hospital field in Algeria, Case EPH El Jijel

In Algeria, the healthcare system is confronted with profound changes related to the technological innovations of modern medicine, and to the emergence of new management concepts, in order to meet the patient's requirements. But, some indicators suggest that the quality of care is low, as evidenced by the geographical imbalance in the distribution of medical and paramedical personnel, the imbalance in the mobilization of medical equipment, the deterioration of certain health indicators where the infant mortality rate, juvenile and maternal remains high, the underutilization of health infrastructure due to high failure rates, the lack of transparency and coordination between the different actors of the care system ... etc. All of these elements have a negative effect on the organization of the care system.

2.1. State of play of the internal contractual system in Algeria:

Today the political will of the state in the field of health is thus limited by these inadequacies of supervision, management and organization of the care system.

To respond to the quality of care effectively, and at the lowest cost, the hospital is forced to cope with the change. Contractualization (la-contractualisation-entre-les-hopitaux-et-la-securite-sociale-a-compter-de-mars-, 2010) is one of the tools that allows the control of costs and health care expenses to ensure fair access to healthcare for social security affiliates and the poor and uninsured.

We know that the Algerian health system was born from a free system, indeed, the care of patients figured in the main doctrinal texts (Benansoure , 2010) the National Charter of 1976 states: "The State has the responsibility to ensure the protection, preservation and improvement of the health of the entire population ". This principle is reiterated by the constitution in its art 67: "All citizens have the right to the protection of their health. This right is provided by a general and free health service.

Since then, the health sector has experienced a change in the organization of the health system. The new law on health (journal offeciel, 2018) published in No. 46 of the Official Gazette highlights the right to health as a fundamental human right, regulates and modernizes the health system to meet the aspirations of society.

Internal contractualization at the hospital level was conceived as a means of modernizing the management of institutions on the basis of an initiative by their management. The implementation of the contracting system proposes to let the schools imagine and build themselves the modernization of their management in compliance with the regulations in force. The goal of modernizing hospital management is to improve the quality of care and control the growth of health expenditure, it is also to rationalize financial resources.

The year 2005 was a year when each hospital, each hospital (larbi A. , 2006) service had to proceed with a blank billing thanks to the shuttle form where all the services provided to each hospitalized patient were mentioned. The fact is that the fill rate of this plug-in sheet varies from one service to another and from one hospital to another because the medical and paramedical staff have not yet acquired the necessary reflexes and especially because the majority of services suffer from a lack of paramedical staff.

The year 2006 is the date of implementation of the contractualization of public sector hospitals. Therefore, a contract was established between the hospital providing care and the social security funds (CNAS, CASNOS etc.) for the insured, the social action for the poor (DAS dependent on the Ministry of Solidarity) and finally the sick themselves when they are neither contributors to a fund nor poor.

In 2010, according to the Minister of Labor (la-contractualisation-entre-les-hopitaux-et-la-securite-sociale, 2010) Employment and Social Security, work on the various aspects related to the implementation of the contractual system between public sector hospitals and social security was completed, the application of the internal contracting process to officially start in 2010.

