Rapporto di ricerca COI Realizzato dall'Ufficio Immigrazione di ARCI nazionale
-aggiornato al 14 febbraio 2023

CONTESTO		NOTE
Paese di origine	Algeria	
QUESITO COI		**NOTE**
Tematica	Salute	Sistema sanitario
Formulazione quesito COI	**1.Informazioni sul sistema sanitario algerino e sulla effettiva disponibilità e accessibilità delle cure**	

Disclaimer metodologico

1. la presente ricerca tratta il tema dell'accesso alle cure nel quadro del sistema sanitario algerino in maniera ampia, senza entrare nel dettaglio di uno specifico trattamento sanitario o di una specifica terapia. In questo senso l'Ufficio resta a disposizione per una ricerca di maggior dettaglio.

2. Nelle note sono stati disposti i rinvii a fonti di maggiori dettaglio relativamente ai meccanismi di assicurazione sanitaria.

3. Il presente Ufficio resta a disposizione per confrontarsi relativamente alle fonti e ai contenuti citati, oltre che per eventuali approfondimenti rispetto ai quesiti posti e le risultanze emerse

Roma
14/02/2023

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Informazioni sul sistema sanitario algerino e sulla effettiva disponibilità e accessibilità delle cure

Introduzione: il quadro di funzionamento del sistema sanitario algerino

Il sistema sanitario algerino si fonda su una prospettiva di copertura universale e gratuità, prescindendo dalla formale copertura assicurativa o meno:[1]

1 Il sistema sanitario algerino ha registrato negli ultimi anni un rilevante aumento della spesa pubblica destinata. Tra i fattori che hanno portato alla crescita della spesa sanitaria risulta proprio il tentativo di mantenere la vocazione universale del sistema, considerando tuttavia come l'aumento delle malattie non trasmissibili e le malattie croniche (queste ultime integralmente coperte dal sistema sanitario), rappresenti una nuova sfida economica alla sostenibilità del servizio:"..*Dans le cadre des efforts de l'État visant à étendre le bénéfice de la couverture sociale à toute la population sans distinction de revenu et dans le prolongement des mesures tendant à éviter l'exclusion des couches défavorisées, un système de santé basé sur la gratuité des soins a été mis en place, et un régime de sécurité sociale a été adopté, dont la couverture s'étend à la grande majorité de la population. Á cela s'ajoutent les maladies faisant partie des affections chroniques qui donnent droit à une couverture à 100 %…*" OpenEdition Journals, Insaniyat, Le système de santé algérien entre gratuité des soins et maîtrise des dépenses de santé, 2017, available at: https://journals.openedition.org/insaniyat/17492 , accessed on 14 February 2022

> ":..Algeria is a developing country with a social policy [1] that guarantees health care to the population in its territory, whether they have insurance or not [2]...[…]...Although many countries have been inspired by globalization and have come to regard the patient as a customer [7], Algeria still maintains a traditional policy ensuring that treatment is free and that the patient is not considered a customer. Government insurance funds also play an important role in ensuring treatment for all .."[2]

Il sistema sanitario moderno origina dalla riforma del 1973, che gettava le fondamenta di un sistema sanitario pubblico, organizzato su tre livelli (primario -intermedio e specialistico)[3]:

> "..Only after the Ordinance no 73-65 of 28 December 1973 came into force in 1974 (reconfirmed in the health law of 1985; Loi n° 85-05) health care became available for significant parts of the population. The law stipu- lates that patients benefit from health care in public health care facilities and are treated for free. Each patient became entitled to all medical treatment that his/her case requires, e.g. examination, diagnosis, hospitalization, and medication. Outpatient are treated free of charge and receive free access to necessary drugs. Algeria, having adhered to the recommendations of the Alma Ata conference in 1978, adopted the principle of primary health care. The health system consists of three levels. At its base are primary care services (polyclinics, health centers, maternal and child protection), at the intermediate levels the general hospitals, and at the highest level the specialised hospitals and university hospitals (Kaddar 1989)..."[4]

