

Public-private partnerships as a tool for modern public management and improving the efficiency of Algeria's health-care system

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Abstract:

The study seeks to comprehend how the health system is reformed and its efficiency increased by utilizing the method of collaboration between the public and private sectors, as well as the principles of modern public management. The purpose of the study was to clarify the nature of the partnership between the public and private sectors, as well as the modern public management concept. It also highlights the various problems that Algeria's current health system faces because of the traditional model of public management, which does not consider cost and quality as efficiency and effectiveness criteria. Finally, we conclude that there is a third option that combines the public sector's financial, logistical, and institutional capabilities with the private sector's rationality and competitiveness.

Keywords: Health System; Modern Public Management; PPP System.

JEL Classification: H51; I18; D73.

Introduction

Immediately after independence, Algerian authorities adopted a French social bureaucratic approach to managing the health system (Salma, 2020), relying on spending public funds on hospital equipment and management without regard for cost or quality standards, with officials' only concern being the safety of bureaucratic documents from any suspicion of corruption, even though the reality was quite different. With the passage of time and the increase in population from less than twenty million people after independence to more than forty million people in 2020, as well as the crisis of declining rent resources from oil and gas. the debate about the feasibility of the current traditional approach in managing the health system and its facilities, and the extent to which they achieve the desired quality at a cost based on economic rationality, has resurfaced.

Modern public management, public-private partnerships, and public management governance are examples of new approaches to public management that have emerged in recent decades. Approaches based on the duality of cost and quality that have been proven in many countries to increase the effectiveness of the public sector as well as the level of efficiency. If modern public management is based on competition and treating citizens as customers (Mujahid, (No date), p. 36), as well as a budget balance between expenditure and income, then the public-private partnership is based on contracts for the private party to manage public facilities in a win-win situation. The state gains by increasing the quality of its services. It achieves its desired goals in promoting public service, and the private sector gains investment opportunities in which it takes advantage of the public sector's equipment infrastructure, which requires huge funds, and exploits its incentives based on quality, maximizing profits and minimizing costs in providing services. that compete with the private sector in itself, it is as if there is a third way that combines the institutional and financial capacity of the public sector, with the incentives for efficiency in the private sector. The approach to public management governance is based on electronic management, transparency, accountability, participation, and management control, which includes the dashboard and it, is an approach that necessitates a large formation of competencies with sufficient incentives, which cannot be guaranteed based on the state's most recent financial data.

Study problem and Hypothesis

Through the above, and in order to achieve comprehensive reform in the Algerian health system, or at least experiment with a third option that is relatively far from the public sector, which witnesses poor services and the generalization of free services. and from a private sector that guarantees the minimum quality, but at exorbitant prices that make, the average person

unable to cover their expenses and is dissatisfied with public-sector services. The problem of this study can be formulated in the following main question:

What is the best strategy for achieving an effective health-care system that balances quality and cost in Algeria?

The following sub-questions fall under this problem:

- What are the issues confronting the public health sector?
- How can modern public management principles be applied in the health sector?
- How can contracts for public-private partnerships, be implemented in the health sector?

This study proceeds from the following hypothesis:

The Algerian citizen believes that free treatment does not guarantee quality.

The scope of the study

The study's goal is to propose solutions based on applied economics to improve and expand the health-care system's effectiveness. The importance of this study is evaluating the Algerian health system and suggesting ways to improve it for the 2020 year.

To describe and analyse the phenomenon, the descriptive analytical method was used, and the statistical method was used to investigate the hypothesis.

1- An overview of the health sector in Algeria

Since independence, Algeria inherited a health system built on the ruins of the colonial health system, and here we mean health facilities in major cities, and there was a great need to build new health facilities in the rest of the country's cities. This was not the only issue, but human capital was a major concern for Algerian authorities. It sought the assistance of Chinese, Russian, Egyptian, and Iraqi competencies at the time to supplement the severe shortage of Algerian human resources caused by colonialism's selective policy in education and training. Since then, the country's authorities have raised the slogan of free treatment alongside free education, an approach based on the socialist approach adopted by Algeria and the eastern camp as a response to so-called greedy liberalism.

The authorities achieved some success in their health policies by increasing fertility rates, circulating the vaccine, reducing maternal mortality at birth, and increasing average life expectancy. However, given a population of less than twenty million people and oil revenues that fund the health sector through the public treasury rather than resource mobilisation, such as the tax sector or wealth creation, this relative success was appropriate. With the end

of the 1980s and the first oil crisis in 1986, oil revenues shrank, as did the state's ability to spend more money on building health facilities, stimulating human resources, and improving health-care quality. The situation remained unchanged until the 2000s, when the public treasury was resurrected because of the oil price boom, this was reflected somewhat positively in the health system, as the construction of health facilities increased, the organisation of the social security sector improved, and the so-called healing card (Bitaqat Alshifa) was established as a health insurance mechanism.

