Les Notes IPEMED
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Authors

Farid Chaoui, Michel Legros, Noureddine Achour, Noureddine Fikri Benbrahim, Jean-Paul Grangaud.

Experts of the working group

Mohammed Abdelmoumene, Noureddine Achour, Farid Chaoui, Noureddine Fikri Benbrahim, Jean-Paul Grangaud, Michel Legros, Habib Rejeb.

Coordinated by Macarena Nuno, IPEMED project officer.

SUMMARY

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Health systems in Algeria, Morocco and Tunisia:
National challenges and joint issues

In order to develop its sectorial socio-economic projects, IPEMED organized a reflection on the current and future shape of health systems in the Maghreb. The result was a report entitled “National challenges and joint issues: health systems in Algeria, Morocco and Tunisia”. The work was carried out by North African experts, coordinated by Professors F. Chaoui and M. Legros. It concerns the public health policies set up in these countries since independence, with a focus on the state of play and defining current health needs and the challenges of the coming decade. One of its aims was to draw out ideas likely to offer solutions to current and future problems and encourage cooperation between countries in the Maghreb and with countries in the North Mediterranean. Three seminars were organized. They were an occasion to define the main lines of thought and produce a monograph for each country, which the experts used as a basis to respond to the questions raised. In essence, the main purpose of this report is to provide any country committing itself to a reform process with reflections and ideas to support its efforts.

Since their independence, countries in central Maghreb have undergone considerable transformation in the health field. Firstly, they must deal with a demographic transition that has almost coincided with epidemiological transition, whereas countries in the North Mediterranean have been able to tackle these two changes at different times. In addition, Morocco, Tunisia and Algeria have started on reconstructions and reforms that need to be pursued and extended today in order to face up to the new challenges identified in the report and the rising expectations of their inhabitants.

All of this is with an aim of setting up fair and socially responsible health systems that guarantee access to quality health care for all – without forgetting a response to a rising demand from users and professionals to be more involved in governing health systems.

These demographic, epidemiological, organizational and democratic transitions, which are presented in detail in the report, are preceded by a section presenting the methodological guidelines, grouped into ten development axes, that countries need to follow if they are to succeed these transitions and tackle common challenges. Before the three well-documented national monographs, produced by Professors N. Achour (Tunisia), N. Fikri Benbrahim (Morocco) and J-P. Grangaud (Algeria), another section of the report proposes opening up to existing inter-Maghreb cooperation efforts and links with the European Union and the Arab world.

At each stage of the thought process, the emphasis has been on identifying potential sources for cooperation and convergence, or even integration, between these three countries and with the countries of the European Union, and to identify lines of action and concrete recommendations that fit in with IPEMED's overall project, to reflect so as to be able to act.

EXECUTIVE SUMMARY

In the face of health problems, countries in the Mediterranean find themselves exposed to common risks and challenges that call for reflexion on a general level. As part of its health project, IPEMED decided to gather a group of top-level experts from countries South of the Mediterranean in order to draw up a report on health systems in the central Maghreb region. This report has two main objectives. The first is to establish the current state of health systems in these countries, with an emphasis on the potential and common challenges. The second is to present recommendations for public health policies that could be the object of cooperation and exchanges between Maghreb countries, but also with countries in the North Mediterranean. The idea is obviously not to substitute public authorities in defining a new health policy for each country, but rather to produce a report that will give those countries embarking on reforms a source of reflection and methodological guidelines to support their efforts.

Axes for development

1 – First of all, put health back at the heart of politics and recognize that it is a fundamental right for citizens.

2 – Make healthcare policy an example of democracy by promoting information, consultations and joint decision procedures.

3 – Encourage more strategic ministerial and governmental coordination, so that health ministers can extend their current role of managing healthcare towards conducting an inter-sector, cross-cutting approach to health issues and set up alliances with other ministers on common objectives.

4 – Create efficient, appropriate management tools to centrally regulate decentralized health policy, with regions identifying health needs on their territory and making decisions.

5 – Develop a health system aimed more at users (patients and inhabitants), moving from an equipment- and hospital-centred approach to one based on services, and reinforce the role of general practitioners.

6 – Promote a more socially responsible health system allowing for quality care and equal access to treatment for all at a lower cost.

7 – Define an efficient strategy for allocating resources to clearly identified priorities, spread out over national health programmes.

8 – Rethink and reorganize education and information for all stakeholders (elected representatives, inhabitants and healthcare practitioners) in line with new priorities.

9 – Concerning human medicines, between a monopoly and an open market, establish increased market regulation to encourage greater convergence, even integration, at Maghreb level.

10 – The Maghreb, a region with attractive, excellent burgeoning health systems, would gain from developing greater collaboration, even alliances, South-South and also North-South.

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Countries undergoing health transitions

The countries of the Maghreb constitute a homogenous geopolitical, cultural and human unit. Health systems in the three countries are based on structures inherited from the former colonial powers, and have developed in a similar manner in response to inhabitants' needs; although investment levels have varied depending on each country's resources and political direction.