Ad oggi il sistema pubblico risulta finanziato in misura mista da contributi dei soggetti assicurati (con diverse percentuali versate dal lavoratore e dal datore di lavoro), e di una parte residuale da parte dello Stato, in misura assistenziale. L'accesso al sistema verrebbe formalmente mediato dalla figura del medico di base, che dovrebbe filtrare le necessità del singolo paziente:

> "...The Algerian health system is decentralized and hierarchical. It is made up of a public and a private sector. The state guarantees equitable access to health services, it "works to eliminate inequalities in access to health services, and organizes complementarity between the public and private health sectors." (Loi n° 18-11, Art. 16). The current (2020) overall social security contribution rate is 34.5 % of the basic salary. Health related social security contributions consist of an employer contribution (12.75 % of the employee's salary) and an employee contribution of 1.5 % of his/her salary. Risks covered by the social security contribution are sickness, maternity, invalidity, work accidents and occupational diseases, death (CLEISS 2020). General practitioners or referring doctors act as gatekeepers of the system: "Any patient has access, within the framework of the hierarchy of care, to specialized health services needed, on the referral of the referring physician, excepted the emergency cases and direct access medical cases defined by the Minister of Health. The referring physician is the general practitioner treating the patient at the level of the local public or private

2 ,Administrative Organization of Health Care Institutions inAlgeria: Between Centralization and Decentralization, Scientific Foundation SPIROSKI, Skopje, Republic of MacedoniaOpen Access Macedonian Journal of Medical Sciences. 2022 May 20; 10(E):1114-1118.https://doi.org/10.3889/oamjms.2022.9509eISSN: 1857-9655

3 CONTRA, per una "quadri-partizione" del flusso della presa in carico, si veda: EWASH & TI Journal, 2018 Volume 2 Issue 1, Page 24-32 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069 Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

4 Brahim Brahamia The Health Care System in Algeria CRC 1342 Social Policy Country Briefs, 28 Edited by Johanna Fischer Bremen: CRC 1342, 2022, available at: https://www.socialpolicydynamics.de/f/ec8f95451b.pdf ,accessed on 14 February 2022

> health facilities, closest to his home". (Loi n° 18-11, Art. 22). In 2018, 75.85 % of consultations took place in the EPSP (MSPRH 2018)…"[5]

Considerando come le spese sanitarie sono coperte in parte dal sistema associativa statale, e in parte dal cofinanziamento del singolo (cd. "*out of pocket payments*"), esiste anche uno sviluppo del sistema sanitario privato, anche se non risulta cofinanziato dal sistema pubblico:

> "...A growing number of private health providers is concentrated in the northern urban centres. Health care expenditures are financed through social insurance schemes and out-of-pocket payments. The government health budget finances training, research, and prevention measures, and health care for the poor. Social security covers about 85 % of the population. Children, chronically ill patients and low-income house- holds have free access to health care. Local communities contribute to health financing with prevention and hygiene measures and health education programs. Coverage of private or complementary insurance schemes is insignificant…."[6]

Similmente, in via generale, le fonti danno conto di un sistema sanitario che opera con meccanismi di rimborso percentuale delle medicine, con strutture pubbliche potenzialmente caratterizzare da buone equipe multidisciplinari:

> "...Algeria is an upper middle-income country, with a population of 40 million, and served by 13.2 physicians per 10 000 inhabitants, working in both the public and private sectors [13]. The public sector represents 60% of the volume of service delivery, with 30% of the total number of physicians. The insurance funds reimburse prescribed medication for 80% of the population. There are 24 831 GPs distributed in the public sector, while there are 9000 in private sector clinics [14,15]. Most physicians practice in the state-funded public sector, working in well-structured care teams (nurses, laboratory technicians, pharmacists, dentists). In the public health system, the GP deals with 90% of the population at first contact. The rest of the patients are referred to health centres of universities and emergency health services. The lack of a structured training programme for family medicine is a major challenge in Algeria..."[7][8]