The relative improvement in living standards resulted in a demographic explosion accompanied by a shift in the quality of diseases from poverty, such as malnutrition and cholera, to luxury diseases, such as obesity, diabetes, arteriosclerosis, and cancer, as a result of a change in food and agricultural production patterns and many other determinants that cannot be expanded. According to its explanation, with a population of forty million people and the vastness of Algeria, these health facilities, or even human resources and health spending, are unable to meet all of the population's needs in terms of health services, or as the World Health Organization refers to it, universal health coverage. To address quality, the private sector's entry into the line enabled them to provide a certain level of quality in services, but at exorbitant costs that neither the low-income citizen nor the average income can afford, and even the so-called healing card is no longer able to compensate and secure treatment as required in the private sector.

Then came the Corona pandemic, which proved to Algerians the fragility of their national health system, which could not keep up with the pandemic's strength. Because of pandemic, there was a shortage of generators and oxygen concentrators in hospitals. Dozens of citizens died of suffocation as a result of the insufficient number of beds to accommodate the large number of patients. Moreover, here we have the following question: Is our current health system capable of dealing with another health pandemic, and is the current management pattern still valid for providing health services to all citizens based on their income diversity through quality, effectiveness, efficiency, and justice standards?

The Algerian public sector devotes significant financial resources to it, and the university graduates thousands of doctors each year, a significant proportion of whom migrate to other countries in search of a better climate and greater incentives, as the public sector no longer provides sufficient incentives for human resources. which has resulted in severe bleeding in qualified doctors, whether abroad or in the private sector. The reason for this is that this sector is unable to mobilise resources outside of the public treasury, and the public sector lacks competition, which serves as a motivator to improve service quality (Lihabib, 2018, pp. 07-12).

When it comes to incentives, there are two kinds: motive incentives, which make the human resource capable of increasing its returns (Thomas, 2010, p. 78), such as income, legal protection, work climate, available means, and job stability. In addition, there are deterrent incentives: such as job competition, work contracts based on efficiency, the patient's right to evaluate the quality of service and reception, penalties for tardiness in performing duties, and legal penalties for negligence and intentional medical errors.

The public sector does not strike a balance between these two types of incentives. Either you find job security, guaranteed retirement and wages, and thus a lack of deterrent incentives, or you find a weak wage network and a lack of a safe working environment, and thus a lack of incentives. Unlike the private sector, which balances these two important wings and draws strength from them, but at the expense of a high-priced service that the average and middle-income citizen cannot afford, and sometimes even those with high incomes travel abroad to receive treatment of higher quality and lower cost. Therefore, how can we exploit the public sector's financial and institutional strength, and how can we provide the motive and deterrent incentives that exist in the private sector. So, we can ensure a high-quality public health service that serves the citizen and public health, serves public human resources, and protects the states and its health national security from the tampering of speculators and monopolists who blackmail people?

2- Modern public administration as a tool of promoting public health services

2-1 Concept of modern public management

The concept of modern public management appeared in the incubators of neo-liberal ideas in the seventies of the last century, when the economic crisis worsened in industrialized countries. This trend stresses that one of the main causes of this crisis is excessive state interference in economic life, and at the head of this trend we find the well-known Austrian economist Friedrich Hayek and the well-known American economist Milton Friedman. The term "modern public management" was coined in 1990 by researcher Christopher Hood (Mostafa Rima, 2017, p. 53). This concept refers to a set of new public administration methods that emerged in a number of OECD countries in the 1980s. This concept arose as a result of traditional public administration's inability to adapt to the demands of a competitive market economy. (Ashour, 2012, p. 05).

If cost control is the primary motivation for implementing this concept, the principles of competition and private sector management form the foundation of this concept. All of this is part of a larger institutional reform

for public bodies that prioritizes decentralizing decision-making, motivating facilities and individuals, negotiating goals and objectives, monitoring results, and a funding system based on results evaluation (Jill Anne , 2015).

2-2 Principles of modern public management

These principles can be summarized in the following (Elizabeth & Priscilla , 2005, p. 124):

- concentrating on outcomes in terms of effectiveness, efficiency, service quality, and fair distribution
- Replacing hierarchical and central organizational structures with decentralized management bodies so that decision-making regarding resource allocation and service provision is closer to the point of delivery or service provision and takes into account the reactions of customers and a group of other interests (Gernod , 2001, pp. 07-11).
- Flexibility in exploring alternatives and directing general provisions and rules that may result in higher returns for effective policy outcomes.
- Increasing the focus on efficiency in the services provided by the public sector involves setting production goals and creating a competitive environment within and between all public sector institutions as well (Ahlam, 2013, p. 32).
- Transferring the patient from a parish that needs assistance to a consumer who must be satisfied and who is afraid of losing him to other institutions is not feasible.