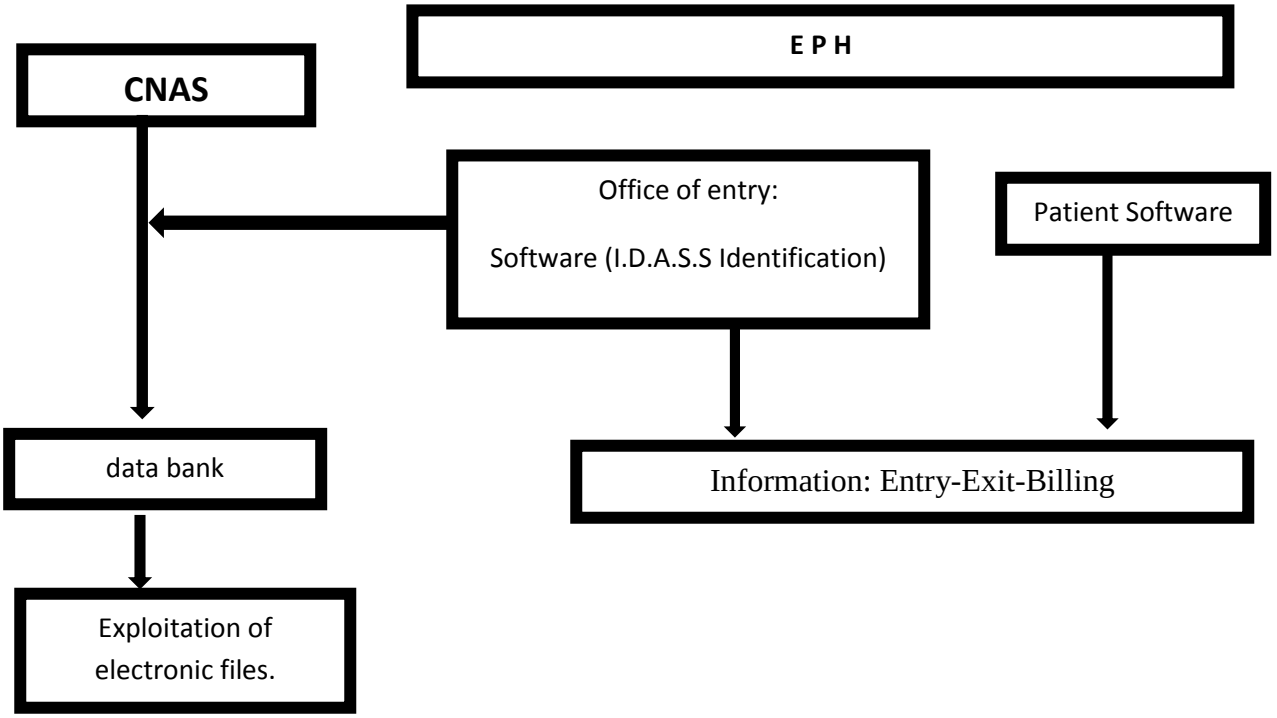
Through the establishment of a file linking health institutions to social security organizations. Preparations for the establishment, at the level of the health sector, the ports of entry are equipped with Chiffa card readers and the system to identify the social insured and their assigns.

This healthcare contracting (El watan, 2010)) system is based on a large computer network, on the modernization of hospital-level entry offices and on the establishment of a national file of social insured persons at the various credit unions, including poor people. The purpose of this scheme is to improve the quality of care, and to to rationalize the management of establishments whose financing will continue to be provided by the State budget and the social security funds. The implementation of contractualization is based on the importance of the office entrances of care facilities, the office that "*should be a direction of medical and administrative information.*" (abidi, 2009)

This modernization process initiated by the State requires the establishment of a system. The state has committed to train an average of 600 people who will intervene in this system of contracting. For public hospitals, the offices of entry have been equipped with the means to adapt to this new device. To this file the beneficiaries of the CNAS is entered in the contracting system.

Among the advantages of the contractualization system for insured persons, the Chiffaa smart card plays a dual role, on the one hand it allows the insured to pay part of the care costs, the other part is taken care of by the CNAS. On the other hand, it allows the health officer of the EPH to know all the pathological history of the patient, which will facilitate the task in the decision making of diagnosis and treatment. The Director General of Social Security pointed out that "*we have all the means to know the quality of the patient who comes to the hospital"* (Mahamed, 2010)

Figure 2 shows the patient information circuit: From identification to billing.



Source: Made by us

For the identification of the patient, it is essential that the hospital staff and the patient be made aware of the issues of identification and payment. Upon entry to the hospital, appropriate signage is placed to indicate the various reception points at the ports of entry (BE) and outpatient care. (SE), to facilitate access to these services for the patient and to facilitate their identification. These different services are equipped with "Patient and IDASS" software to record the administrative data of incoming patients. These softwares are designed for the administrative management of the patient, for the identification of the patient (name, first name, affiliation, ... etc.), the follow-up of the patient during his stay (inter-service evacuation). It allows to know at any time the service where the patient is, such as the capture of the shuttle form (Professional acts made at the hospitalization facility, professional acts done at the outpatient clinic, medicines), billing to the patient. patient exit. At the same time, there is also direct access to social security software, which allows you to know the information you need to take care of the insured persons.

As for the billing of the medical acts that are done for the patient, all the services connected by the computer network can know the number of treated and invoiced files by management position, to follow the billing rate compared to the number of treated files, and to control contentious files still unbilled. This contractualization system allows the managers of the offices of the entrances and external care to improve the quality of the invoicing.