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5 Brahim Brahamia The Health Care System in Algeria CRC 1342 Social Policy Country Briefs, 28 Edited by Johanna Fischer Bremen: CRC 1342, 2022, available at: https://www.socialpolicydynamics.de/f/ec8f95451b.pdf , accessed on 14 February 2022

6 Brahim Brahamia The Health Care System in Algeria CRC 1342 Social Policy Country Briefs, 28 Edited by Johanna Fischer Bremen: CRC 1342, 2022, available at: https://www.socialpolicydynamics.de/f/ec8f95451b.pdf , accessed on 14 February 2022

7 Nashat N, Hadjij R, Al Dabbagh AM, Tarawneh MR, Alduwaisan H, Zohra F, AlFaris EA, Quezada-Yamamoto H, van Weel C, Rawaf S. Primary care healthcare policy implementation in the Eastern Mediterranean region; experiences of six countries: Part II. Eur J Gen Pract. 2020 Dec;26(1):1-6. doi: 10.1080/13814788.2019.1640210. Epub 2019 Aug 1. PMID: 31368386; PMCID: PMC7006796., available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7006796/ , accessed on 14 February 2022

8 Nel dettaglio: "*...The public health sector is accessible and free-of-charge for all Algerian citizens; it is dually financed by government contributions and social insurance. The number of healthcare facilities varies from one area of the country to another, depending on the size of the local population.*
There is a national medical insurance scheme run by the Caisse Nationale des Assurances Sociales des Travailleurs Salariés (CNAS) that covers 90% of the entire populationCitation[7]. Public health insurance is available for salaried employees and independent workers such as traders.

Medicines are reimbursed at 80% of the reference price; medical procedures (consultations, examinations, and tests) are also reimbursed at 80%. All patients who are employed in the formal sector and have chronic diseases (including diabetes) are reimbursed 100% of the costs of care and medicines: patients receive medicines free-of-charge as they are covered by health insurers who pay pharmacies a fixed price. Low-income formal sector

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2. **Ostacoli all'accessibilità delle cure nel sistema sanitario algerino**

2.1 Barriere di natura economica e sociale

Le fonti internazionali danno conto di come il sistema sanitario algerino si sia evoluto notevolmente negli anni, di pari passo con un aumento della spesa sanitaria investita. Ciononostante, similmente ad altri Paesi di medio sviluppo, il sistema fronteggia una serie di problematiche sistemiche, legati al livello scadente di alcuni servizi, un eccesso di burocrazia, e sopratutto una crescente disuguaglianza nell'accesso al sistema salute, esponendo vulnerabilità sociali ed economiche:

> "...The health system: in Algeria has achieved an improvement in health indicators thanks to an increasing share of the state budget devoted to health sector that represents 5.2% of GDP. The government allocated US $ 28 billion over the past decade, including US $ 3 billion in the 2020 state budget and the population continues to benefit from free public healthcare and social security scheme. However, like other middle-income countries, Algeria faces a number of challenges, including growing inequalities in access to healthcare and increasing economic and social vulnerabilities. Despite major expenditures, the public health system suffers from lack of management, poor quality of services, disorganisation, and heavy bureaucracy. The sanitary crisis unveiled disruptions in the system and led the government to further engage into various reforms to modernise the sector..."[9]

Il tema della accessibilità "sociale" al sistema salute algerino trova risconto in diverse fonti internazionali, secondo le quali il teorema della salute gratuita e universale troverebbe, in pratica, numerosi ostacoli concreti:

> "...a médecine gratuite pour tous est toujours actée dans les textes, mais elle n'est qu'illusion dans la réalité, de même que la médecine privée ressemble à une coquille vide, puisque n'offrant ses prestations qu'à une frange très réduite de la population.
> L'Algérie dispose du meilleur système de santé en Afrique, a-t-on entendu dire. Ce n'est pas totalement faux, puisque le système est effectivement là, avec le maillage du territoire en infrastructures de santé, de petits dispensaires aux CHU, des facultés de formation de médecins et de personnel paramédical, une couverture sociale pour tous...."[10]