Burnis argued that modern public administration is the normative concept of public administration that consists of interrelated components: providing high-quality services to citizens (Enrique , 2005), increasing the independence of public administrators, particularly from the controls of central agencies, measuring and rewarding individuals based on performance meeting objectives. making resources available such as, human and technological needs that managers need to perform their activities well, as well as realizing the advantages that may result from the competition factor (encouraging competition), opening the way for the private sector to implement public goods instead of the public sector.

2-3 Apply these principles to the reform of Algeria's health-care system

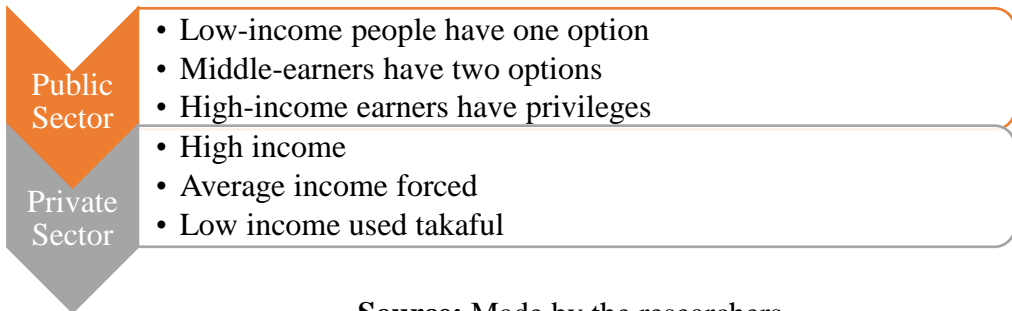
The application of these principles to the health system necessitates a third path that does not rely on a public service institution, but on a public institution of an economic and commercial nature, which necessitates abandoning the principle of free generalization and shifting to the principle of targeted public pricing based on market segmentation.

In the sense of creating hospital institutions with a health hotel system that provide health services of high quality (Jafar , 2018), but with a public

price that competes with the private sector, with the creation of a health insurance card according to the income of each individual. and health insurance institutions pay the difference between the price of the poor, for example, and the real price, the average income price and The real price. As for the high-income earners, they pay the full cost and have the right to obtain annual health insurance with high privileges, as is the case in the car and property insurance market.

The following graphic embodies the idea of the third option instead of the only two options:

Figure N° (01): The current health system



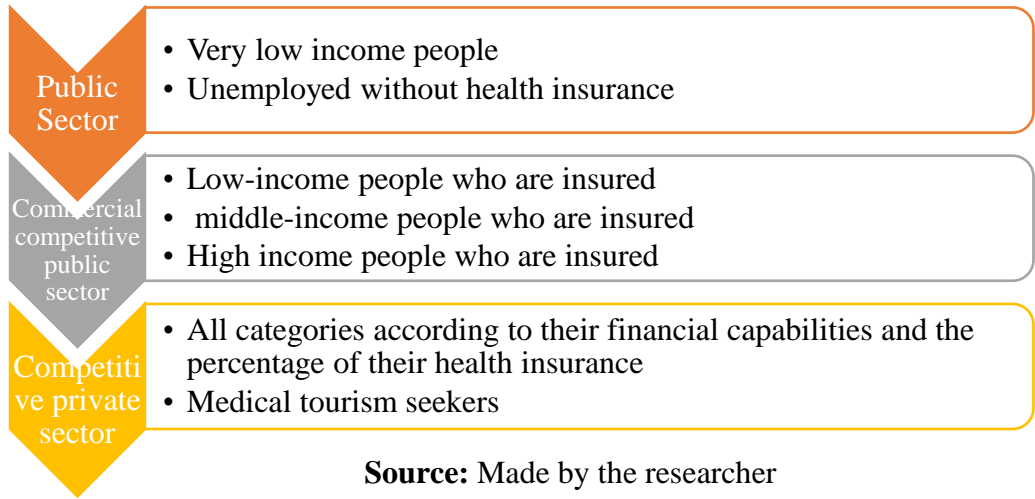
Source: Made by the researchers

We see from the figure that the public sector is witnessing a very large overcrowding that greatly exhausts the human and material resources of the health system and is witnessing a lack of quality of services, except when it comes to unusual personalities and we are talking here about favoritism.

As for the private sector, it takes advantage of the severe shortage in the quality of health services in the public sector to provide health services of relative quality, but at exorbitant prices. This sector does not pose any harm to the owners of large incomes, but it greatly affects the middle- and weak-income owners.