It is only the agents who have followed the training of the contractualization devices that can follow the different actions carried out through the IDASS software. The latter have guides and attend information meetings on procedures on a regular basis. Among other reforms of control of health expenses: There is the application of the smart card chiffaa: Algeria is considered the first country in Africa to have introduced the smart card chiffaa. This card will allow the care of all care and even for third-party payers, that is to say that all insured and rights holders who will benefit from medical procedures. The application of the map is not yet widespread on the national territory, because of some technical problems. The application of the agreements with the specialists and generalists treating for a better care of the patient affected some wilaya of Algeria. There is the application of the reference rate "TR" which allows to control the expenditure of drugs. This new policy has contributed to lowering the price of medicines, in 2009, the state saved 10 billion dinars (cnas presentation , 2010) of drug expenses. However, the CNAS health insurance fund and the EPH public hospitals have the duty to organize meetings between the agents of the offices of the entrances and external care, to elaborate guides and to assist the agents concerned with the information meetings on the internal contractual procedures, so that they can work closely together in taking into account the difficulties of each. Thanks to a consistent application of the devices of the internal contractual system, the managers concerned can reduce health expenses while ensuring efficiency and effectiveness of the care of the patient.

2.2. Result of the of the process application of the internal contracting of the offices of the entrances: Case EPH JIJEL:

The application of the internal contractualization of the offices of the entrances is to improve the quality of the care services through the control of the expenses of health, and to also guarantee a better access to the care to the social insured, the underprivileged and the uninsured. Since 2010, the public hospitals of the wilaya of Jijel were in the process of metamorphosis of the offices of the entrances, which should pass from the hospital package to the new reform of contracting, that is to say to a logic of results. The application of the contracting process to officially start the beginning of March 2010.

However, the implementation of the contractualization mechanism should rely not only on a large computer network, but also on the establishment of a file linking health institutions to social security organizations.

After two years of operation, what are the results of this new management method? Knowing that the principle of contracting is based on the reliability of information, and the updating of data.

The public hospital of El Milia is composed of six hospital services. Of the 336 deaths recorded at the hospital level, there were only three deaths in the obstetrics and gynecology department in 2011, or 1%.

Table 1: Hospitalization activity of the various departments. EPH Jijel. Year 2015.

Years / Indicators	Beds	Number of Admission	NJH	DMS	TOM	TR	NME	ND
2015	431	2858	83057	3	52.8	66	68	591
2016	323	29857	84275	3	71.5	92	43	582
2017	323	26023	82844	3	70.3	81	50	665
2018	379	26230	98040	3.74	70.87	69	62	695
2019	366	28008	85893	3.07	64.3	77	41	735

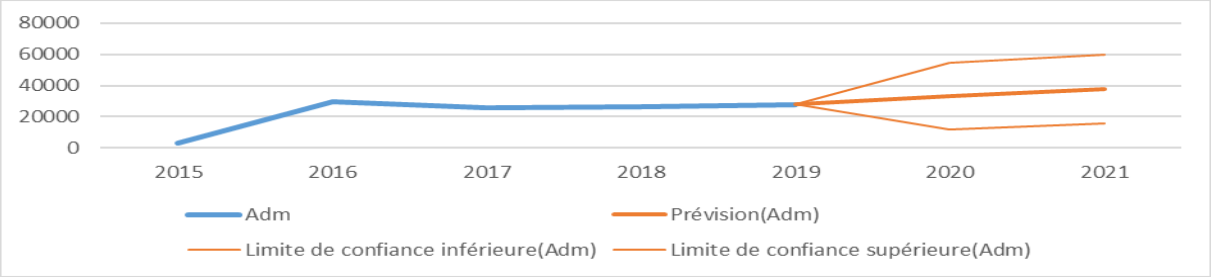
.

Source: EPH Jijel Health Service Department. Activity report from 2015 to 2019length of *

*(NJH: number of hospital days, DMS: average length of stay, TOM average bed occupancy rate, TR: turnover rate, TOM: Average bed occupancy rate, ND: Number of deaths. NME: Number of patients evacuated.

Table 1 presents the main health indicators for the public hospital establishment in Jijel. The number of admissions of patients to the various departments of the hospital increased between the period 2015 to 2016, then some stability until the year 2019. (see figure n ° 1).

