

## Glossary of Key Terms

- 1) **International health benchmarking:** This concept refers to the comparative analysis of health systems in different countries. It involves studying the strengths and weaknesses of each model in order to draw inspiration from best practices and optimize the health system of a given country.
- 2) **CASNOS (National Social Security Fund for Non-Salaried Workers):** In Algeria, CASNOS is the organization responsible for social security for non-salaried workers, such as farmers, artisans and traders. Created in 1983, it offers social coverage similar to that of the CNAS (National Social Insurance Fund) for employees.
- 3) **CNAS (National Social Insurance Fund):** The CNAS is the main social security organization in Algeria, covering salaried workers and their dependents. It manages health insurance, retirement pensions, family allowances and other social benefits for this category of the population.
- 4) **Social contributions:** Social contributions are compulsory deductions from workers' salaries, intended to finance the social protection system. They constitute the main source of financing for Bismarckian health systems, guaranteeing a redistribution of solidarity between workers and people in vulnerable situations (illness, unemployment, old age, etc.).
- 5) **Universal coverage:** Guaranteed access to essential health care for all citizens, regardless of their income or social status.
- 6) **Decentralization:** Decentralization in the health sector means the transfer of responsibilities and decision-making powers from the central level (national government) to local levels (regions, cantons, municipalities, etc.). This process aims to adapt health policies to the specific needs of each territory and to empower local actors in the management of health services.
- 7) **EPSP (Proximity Public Health Establishments):** In Algeria, EPSPs constitute the local network of primary health care. These are polyclinics, health centers and treatment rooms spread throughout the territory, offering medical consultations, nursing care, vaccinations and preventive actions.
- 8) **Health equity:** Fair and equal access to health services for all individuals, taking into account specific needs and socio-economic disparities.
- 9) **Hospital package:** The hospital package is a financing mechanism for public hospitals in Algeria. It involves social security (via the CNAS) contributing to the financing of hospital care, easing the pressure on the direct state budget. This system allows public hospitals a certain financial autonomy while guaranteeing the care of insured patients.

- 10) Free healthcare:** Free healthcare implies that patients do not have to pay directly for the medical services received. This principle is applied in many health systems, including Beveridge models where healthcare is financed by taxes. In Algeria, free healthcare is provided in public hospitals, guaranteeing basic access to healthcare for all citizens, including non-contributors.
- 11) Beveridge Model (Planned Model):** This centralized model of health system, named after the British economist William Beveridge, is characterized by a majority public provision of care, financing by taxes and strong state regulation. The *National Health Service* (NHS) of the United Kingdom is the emblematic example of this model, which aims to guarantee universal and equitable access to health care for all citizens, regardless of their socio-economic status.
- 12) Bismarckian Model (Socialized Model):** Inspired by the reforms of Otto von Bismarck in Germany at the end of the 19th century, this social protection model is distinguished by financing based on social contributions, a predominantly public healthcare offer and regulation shared between the State and social partners (unions and employers' organizations). The objective is to guarantee social coverage extended to the entire working population, based on professional solidarity and income redistribution.
- 13) Liberal Model (Decentralized Model):** This model emphasizes individual freedom and the role of the market in regulating the health system. The provision of care is mainly private, financing is based on private insurance and direct patient payments, and competition between actors is encouraged to stimulate innovation and efficiency. The United States is often cited as the most representative example of this model.
- 14) MSPRH ( Ministry of Health, Population and Hospital Reform):** In Algeria, the MSPRH is the government institution responsible for public health policy, management of public hospitals and regulation of the health system. It plays a central role in planning, financing and implementing national health programs, in collaboration with other ministries and public agencies.
- 15) Risk pooling:** Risk pooling is a fundamental principle of social security. It involves pooling the contributions of all insured persons in order to guarantee that healthcare is covered for those who need it, regardless of their individual risk level. This system makes it possible to share healthcare costs in a supportive manner and to ensure access to healthcare for all, especially the most vulnerable in society.
- 16) Obamacare ( Affordable Care Act ):** Obamacare, officially the *Affordable Care Act* , is a major reform of the American health care system implemented in 2010. It aims to expand health insurance coverage, improve the quality of care, and control costs. Obamacare has reduced the number of uninsured people in the United States, but remains politically controversial.
- 17) Social partners:** Social partners are organisations representing employers (employers' organisations) and workers (trade unions) in the context of social dialogue. In the Bismarckian model, they participate in the management of the social protection system, in particular by negotiating agreements on social security contributions and benefits.

- 18) Out-of-pocket expenses (RAC):** The out-of-pocket expenses (RAC) correspond to the portion of medical costs not reimbursed (i.e. not covered) by health insurance and which remains the responsibility of the patient. In liberal health systems, the RAC can be significant, leading to financial difficulties for patients and potentially limiting access to care.
- 19) Professional solidarity:** Professional solidarity is a fundamental principle of Bismarckian social protection systems. It involves workers contributing to a common fund to finance social benefits, including health insurance, retirement pensions and unemployment benefits. This solidarity makes it possible to pool risks and guarantee social protection for all workers, even those who face difficulties (illness, unemployment, etc.).
- 20) Medical overconsumption:** Medical overconsumption refers to the excessive or inappropriate use of medical services. It can be induced by a variety of factors, including perverse economic incentives, misperceptions of health needs, or overly generous insurance coverage. This phenomenon can lead to unnecessary costs for the health system and risks to patient health.
- 21) Fragmented Health System:** A fragmented health system is characterized by a multitude of stakeholders, funders, and providers, often without effective coordination among them. This fragmentation can lead to increased administrative complexity, high costs, and inequalities in access to care. The fragmentation of the U.S. health system is an extreme example of the challenges that excessive fragmentation imposes.