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workers (i.e. with health insurance) are identified by the Algerian Ministry of National Solidarity and Family and local authorities (districts and sub-districts). Individuals belonging to this patient group are provided a card which grants them access to free medication and care; the ministry and local authorities pay for their healthcare costs.." Mounir Bouame, Mohamed Ali Lahmar, Mohamed Tahar Bouafia, Naima Hammoudi, Mohamed Tayeb Chentir, Mouloud Ait Athmane, Saïd Kara, Matthieu Trancart, Levent Yildiz, Jerome Cheynel & Redouane Soualmi (2018) Economic burden of thromboembolic and hemorrhagic complications in non-valvular atrial fibrillation in Algeria (the ELRAGFA study), Journal of Medical Economics, 21:12, 1213-1220, DOI: 10.1080/13696998.2018.1527341 , available at: https://www.tandfonline.com/doi/full/10.1080/13696998.2018.1527341 , accessed on 14 February 2022

9 Government of Canada, Algeria health sector market profile, available at: https://www.tradecommissioner.gc.ca/algeria-algerie/market-reports-etudes-de-marches/0006431.aspx?lang=eng , accessed on 14 February 2022

10 Les Algériens face à des inégalités criantes dans l'accès aux soins, Makhlouf Mehenni 14 Nov. 2020 , available at: https://www.tsa-algerie.com/les-algeriens-face-a-des-inegalites-criantes-dans-lacces-aux-soins/ , accessed on 14 February 2022

Similmente, alcune fonti media di settore danno conto di come, al netto di un accesso gratuito al sistema salute, le mancanze strutturali degli ospedali alimentino fenomeni di disuguaglianza effettiva nell'accesso alle terapie (traducendosi nel fenomeno in forza del quale, le persone più agiate possono muovere verso l'estero per accedere alle cure di qualità):

> "...En Algérie, les soins sont gratuits mais le manque de moyens dans les hôpitaux provoque des inégalités. Les plus riches se font suivre ailleurs, comme le constate Malika qui vit en face de l'hôpital. *"Ils vont se soigner à l'étranger. Mais un pauvre malheureux va crever à l'hôpital s'il manque des médicaments". ...*"[11]

O per altra maniera, altre fonti danno conto di un fenomeno crescente di algerini di bassa estrazione sociale (o comunque non coperti dalla previdenza sociale), costretti a lasciare il Paese per moti di salute. Questo tanto a causa della ricerca di cure altrimenti non disponibili in Algeria, quanto per il fardello economico dell'acquisto dei medicamenti, che di fatto comprime in maniera sensibile la capacità economica del cittadino:

> ":..As for the citizen who does not benefit from social security, drug expenditure is a burden that swallows up a large part of his purchasing power. We must add an unprecedented phenomenon, which has increased in recent years, which concerns thousands of Algerian patients who go abroad each year for treatment, whether because of the unavailability of treatment or because of likely impacts attributable to neglect or poor quality of care [7,11]…."[12]

In questo senso il sistema sanitario viene descritto come globalmente inadeguato e ingiusto, condizionato da corruzione favorirtisi, che si traduce indirettamente in situazione debitorie e di povertà per sostener le spese di salute. In questo contesto infatti, il contribuente/paziente risulterebbe essere concretamente spinto a cercare risposte nel sistema privato (non coperto da meccanismi di assicurazione o rimborso pubblico):

> "...however, the luckiest are not only the richest, but most often it is the resourceful activating in the informal sector, who opt for irregular actions: favoritism, corruption, etc. to be well served in an area that should not welcome them [4,7]. So the cause of this malaise is plural: the lapse of the law in force, bad governance, bad faith, etc. Wherever social protection is lacking and where users have to pay a large part of care out of pocket, they may find themselves faced with catastrophic expenditure or rather impoverishing care. More than 100 million people fall into poverty each year because they have to pay for their healthcare [10,11]. The specificities and characteristics of the national health system; even tell us more about the hidden face of an inequitable and inefficient social protection system. Taking the case of the Algerian health system, where the taxpayer affiliated with a social security organization is penalized threefold without sometimes receiving what he claims: first when he pays his social security contributions; second, when he pays his taxes;