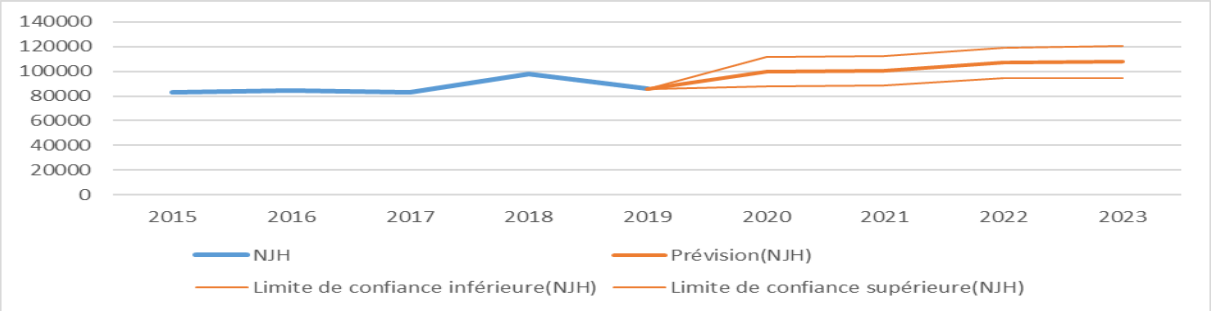
Figure n ° 1: Annual evolution of the number of hospital admissions.



Source: **Source: Made by us**

As for the number of days of hospitalization, we note, according to the statistical table, stability over three years, and it was between 2017 and 2018 that there was an increase which was accompanied by a decrease in during the year 2019. (See figure n ° 2).

Figure n ° 2: Annual evolution of the number of days of hospitalization.



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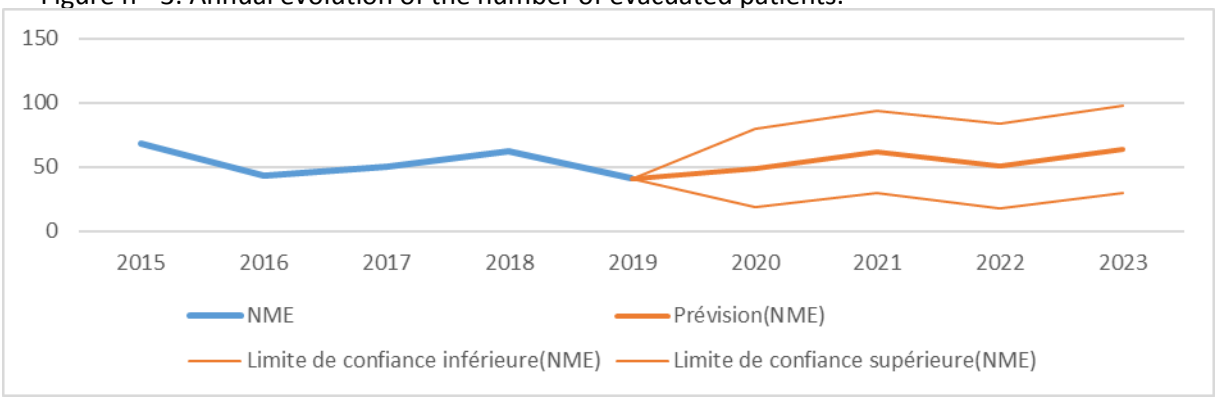
Regarding the indicator: the number of patients evacuated, we note a clear improvement according to the statistics in the table, the number of patients evacuated to other public or private hospitals has decreased, it went from 68 patients evacuated in 2015 to 41 patients in 2019. (see Figure 3).

Figure n ° 3: Annual evolution of the number of evacuated patients.



Compared to the hospitalization activity indicators for the various services, we noticed that the internal medicine service represents the highest number, of the number of days of hospitalization (21,604), of the number of admissions (7,239), the number of patients evacuated (15) and the number of deaths (155). As for the gynecology and obstetrics department, we record the lowest number of deaths or evacuation of patients, respectively, zero and one.

Table 2: Main indicators of hospitalization activity according to the different hospital services. EPH JIJEL. Year 2019

Designation	Lits	Adm	NJH	DMS	TOM	TR	NME	TT	ND	TM/Hosp.
Intensive care	19	590	3093	5	44.6	31	7	11.86	130	220
Infectious diseases.	32	475	2731	6	23.38	15	1	2.11	8	16.84
psychologists	32									
Internal Medicine	64	7239	21604	3	92.48	113	15	2.07	155	21.41
PNE-PHT	32	912	5673	6	48.57	29	3		42	46.05
Nephro	33	747	4541	6	37.7	23	1	1.34	35	46.85
Paediatrics	32	2391	10439	4	89.38	75	12	5.02	63	26.35
Forensic medecine	4									
General surgery	64	2494	9242	4	39.56	39	10	4.01	12	4.81
Urology	19	49	223	5	3.22	2.6	1	20.41	2	40.82
Traumatology	31	1190	5526	5	48.84	38	3	2.52	2	1.68
Gynecology	32	2835	7817	3	66.93	89	0		0	
Obstetrics	26	6061	7140	2	75.24	233	1	0.16	0	
Emergency-medical-surgery	11	3275	5028	2	125.2	298	14	4.27	142	43.36
Total EPH Jijel	431	2858	83057	3	52.8	66	68	2.41	591	20.91