We can get a third option by adopting a modern public management approach, which is as follows:

Figure N° (02): Modern public management approach



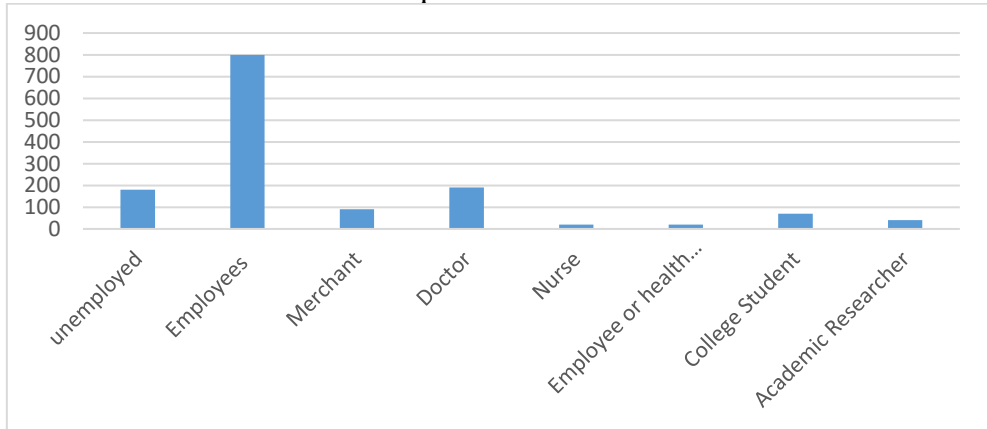
Source: Made by the researcher

The figure shows that the middle option is the third option based on the principles of modern public management, which deals with patients as customers (Shuaib, 2014, p. 37), and provides the motive incentives and deterrent incentives that we talked about earlier. such as efficiency and competitive contracts, adequate wages and public prices studied, and also depends on the principles of governance such as transparency. In addition, electronic management (digitization), management control participation and accountability (Mohammed, 2017, p. 66).

This option will allow for competition with the private sector in the interest of the citizen while also ensuring significant resources to finance the free health sector, particularly in impoverished areas. This competition between the private and public sectors will allow the establishment of a medical tourism environment if Algeria's competitive advantage in human resources and the cost of producing health services is exploited in comparison to Europe, the Gulf, and Turkey, and we mean wages, energy, and infrastructure (Jan-Erik , 2002, p. 65).

Here are the results of a national survey that we conducted in June 2020, in which more than 1,400 citizens of different segments participated.

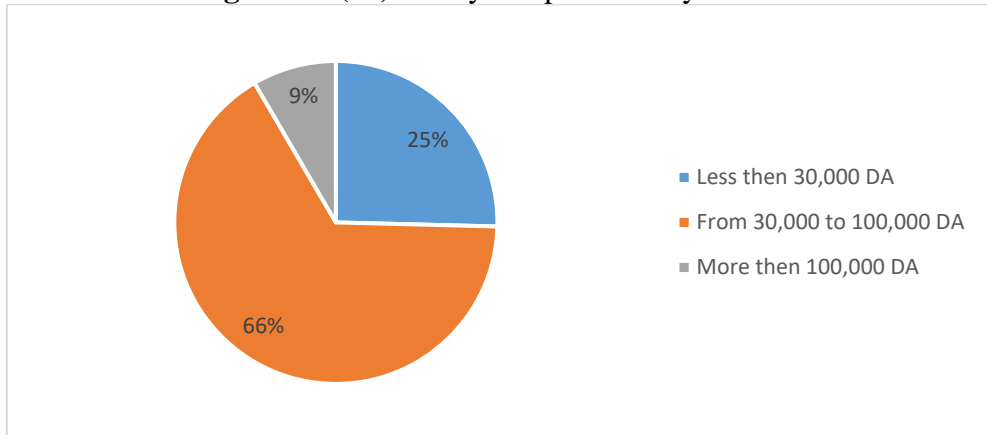
Figure N° (03): Occupation of study sample who answered the questionnaire



Source: Made by the researchers

Figure number 03 shows the occupation of the study sample who answer the questionnaire and as we can see most of the citizens, where employees whether in the public sector or privet sector. Next, we find doctors then unemployed Citizens.