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11 Franceinfo, 2019, Corruption, manque de moyens, inégalités... En Algérie, le système de santé pourtant gratuit "laisse à désirer", available at: https://www.francetvinfo.fr/monde/afrique/algerie/corruption-manque-de-moyens-inegalites-en-algerie-le-systeme-de-sante-pourtant-gratuit-laisse-a-desirer_3267077.html , accessed on 14 February 2022

12 Nasreddine Aissaoui et al. What will the ambitions of primary healthcare be in the 21st century? Pan African Medical Journal. 2022;43(87). 10.11604/pamj.2022.43.87.35235, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805306/ , accessed on 14 February 2022

> and thirdly, when he pays out of pocket for services purchased in the private sector, without receiving any reimbursement in return .."[13]

Il tema dell'indebitamento del cittadino per far fronte alle spese sanitarie (con particolare attenzione alle sociali economicamente più deboli) ritorna in altre fonti di settore, a fronte di un progressivo disimpegno del finanziamento pubblico dai meccanismi di sicurezza sociale:

> "...the State only supports 30% of public health expenditure, the rest being financed by 10% by direct contributions from Algerian households and 60% by Social Security, the latter having drastically reduced its resources. He proposes to create a joint fund to which the State, social security and insurance would contribute. Its function would be to finance the programs set up by the Ministry of Health. Insured persons should contribute to this funding in proportion to their salary. So the taxpayers finance their health expenses to 70% (direct payment + social security benefits), the state has gradually disengaged in these difficult times, especially after the fall in oil prices. So the citizen is left to himself, the poorest are forced to disburse the totality of their incomes, or go into debt, to take care of the private sector..."[14]

Prescindendo dalle analisi di sistema, comunque, occorre notare come i meccanismi saniatri algerini (pur in presenza dei fondi di sicurezza sociale) non sgravino in maniera integrale il paziente da costi per le cure, configurandosi comunque un rilevante fardello economico a carico del paziente:

> "...In the Algerian context, social security funds only partially cover household health expenditures; the financial burden on patients is quite high. This constitutes a constraint for doctors to settle in under-populated regions where the purchasing power of the inhabitants is low...."[15]

In questo senso a fronte della gratuità (o comunque prevalente) dei meccanismi di accesso alla sanità:

> "…C'est quand on voit de près le fonctionnement de ce système et la portée réelle de ses dispositions sur la santé publique et l'accès aux soins que l'on se rend compte que ce n'est pas ce qui fait de mieux.
> L'Algérie a par exemple fait un énorme pas en avant, que n'ont pas fait certains pays développés, en mettant en place le régime du tiers payant. L'accès au médicament est gratuit pour les malades chroniques. Il est quasiment symbolique pour le reste de la population.

13 Nasreddine Aissaoui et al. What will the ambitions of primary healthcare be in the 21st century? Pan African Medical Journal. 2022;43(87). 10.11604/pamj.2022.43.87.35235, available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9805306/ , accessed on 14 February 2022

14 EWASH & TI Journal, 2017 Volume 1 Issue 3, Page 11-20 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069, Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

15 Dynamics of the geographical distribution of private physicians in Algeria,Ahcène Zehnati, 2021, https://doi.org/10.4000/cybergeo.36723 , available at: https://journals.openedition.org/cybergeo/36723 , accessed on 14 February 2022

> En plus des consultations médicales également gratuites dans les hôpitaux publics, et même l'hospitalisation, cela peut signifier à première vue que l'Algérie est un pays où l'on peut se soigner sans se ruiner..."[16]

Fanno tuttavia contrappeso ulteriori e diversi meccanismi di implementazione concreta delle cure necessarie, che si traducono sovente in un rinvio indiretto alla filiera privata (e quindi scoperta da alcuna forma di rimborso pubblico):