Source: EPH Jijel Health Service Department. Activity report from 2015 to 2019

Regarding the number of hospital days, we saw an increase in 2019 compared to 2015, going from 83,057 hospital days to 85,893. This increase can result in poor management of services, lack of technical means and especially the shortage of medical and specialized personnel. This situation cannot

be without a negative effect on the care of the patient. And, the number of deaths increased from 591 in 2015 to 735 in 2019.

Table 2: Main indicators of hospitalization activity according to the different hospital services. EPH JIJEL. Year 2015.

Designation	Lits	Adm	NJH	DMS	TOM	TR	NME	ND
Intensive care	6	436	1865	4.28	85.16	73	4	126
Infectious diseases.	20	425	2480	5.84	34	21	2	8
psychologists	15	82	1215	14.82	22.2	5		
Internal Medicine	64	3715	25276	6.8	108.2	58	8	147
Oncology	10	477	2859	6	78.33	48		108
PNE-PHT	24	715	3835	5.36	43.78	30	3	30
Nephro	14	1192	2831	2.38	55.4	85		26
Paediatrics	44	2003	6134	3.06	38.19	46	1	86
Forensic medecine								
General surgery	55	3072	9055	2.95	45.11	56	1	19
Urology	19	653	2128	3.26	30.68	34	1	2
Traumatology	29	1078	2995	2.78	28.29	37	3	
Gynecology	29	3254	9176	2.82	86.69	112	2	1
obstetrics	26	7603	10704	1.41	112.79	292	1	1
Emergency-medical-surgery	11	3303	5340	1.62	133	300	15	181
Total EPH Jijel	366	28008	85893	3.07	64.3	77	41	735

Source : Direction service de la santé EPH Jijel. Rapport d'activité de l'année 2015 jusqu'à 2019

2.3. The limits of application of the internal contractual system in Algeria:

In Algeria, as elsewhere, the application of the contracting system is difficult to generalize on the ground. The obstacles are multiple and delay its effective application. Indeed, internal and external contradictions that cause many blockages, difficult to understand by the ordinary citizen, and to justify by the heads of the two ministries of Labor and Health. Its application requires the availability of financial means, human but also, the political will among the leaders.

However[2], as we can see, very few achievements are in line with this national goal. The Chifa map is gradually making its way, promising changes that could only be beneficial for all citizens. It is not obvious for the draft contract that should sanction a whole process of reforms. There are improvements, big improvements, but there are also big gaps. Hospitals, or even all health facilities, in general, lack space, adequate equipment, medicines, medical analysis services, medical imaging. The development of health structures in Algeria is not keeping pace with the rapid growth of the population, with its needs and demands becoming more urgent.

First big problem, many citizens do not want to be declared to Social Security. The second problem is the agreement with private doctors. They do not declare actual rates. It does not suit them, so do private clinics.

This is the reason why contracting is developing timidly.

Conclusion:

The theoretical framework of the hospital's internal contracting system gives us good means to modernize the management of the hospital. The contractualization implemented in Algeria since the year 2000 has not shown results, as hospitals continue to receive flat-rate budgets. The funding does

not obey the activity but a random distribution of resources, which has the effect of hindering any development.

In its implementation, contractualization encountered the usual methodological difficulties of measuring the effectiveness of healthcare services and their costs but also the deteriorated institutional context and leaving little room for stakeholders to engage in a contractual approach to achieving negotiated objectives. The result of the practical study at the EPH El Milia, does not allow us to draw conclusions or deepen our analysis. Unfortunately, these internal contractual arrangements are not yet well mastered to achieve the desired goal of the effectiveness and efficiency of the health care system. This study is very limited because of the bias in the calculation method, as well as the absence of some information on indirect costs.

