

Overview of the Health System for the Maghreb countries: Issues and Progress

BACKGROUND & OBJECTIVES

The population of the Maghreb will increase from 102 million to 132 million To index the healthcare systems in the Maghreb countries (Algeria, by 2050, a predicted growth of one million/year. The current population is Morocco and Tunisia), highlighting the opportunities and the challenges mostly centered in Algeria and Morocco, accounting for 77%. Annual of these countries, and to provide an overall view of the progresses healthcare expenditure per capita is 447.9\$, 776.8\$ and 854.6\$ in Morocco, Tunisia and Algeria, respectively. The average infant mortality rate per 1000 made and the shortcomings that persist. live improved to 10.9 in Tunisia, 16.8 in Morocco and 18.9 in Algeria. Maternal mortality rates have dropped to 43 and 48.5/100 000 births in Tunisia and Algeria, respectively while remaining relatively high in Morocco: 72.6. Number of hospital beds/1000 inhabitants is only 1.1 in Morocco, 1.9 and 2.9 in Algeria and Tunisia, respectively. The number of physicians/1000 people was 0.73 in Morocco, 1.3 in Tunisia and 1.72 in Algeria. This remains considerably low compared to the 3.9/1000 in Europe. The Maghreb countries are currently facing an exodus of physicians, mainly to France, which represents 7.1% and 10.7% of Tunisians and Moroccans, respectively, and more than 24% for Algerians. This situation due to the gap between the supply and demand of health care that exists in developed countries constitutes a real time-dealy threat to the 3 countries.

The Maghreb countries constitute a homogenous geopolitical, cultural and human unit. Health systems in the three countries are based on structures inherited from the former (French) colonial system and have developed more or less in a similar fashion.

Populations of the Maghreb countries are increasingly expecting access to quality healthcare services, along with effective healthcare systems. Governments must therefore live up to these expectations while managing expenditures on health, which is set to increase significantly, particularly due to the rise of new emerging diseases.

METHODS

A descriptive comparative approach of healthcare systems in the three countries, based on data from sources¹⁻⁷ with an established methodology and **Popu** descriptive healthcare data from the World Health Organization (WHO) database⁸.



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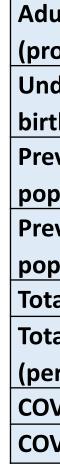
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Table 1. Profile of the Maghreb Countries^{8,9}

Life Pop Age

> Table 2. Mortality and Prevalence of Infectious Diseases and Non-communicable Diseases (NCDs)^{9,11} Furthermore, the COVID-19 pandemic has further strained the already fragile healthcare systems in the region. It highlighted the need for better infrastructure, medical equipment, and training of healthcare professionals to ensure a more efficient response to health crises in the future.



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RESULTS

		ALGERIA	MOROCCO	TUNISIA		
oulation size (in thousands)	2020	43 851	36 911	11 819		
	2018	42 228	36 029	11 565		
nual Population Growth	2021	1.7	1.1	0.8		
oulation living in Urban areas (%)	2021	74.26	64	70		
e Expectancy (Years) both sexes	2020	77.1	73.0	77.0		
oulation Proportion –	2021	6	7	9		
es 65 and above (%)						

	ALGERIA	MOROCCO	TUNISIA
2019	13.9	24.1	15.7
2020	23	19	17
2020	0.04	0.02	0.03
2020	59	98	36
2019	79%	84%	86%
2019	126.56	211.89	176.56
2023	271 613	1 272 733	1 152 033
2023	6881	16 296	29 363
	2020 2020 2020 2019 2019 2023	2019 13.9 2020 23 2020 0.04 2020 59 2019 79% 2019 126.56 2023 271 613	2019 13.9 24.1 2020 23 19 2020 0.04 0.02 2020 59 98 2019 79% 84% 2019 126.56 211.89 2023 271 613 1 272 733

Despite recent efforts to improve access to healthcare services, the Maghreb countries continue to face significant challenges in their healthcare systems. By 2050, the population is predicted to reach 132 million, with an annual increase of one million people¹⁰.

From an economical standpoint, healthcare expenditure per capita varies significantly among the Maghreb countries but remains relatively low compared to the gulf countries for example. This difference in spending can impact the quality and accessibility of healthcare services in each country, as well as their ability to invest in new technologies and innovations. From a workforce standpoint, Morocco has one of the lowest figures in the world in terms of doctor coverage, with only 0.73 physicians per 1000 inhabitants. A significant number of doctors choose to leave for France and Europe, with Algerian doctors practicing in France accounting for 24% of the total doctors in the country². This exodus of healthcare professionals exacerbates existing workforce shortages, making it more difficult to provide adequate healthcare services to the population.

From an epidemiological standpoint, non-communicable diseases (NCDs) are a significant challenge in the region, with diabetes, cardiovascular disease, and cancer being the leading causes of death. NCDs accounted for 79% and 86% of proportional mortality due to NCDs in Algeria and Tunisia respectively¹¹. However, these data need to be updated according to the post COVID-19 context. Several factors contribute to the high prevalence of NCDs, including urbanization, aging populations, unhealthy diets, physical inactivity and the widespread tobacco use.

Despite the considerable progress made, the Maghreb countries still face major challenges. Doctor migration, rising cost of care and endemic infectious disease outbreaks constitute a huge hurdle on the already overburdened yet resilient healthcare systems.



DISCUSSION

CONCLUSION