> ":...Mais la consultation et le médicament n'étant que des maillons dans la chaîne des soins, la gratuité devient illusion quand on sait que les radios, les scanners et les analyses, assurés presque entièrement par le privé, ne sont ni gratuits ni remboursés à leur juste prix.
>
> Aussi, certains médicaments ne sont pas remboursables par la sécurité sociale, et quand ils le sont, il n'est pas rare de s'entendre dire qu'il faut se les procurer à l'étranger, car indisponibles en Algérie ou en rupture de stock…."[17]

Similmente (considerando tra le spese "indirette" le tasse di consultazione, esami complementari da sostenersi presso le strutture private):

> "...Today, following the turnaround of the oil market, we want to tackle the principle of free health care in the public sector. The latter is in fact only partial since the users pay a user fee when it is a consultation, a medical exploration or a hospital stay without mentioning the complementary examinations, and explorations most often in the private sector..."[18]

O comunque considerando come lo stesso meccanismo di rimborsi (in percentuale) delle spese sostenute non esenti i cittadini da un determinato tasso di esborso economico:

> "...In fact, households are participating threefold in the financing of health expenditure. Firstly through the payment of contributions by insured persons, where a part is repaid by the social security bodies to the public sector in the form of a "hospital package", which is supposed to cover the healthcare costs of the insured persons at public care. Then households pay a tax on their income. Lastly, household direct payments have continued to

16 Les Algériens face à des inégalités criantes dans l'accès aux soins, Makhlouf Mehenni 14 Nov. 2020 , available at: https://www.tsa-algerie.com/les-algeriens-face-a-des-inegalites-criantes-dans-lacces-aux-soins/ , accessed on 14 February 2022

17 Les Algériens face à des inégalités criantes dans l'accès aux soins, Makhlouf Mehenni 14 Nov. 2020 , available at: https://www.tsa-algerie.com/les-algeriens-face-a-des-inegalites-criantes-dans-lacces-aux-soins/ , accessed on 14 February 2022

18 EWASH & TI Journal, 2017 Volume 1 Issue 3, Page 11-20 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069, Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

> grow in recent years. This heightened pressure on households will be further increased, if they are still pockmarked when they turn to the private sector..."[19 e 20]

Similmente:

> "...Despite the financial and geographic accessibility that characterizes public health care provision in Algeria, much remains to be done to provide organizational accessibility for all citizens. This lack of organization pushes the poor class to resort to the private sector, to circumvent the various obstacles that characterize the public structures of care.."[21]

Si noti in questo senso come la crescita del settore privato sia identificato dalle fonti come una delle maggiori cause e acceleratore della spesa sanitaria dei cittadini algerini:

> ":..The expansion of the private sector is one of the accelerators and determinants of household health expenditure, in the absence of collective care for private health care. Household health expenditure is the black box of the Algerian health system. Much of this expenditure is not captured by the statistical information system ..."[22]

Spingendo le fasce economicamente più esposte della popolazione all'indebitamento e alla vendita dei propri beni:

> "...This situation aggravates the problem of financial accessibility to the care of poor segments of the population. The risk is that inequalities in access to health care will increase. In the absence of financial capital for access to care in the private sector, many households sell their goods for treatment, which can be a source of impoverishment. International institutions recommend a maximum of 10% as household participation in the DNS, Algeria is still far from this norm. In recent years, it has become even more remote..."[23]

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19 EWASH & TI Journal, 2017 Volume 1 Issue 3, Page 11-20 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069, Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