Recommendations:

- Continue to apply the mechanisms of the internal contractual system, to improve the performance of care.
- Work in collaboration with the health staff and the various services, this is how we preserve the quality of care.
- Encourage continuing and alternative training in medical and para-medical personnel.
- Collaborate in the synthesis of results, and their dissemination through communiqués, newsletters or other appropriate communication tools.
- Use data-archiving programs to track hospital activity and cost accounting, in order to identify factors that have an impact on hospital costs.
- Negotiating with the Social Security Fund in its branches representing the occupied community groups to ensure quality in the services provided and related to the healing card or other communication mechanisms, as well as working to find a mechanism that includes a minimum of obligations regarding groups not belonging to society.
- Valuing some procedures related to reducing hospitalization through providing more doctors, which in turn are linked to the arranged cost, so that it can improve treatment conditions and control costs.

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Annex: The main indicators according to different services of the Jijel EPH Year2016

Année 2016										
Designation	Lits	Adm	NJH	DMS	TOM	TR	NME	TT	ND	TM/Hosp.
Intensive care	6	497	2385	5	108.9	83	2	4.02	140	281.69
Infectious diseases.	16	483	2673	6	45.8	30	5	10.35	4	8.28
psychologists									0	
Internal Medicine	64	9239	28256	3	121	144	10	1.08	169	18.29
Oncology	16	764	3812	5	65.3	48	1	1.31	33	43.19
PNE-PHT	33	882	4717	5	39.2	27	1	1.13	20	22.68
Nephro	32	2679	11878	4	101.7	84	4	1.49	60	22.40
Paediatrics	4									
Forensic medecine	32	2472	8309	3	71.1	77	6	2.43	15	6.07
General surgery	19	530	1161	2	16.7	28			1	1.89
Urology	32	997	3634	3	31.1	31	3	3.01		
Traumatology	30	2185	5261	2	48.0	73	1	0.46	1	0.46
Gynecology	28	5591	6333	1	62	200				
obstetrics	11	3538	5856	2	145.8	322	10	2.83	139	39.29
Emergency-medical-surgery	323	29857	84275	3	71.5	92	43	1.44	582	19.49
Année 2017										
Designation	Lits	Adm	NJH	DMS	TOM	TR	NME	TT	ND	TM/Hosp.
Intensive care	6	526	2892	5	132	88	1	1.9	140	266.2
Infectious diseases.	16	540	2282	4	39	34	2	3.7	12	22.2
psychologists										
Internal Medicine	64	3954	27674	7	118.5	62	11	2.8	184	46.5

Oncology	10	376	1732	5	47.45	38			33	87.8
PNE-PHT	16	625	3165	5	54.2	39	1	1.6	29	46.4
Nephro	30	798	3372	4	30.8	27	1	1.25	19	23.8
Paediatrics	44	2689	10068	4	62.7	61	8	3	57	21.2
Forensic medecine										
General surgery	32	2706	7987	3	68.4	85	4	1.5	474	4.8
Urology	19	816	2109	3	30.4	43			13	4.9
Traumatology	31	1033	3015	3	26.6	33	4	3.9	4	
Gynecology	25	2487	5314	2	58.2	99	2	0.8		
obstetrics	19	5917	6521	1	94.0	311				
Emergency-medical-surgery	11	3556	6713	2	167.2	323	16	4.5	174	48.9
Total EPH Jijel	323	26023	82844	3	70.3	81	50	1.9	665	25.5
Année 2018										
Designation	Lits	Adm	NJH	DMS	TOM	TR	NME	TT	ND	TM/Hosp.
Intensive care	6	489	2983	6.1	136.2	82	6		149	
Infectious diseases.	17	612	3588	5.86	57.82	36	2		11	
psychologists	15	17	452	26.59	8.3	1				
Internal Medicine	64	4295	33385	7.8	142.9	67	11		152	
Oncology	10	363	2459	6.8	67.4	36	2		76	
PNE-PHT	19	756	5483	7.25	79.0	40	4		35	
Nephro	32	942	4207	4.5	36.0	29			21	
Paediatrics	44	2926	10042	3.4	62.5	67	6		77	
Forensic medecine										
General surgery	56	2549	8536	3.35	41.7	46	4		14	
Urology	19	755	3349	4.4	48.3	40	1		4	
Traumatology	31	1395	4811	3.4	42.5	45	5		3	
Gynecology	30	2481	5494	2.2	50.2	83	4			
obstetrics	25	5935	7030	1.2	77.0	237	2			
Emergency-medical-surgery	11	2715	6221	2.3	154.9	247	15		153	
Total EPH Jijel	379	26230	98040	3.74	70.87	69	62		695	