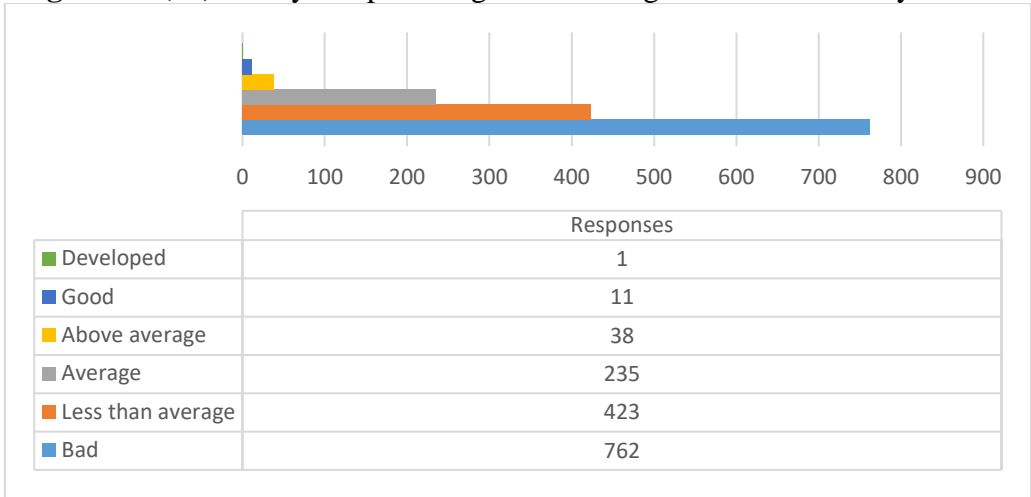
Figure N° (04): Study sample monthly income



Source: Made by the researchers

Figure number 04 shows the study sample monthly income. 1,328 individuals answered the questionnaire 66% of them earns 30,000 to 100,000 DA a month.

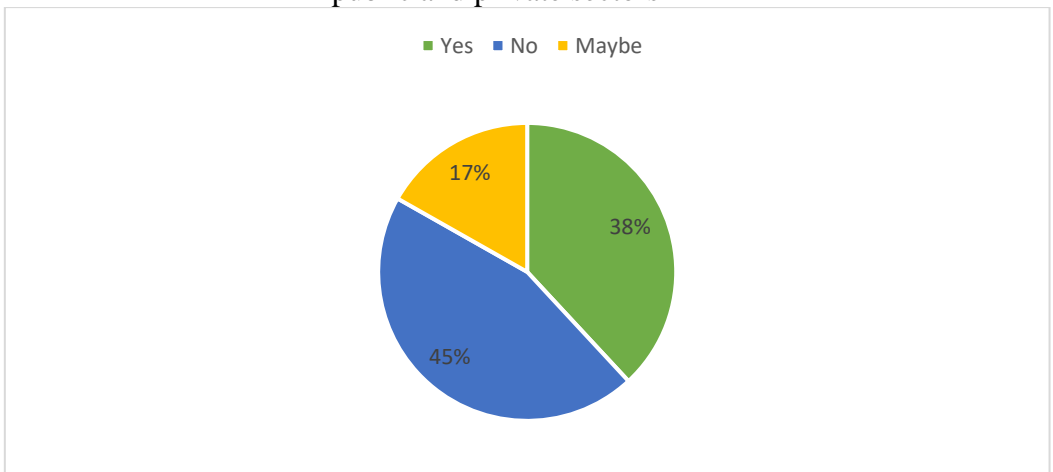
Figure N° (05): Study sample thoughts about Algeria's health-care system



Source: Made by the researchers

Figure number 05 shows the study sample thoughts about Algeria's health-care system. 1,440 individuals answered the questionnaire 762-person thinks that the Algeria's health-care system is bad.

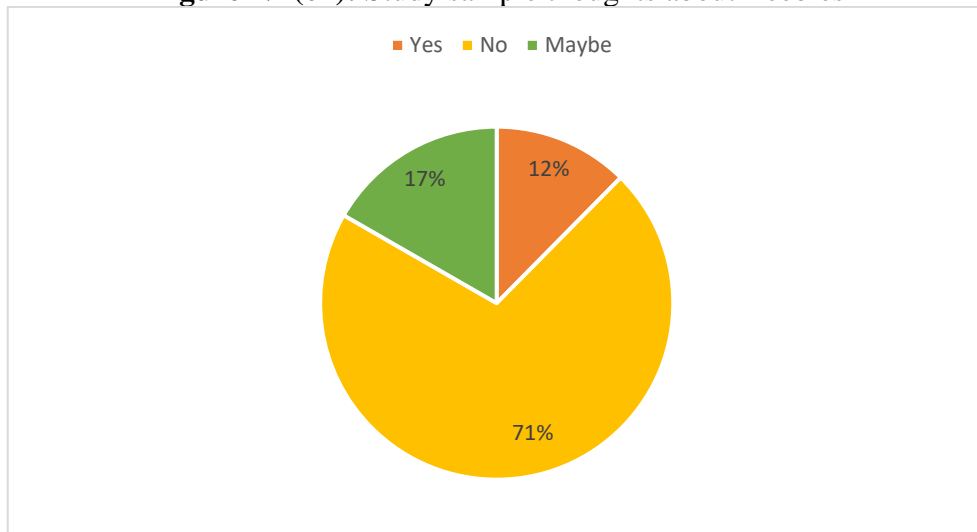
Figure N° (06): Study sample thoughts about competition between the public and private sectors



Source: Made by the researchers

Figure number 06 shows the study sample answer to the next question: Do you think that competition between the public and private sectors improves the quality of the health sector? 1,437 individuals answered the questionnaire 45.1% of them thinks that the competition between the public and private sectors do not improves the quality of the health sector.