20 Si noti che, comqunue, il sistema opera a rimborsi, non integrali (se non nel caso di categorie specifiche): *"...Les salariés en Algérie ont l'obligation de s'affilier au système de santé algérien auprès de la Caisse Nationale des Assurances Sociales des travailleurs salariés (CNAS). Les cotisations sont payées sur le salarie de poste de l'employé à hauteur de 1,5% et par l'employeur à hauteur 11,5%. Si vous non salarié, vous devez vous affilier au système de santé algérien auprès de la Caisse Nationale de Sécurité Sociale Non-Salariés (CASNOS). Les cotisations sociales (toutes confondues) s'élèvent alors à 15%, calculées sur la base de votre revenu annuel imposable…."*sirelo, Le système de santé algérien,. available at; https://sirelo.fr/demenager-en-algerie/le-systeme-de-sante-algerien/ , accessed on 14 February 2022

21 EWASH & TI Journal, 2018 Volume 2 Issue 1, Page 24-32 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069 Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

22 EWASH & TI Journal, 2017 Volume 1 Issue 3, Page 11-20 Environmental and Water Sciences, Public Health & Territorial Intelligence Env.Wat. Sci. pub. H. Ter. Int. J. ISSN Electronic Edition : 2509 - 1069, Acces on line : http://revues.imist.ma/?journal=ewash-ti/ , accessed on 14 February 2022

23 ibidem

Coerentemente, relativamente alla sempre maggiore rilevanza svolta dalla spesa individuale (cd. "out of pocket payment":[24]

E sulla spesa sanitaria come fattore di povertà multidimensionale in Algeria:

> "...For example, Algerian law provides for free and mandatory education for nine years; the country's health law assumes that healthcare is universal and free for all citizens; and the social protection system is supposed to leave no one behind. But the empirical analysis shows that those objectives as still not achieved ..."[25]

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2.2 Inefficienze logistiche e organizzative

Sotto un secondo profilo di indagine, le fonti segnalano come una delle maggiori criticità del sistema sanitario algerino risieda nella sua ineguale distribuzione geografica, tanto di strutture sanitarie (concentrate prevalentemente nelle aree urbane del nord del Paese, a fronte dei cosiddetti "deserti medici" del sud):

> "..The unequal geographical distribution of physicians is not unique to Algeria. It concerns many countries around the world. Several studies address the issue of location disparities (Ono *et al.*, 2014; Kroezena *et al.*, 2015). They report a high concentration of health personnel in urban and affluent areas to the detriment of semi-urban and rural areas, described as "medical deserts" where under-medicalization is evident. While such studies have quantified the disparities in the spatial distribution of physicians (Gravelle, Sutton, 2001 ; Horev *et al.*, 2004) little research has examined the determinants of physicians' location-related decisions. According to the World Health Report (WHO,2006), current human resources problems in healthcare are worsened by the imbalances that

24 WHO, Out-of-pocket expenditure (% of current health expenditure) -Algeria, available at: https://data.worldbank.org/indicator/SH.XPD.OOPC.CH.ZS?locations=DZ , accessed on 14 February 2022

25 Economic Research Forum, Multidimensional poverty in Algeria, 2021, available at: https://theforum.erf.org.eg/2021/02/15/multidimensional-poverty-algeria/ , accessed on 14 February 2022

> exist between academic training and the real needs of the population. Such needs will increase in developing countries like Algeria. This latter faces a double demographic and epidemiologic transition..”[26]

Quanto nella disomogenea distribuzione della stessa forza lavoro medica. Questa da intendersi tanto (nuovamente) in senso geografico, quanto anche considerazione la progressiva migrazione dei medici (in particolar modo specialistici), verso la medicina privata:

> “...The dynamic of physicians’ location concerns mainly the specialized medicine. The specialists benefiting from larger social valuation of the population have widely invested the private sectors with its two components: ambulatory medicine and private clinics. We assist the rapid growth of private specialists whose number in certain specialties exceeds those of the public sector. The attractiveness of certain specialties (gyneco-obstetrics, hemodialysis, and surgery) in private practice is linked with the expected financial benefits (Zehnati, 2013). The private physicians settle much more in the northern regions of the country and preferably in the larger metropolises than in the rest of regions. This situation contributes to the pronounced geographical disparities in the distribution of Algerian physicians ...”[27]

Differentemente, altre fonti tendono maggiormente a sottolineare limiti e deficienze strutturali delle strutture sanitarie (come la carenza di posti letto):