Today, the countries of the Maghreb are faced with high expectations from their inhabitants, who want access to quality care at the lowest cost along with greater participation of users and professionals in governing health systems (democratic transition). Governments must therefore respond while managing expenditure on health, which is set to increase considerably, particularly due to the rise in new emerging diseases (non-transmissible diseases - 79.7% of deaths in Tunisia as well as degenerative and traumatological diseases). To achieve this, the Maghreb countries need to rethink their health systems (organizational transition underway for around ten years) and develop programmes that, if not common, could be compatible and involve South-South and European Union cooperation. These convergences are all the more conceivable since the three countries are almost simultaneously faced with demographic and epidemiological transition.

The three monograph studies that form the basis of the report illustrate that the Maghreb countries are at the same stage in their demographic transition, with proximity for certain indicators – life expectancy at birth of over seventy years, high but swiftly dropping infant and maternal mortality rates, age pyramids with a higher proportion of over-sixties, pointing to a larger, ageing population and therefore a long-term rise in healthcare demand.

Epidemiological transition has introduced new diseases typical of developed countries, such as diabetes, cancer, depression, professional disease, respiratory disease, degenerative and traumatological diseases, etc., which require increasingly costly treatment. In addition, these diseases entail more complex etiology than traditional diseases (e.g. healthy lifestyles and vaccination policies), dependent on individual behaviour, transformation of food models, habitat and lifestyles, and the emergence of new collective risks. Yet countries in the Maghreb must be aware of the impact of the end of this transition: high infant and maternal mortality rates (especially in Algeria), transmissible diseases continuing in the form of outbreaks, etc. This double burden involves a double financial burden (maintaining vaccination programmes and traditional action while developing broader healthcare promotion across sectors) and the reorganization of public policies. Healthcare systems in the Maghreb are highly focused on distributing treatment, and will need to evolve and encourage actions that take greater account of the determinants of health, since health issues are broadly linked to public policies taken as a whole (education, nutrition, habitat and environment). This is the principle challenge that they will have to tackle over the next twenty years.

To accomplish the reorganization of health systems, the Maghreb countries must make strategic choices and define priorities, prioritize them and translate them into health programmes for the short, medium and long term. These programmes will serve as the basis for planning investments and equipment, devising training schemes for healthcare workers, and setting up a transparent, fair financing system. An assessment of these programmes will then make it possible to identify the strengths and weaknesses of each system and envisage opportunities for exchange and cooperation between countries. In addition, if this organizational transition is to succeed, the countries of the Maghreb should pay close attention to three fundamental challenges during this period: reducing unequal access to healthcare, improving regulation between the public and private sectors, and setting up an efficient, transparent financing system.

Unequal access to care is a recurrent problem in central Maghreb countries, which suffer from insufficient available treatment (lack of medical and paramedical staff – to a worrying extent in Morocco – and predominance of specialists to the detriment of general practitioners), which is often unevenly located (concentration in urban areas and coastal zones) and where the private sector, which has developed rapidly over recent years, is insufficiently regulated and does not fit in with the national health development project. To this end, specifications based on national health programmes, in exchange for private healthcare covered by national insurance and support for its development, could guarantee the efficient, balanced use of resources.

The Maghreb countries also need to envisage deep-seated structural reform of their financing system, enabling them to establish more universal systems that are fairer and socially responsible. Healthcare systems in these countries are

characterized by a multitude of schemes and services, a relatively low share of GDP devoted to health (compared to Western countries – around 5%, 6.4% in Tunisia, against 10% in Europe), a disproportionately high share of health expenditure financed by households (around 40%), with increasing numbers turning to private medicine, which is more expensive and rarely or insufficiently reimbursed. This situation is a source of unequal access to healthcare. Creating a single health insurance scheme capable of allocating pertinent, transparent and socially responsible resources, would be an efficient way to move towards greater equity. Morocco has already made headway in this area, having set up an obligatory health insurance scheme in September 2005.

Lastly, healthcare systems in the three countries would gain from initiating reforms to increase users' and professionals' participation in governing healthcare systems (a "health democracy" or democratic transition approach) by promoting information and consultation of inhabitants and professionals, as well as joint decision processes. An overhaul of the modes of governance would also be profitable, including a better definition of the role of the state, which currently predominates, and possibly starting with a focus on mechanisms to regulate and govern the system, along with greater devolution to counterbalance current hospital-centred healthcare, especially since regionalization processes are underway in some of these countries.

Tools to respond to the challenges

The success of these long and complex transitions will also involve reviewing and strengthening a certain number of tools, such as:

- Improving information systems, which are too disparate and often centred on epidemiology, so as to move them towards models with a greater focus on managing organizations, planning equipment and services and evaluating and allocating financial resources;
- Encouraging research policy, with clearly identified objectives, oriented towards public health and managing healthcare systems, and setting up the necessary means to promote and disseminate research results in medical practices;
- Greater control of medical resources and the production of medicines (especially generic drugs) with more intense cooperation in the Maghreb so as to wield weight with the international pharmaceutical industry and provide better, cheaper treatment while allowing inhabitants to take advantage of medical progress;

- Improving training for healthcare professionals, involving better planning, matching flows to needs, and reinforcing training for top managers likely to manage healthcare institutions.