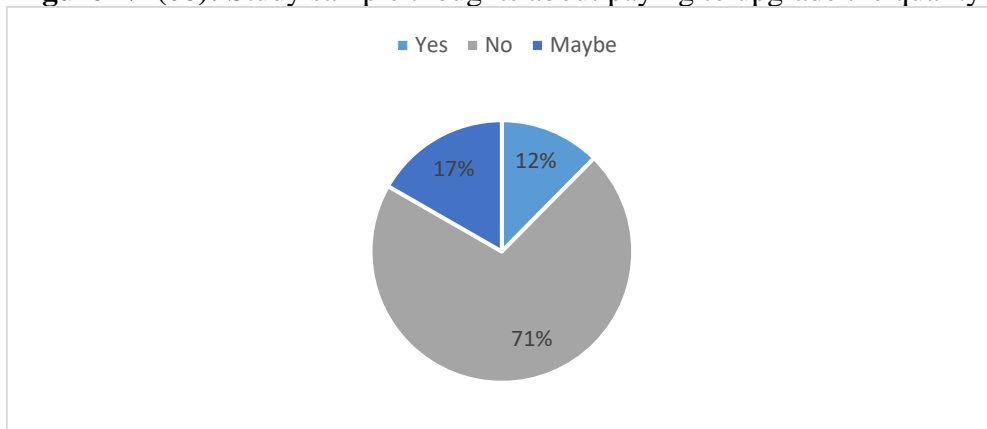
Figure N° (07): Study sample thoughts about freebies



Source: Made by the researchers

Figure number 07 shows the study sample answer to the next question: Do you believe that freebies ensure quality? 1,437 individuals answered the questionnaire 71% of them thinks that the freebies do not ensure quality.

Figure N° (08): Study sample thoughts about paying to upgrade the quality



Source: Made by the researchers

Figure number 08 shows the study sample answer to the next question: Are you ready to bear part of the expenses to upgrade the quality of health sector services? 1,433 individuals answered the questionnaire 37% of them said they were ready to bear part of the expenses to upgrade the quality of health sector services. 45.1% said they were ready to bear part of the expenses

to upgrade the quality of health sector services based on each individual monthly income.

According to the results of this questionnaire, the majority believes that the health system is bad and that freebies do not guarantee quality, and that the majority is willing to bear a portion of the cost of health services in exchange for improved service quality, which is consistent with the study's hypothesis. This is what the modern public management approach ensures. Of course, if it is linked to the project of the biometric national card for the medical CV, which necessitates reforming the social security system and transforming it into a health insurance system affiliated with the health sector, which is a major source of funding (Shuaib, 2014, p. 268)

In addition, when discussing Algeria's current social security system, it can be stated that it requires comprehensive reform as well as the opening of the door to the private sector in health insurance. The following is an overview of Algerian social security.

2-4 Health insurance in Algeria

Health insurance is a critical component of any health-care system around the world. It governs the relationship between the insured citizen and the providers of health care services, and it is he who determines the cost and duration of those services. This process is known as social security in Algeria, and it is a strategy adopted by the state from 1983 to the present day through five basic laws, which are (Marit , 2014, pp. 25-30):

- Social Security (Law No. 83-11).
- Retirement (Law No. 83-11).
- Work accidents and occupational diseases (Law No. 83-13).
- Obligations of taxpayers in the field of social security (Law 83-15).
- In 1985, Decree No. 223/85 was issued, which united the social security funds into two funds:
 1. The National Pension Fund ensures social security for retired workers and employers.
 2. The National Fund for Social Insurance, Work Accidents and Occupational Diseases, and the Unified Basic Fund for Social Insurance in all of its branches

Then came Decree No. 92-07, dated 04/01/1992, which established the legal status of social security funds as well as the administrative and financial structure of social security as follows:

- The National Social Security Fund for Salaried Workers.
- The National Pension Fund.
- The National Social Fund for non-wage workers.

Finally, there is a healing system based on the biometric card known as the Shifa card, which is a system in which employees who receive a portion

of their monthly wages are deducted in favour of the Social Security Institution, and non-workers who submit annual subscriptions to the Social Security Institution are eligible to use the healing card. Which guarantees compensation for the expenses of medicines, in particular, at a rate of between 80% and 100% on insured medicines that are not included in luxuries, or luxury medicines.