> “...Lack of beds is a common problem in all four hospitals impacting on overcrowding in the emergency room. In Algeria there is congestion in the inpatient units, and the workers have difficulties dealing with the flow of patients and this shortage that generates feelings of demoralization and impotence. ..”[28]

E il sovraffollamento generale delle unità sanitarie:

> “...Algeria lacks a triage unit and the structure does not conform to the provisions in the ministerial rules. The tight spaces are crowded with beds, stretchers on the ground and heavy flow of patients and families. The situation resembles that of the HuUFSC, where there are patients hospitalized in stretchers and chairs, attended in the corridors in temporary beds that often become permanent. In a context of complete disorganization of emergencies, these factors are combined thus making hospital work an especially difficult experience and moving professionals away from the patient’s bed...”[29]

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26 Dynamics of the geographical distribution of private physicians in Algeria,Ahcène Zehnati, 2021, https://doi.org/10.4000/cybergeo.36723 , available at: https://journals.openedition.org/cybergeo/36723, accessed on 14 February 2022

27 Dynamics of the geographical distribution of private physicians in Algeria,Ahcène Zehnati, 2021, https://doi.org/10.4000/cybergeo.36723 , available at: https://journals.openedition.org/cybergeo/36723, accessed on 14 February 2022

28 Challenges for work in healthcare: comparative study on University Hospitals in Algeria, Brazil and France, Ciênc. saúde colet. 23 (7) • July 2018 • https://doi.org/10.1590/1413-81232018237.08762018, available at: https://www.scielo.br/j/csc/a/Ts8vtMdLJBhWGjxvGH6yyNr/?lang=en , accessed on 14 February 2022

29 Challenges for work in healthcare: comparative study on University Hospitals in Algeria, Brazil and France, Ciênc. saúde colet. 23 (7) • July 2018 • https://doi.org/10.1590/1413-81232018237.08762018, available at: https://www.scielo.br/j/csc/a/Ts8vtMdLJBhWGjxvGH6yyNr/?lang=en , accessed on 14 February 2022

Da un punto di vista maggiormente sistemico ed organizzativo poi, alcune fonti tendono a sottolineare come, per i settori maggiormente poveri e marginalizzati della società, il sistema sanitario possa risultare frammentato e sotto-finanziato.
Il tema della frammentazione del percorso di cura (spesso tradotto in un approccio caotico ai diversi attori della sistema sanitario), come tentativo e risposta alle difficoltà concrete affrontate dal paziente preso in carico dal sistema algerino, penalizza particolarmente le prese in carico di lungo periodo, in particolar modo di natura specialistica:

> ":...Healthcare for poor and marginalized populations is often highly fragmented and grossly underfunded, and development aid often increases this fragmentation [13,14]. The fragmentation of care is a recurring headache for the care seeker, who often improvises by tracing their course of care, to dismantle the organizational obstacles that face their quest for relief, within a system of unorganized healthcare. Although the non-respect of a coordinated care pathway is a real problem for the public care offer, as for the care seeker; it constitutes a plan B to get care as soon as possible, and in the closest healthcare facilities. Taking the case of Algeria, several care seekers do not respect the hierarchy of care; in this case, the first level of the care offered which provides primary care, by presenting themselves directly to hospitals. Taking the case of the Algerian health system, the majority of care seekers do not respect the hierarchy of care, in this case, the first level of the care offered which provides primary care, by presenting themselves directly to hospital emergencies [4,11]. So a narrow fragmentation of care services makes, more or less, organizational accessibility an unattainable objective, and therefore the impossibility of offering continuity of care. This situation is not the result of chance, but rather a shortcoming that characterizes hyper-compartmentalized care systems as well as poorly organized care systems..."[30]

Similmente:

> "….Fragmented care, overspecialization of care providers and narrowness of many disease control programs, etc. discourage a holistic approach to the individual and the family they are caring for and prevent them from assessing the need for continuity of care [12]. …"[31]

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