The fact that social security in Algeria is not affiliated with the Ministry of Health, but rather with the so-called Ministry of Labor, Employment, and Social Security, draws attention to all of this. That is, the profits of this institution are not used to fund the health sector, but rather to pay the wages of social security employees, which are relatively high in comparison to the health sector. It is also spent on extravagance and decoration in the institution's structures.

The partnership system between the public and private sectors, which crystallized as a real thought in the early 1990s in Britain, is one of the mechanisms that can be used to ensure the provision of a quality health service while controlling costs and revenues, and we will learn more about it in the following sections.

3- Conceptual framework for public-private partnership

Even if it is a translation of the English term "Public-Private Partnership" or an abbreviation, the concept of partnership between the public and private sectors is one with multiple connotations (PPP). Among the definitions used to describe this approach are the following (Pierre, 2010):

It is defined as "an association between persons who share risks and profits in a business, or any other joint venture, by virtue of a legally binding contract" by the New Webster Dictionary.

While the British Committee for Partnership between the Two Sectors defined it as "a risk-sharing relationship between the public and private sectors based on a common ambition in order to achieve an aspired goal of the country's public policy." Apostolakid and Smith defined it as "a risk-sharing relationship between the public and private sectors based on a common ambition in order to achieve an aspired goal of the country's public policy."

Kolzow defined it as "a shared commitment by the leaders of the two sectors to pursue common economic goals."

The United Nations defined it as "cooperation and joint activities between the public and private sectors for the purpose of implementing major projects. so that the resources and capabilities of both sectors are used

together, in a way that leads to the rational sharing of responsibilities and risks between the two sectors, to achieve the least balance." for both sectors.

It is defined by the National Council for Partnership between the Public and Private Sectors as "a contractual agreement between a government agency (central, state, or local) and an entity affiliated with the private sector, through which the assets and expertise of each sector are shared in providing the service or facilitating its use by the general public." Aside from sharing resources and the risks and rewards associated with providing the service or facility,

The World Economic Forum defines collaboration as "an advance voluntary agreement between multiple and equal actors from different sectors who agree to work together to achieve a common goal or meet a specific need that includes sharing of risks, responsibilities, means, and competencies."

While the International Monetary Fund defines partnership between the public and private sectors as "arrangements in which the private sector provides assets and services related to infrastructure that are normally provided by the government." Partnerships between the public and private sectors can be formed through concession contracts and operational lease contracts, which can be used to carry out a wide range of social and economic infrastructure projects, if they are still primarily used in transportation infrastructure projects such as highways, bridges, tunnels, and places of residence such as hospitals, schools, and prisons.

With all of these and other definitions in place, the following characteristics of public-private partnership are primarily summarised: the presence of partners from the public and private sectors, agreement through contracts on objectives and strategies, the existence of mutual benefits, and the main commitment to resources and diversity of activities, joint responsibility, and accountability.

4- Methods for implementing these ideas as a solution to reform the Algerian health system

As we have already indicated through the previous definitions, the public-private partnership system is a medium and relatively long-term contract in which the public and private parties share risks and returns. and the financing may be joint and the financing may be public while the management is private, and the funding may be collective, as we will see in the concept of the health endowment, while the management is joint.

We have seen that traditional management of public hospitals lacks efficiency, motive and deterrent incentives, and the ability to evaluate costs more seriously, as found in the private sector, where he deals with the logic of maximizing profits. and in order to achieve large profits, he must guarantee

many customers, and in order to guarantee many customers, he must guarantee quality in services and competitive prices.

According to Milton Friedman's spending division, the public sector spends the money of rent and taxpayers on sick citizens and thus does not care about quality or cost, whereas the private sector spends its money on investments and thus cares about quality and cost. Even when the customer spends his money on himself, he is concerned with maximizing the benefit and thus the quality in light of the budget constraint, i.e. the cost.

All of this highlights the importance of collaboration between the public and private sectors in the health system. As a result, instead of two types of institutions, we now have four (MERLIN-).

- A free public hospital with traditional management.
- A public hospital with modern commercial management.
- A hospital built on the partnership between the public and private sectors (infrastructure funded by the state, management that depends on the private sector and a book of conditions agreed in advance on prices and quality of services according to a win-win approach. The state wins the citizen's satisfaction and public health insurance and benefit from the motivation of the private sector the private sector gains financial resources and management experience.
- A private hospital competes with the second and third, and in the end, the competition is in the interest of the citizen and in the interest of medical or medical tourism.

There are numerous ways in Algeria that can be used as a starting point for implementing the method of partnership between the public and private sectors, including, for example, the following:

For example, the state is constructing a hospital pole in accordance with modern public management principles, and as you know, equipping the hospital pole necessitates large sums of money and a high risk that the private sector may be unable to meet. Herein lies the partnership opportunity, in which this public pole can rent its facilities, clinics, and surgery rooms, as well as advanced medical examination machines and laboratories, to some private specialist doctors under a pre-agreed partnership contract that guarantees affordable prices that health insurance can cover. as well as private doctors' significant income and great investment opportunities, given that the hospital pole is full of Partnership contracts between the public and private sectors can also be used to invest in the therapeutic health hotel system. The private sector manages hospital stays, restaurants, cleaning, maintenance, and security (Ahmed , 2010).

The partnership system between the public and private sectors ensures so-called freedom of choice. We will have reduced the burden on the traditional public sector, which has been exhausted by the Corona pandemic and may be exhausted by other epidemics, when citizens can choose between four types of hospital institutions, each with advantages and costs we are not prepared for.

5. Health endowment system

The application of behavioral economics in applied economic and social policies is critical, and because the majority of Algeria's population is Muslim, the values of endowment and zakat remain fixed values, especially since one of Sharia's goals is the preservation of soul, money, and offspring. From here, we can see the significance of the health endowment as a smart mechanism for ensuring large resources for building health institutions by leveraging the willingness of the Muslim citizen to contribute to the construction of such facilities, as we see him making large sums of money to build mosques and equip them with the best equipment (Curtis, 2019, p. 243).

During the Corona pandemic, we noticed a popular gift made by Algerians inside the country, particularly the Algerian community abroad, where efforts to acquire generators and oxygen concentrators intensified, and even civil society contributed to this solidarity gift. As a result, the adoption of the health endowment system for constructing endowment hospitals and financing them through what we propose to call the health zakat and health shares will result in a qualitative leap in the field of providing comprehensive health coverage.

5-1 What is the health zakat that we suggest?

It's the amount of money that each family gives out according to its financial ability, and the number of its family members annually to the state or central health endowment institutions, and its mechanism is similar to Zakat al-Fitr, but it is more organized. If we assume the payment of 500 dinars for each citizen annually, then we are talking here about an amount of 20,000,000,000 dinars annually, which is an amount capable of covering the expenses of many patients whose costs cannot be covered by health insurance, without calculating the regular zakat funds. For owners of income and without counting the participation of the Algerian community abroad in hard currency.

5-2 What are the health stocks?

From the behavioral school of economics, we know there is a category of citizens who do not like to use religious terms in such projects. Therefore, any citizen can buy health shares and donate them to the endowment health system in exchange for future health services from those endowment hospitals.

6. Digitizing the health sector

In Algeria, the digitization of the health sector has become critical in so-called health security and epidemiological investigations. That is why, as researchers, we proposed developing a so-called health biometric card that contains every citizen's medical biography, if this data is collected in a massive database to design an accurate health map. and analyse this massive data to contribute to epidemiological investigations (Specquis Gerhard, 2015, p. 482), as well as predict diseases and, as a result, control the list of imported medicines, for which the Algerian state pays very large sums. This concept is also very useful in preventing the problem of information asymmetry between the doctor and the patient due to language, shyness, or certain pathological conditions, and thus the medical CV ensures sufficient information and an accurate diagnosis, and thus greater treatment effectiveness. Following the Corona pandemic, the strategy of online health services or digital medicine became necessary (West Darrell, 2010, p. 122). Therefore, the emergence of emerging companies in the field of remote or mobile health services to citizens' homes is a very promising market that will also contribute to the so-called support for universal health coverage and ensure the effectiveness, efficiency, and justice in the Algerian health system.

Conclusion

Because the human being is both the goal and the means of development, it is necessary to invest in human health in a more professional and strategic manner. If Joseph Kaldor's magical square of development ignored public health as an important goal of economic policies, the Corona pandemic demonstrated that public health is no less important than economic growth, employment rates, exports, and inflation indicators. The Corona pandemic demonstrated that there is no value in factories, planes, fuel, money, or machines unless there is a healthy human being free of diseases who can work profitably and create supply and demand. This pandemic has left deep scars on the global and Algerian health systems in particular; we have lost a large number of qualified medical and non-medical personnel. on whom the state has spent billions to train them, and reforming the health system has become an integral part of the country's national security, as embodied in the establishment of the National Agency for Health Security.

The use of the principles of modern public management, the partnership between the public and the private sector, and the governance of the health sector, will allow raising the quality of the health system and its services, as well as work to control costs in a rational manner away from waste and inefficiency in the budget. The outputs of the health system must be to be

greater than its inputs; this research paper came to suggest some solutions that would reform the Algerian health system in particular and the public service sector in general.

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