The Algerian pharmaceutical industry and access to medicines

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Abstract:

The Algerian pharmaceutical industry plays a crucial role in improving financial access to medicines, particularly in the era of chronic diseases. The Algerian pharmaceutical market is the third largest in Africa. The state has undertaken a series of reforms to develop the pharmaceutical industry. A strategy that has enabled it to achieve 65% coverage of drug consumption, through domestic production in 2022. However, dependence on imports for other drugs persists. Despite these advances, a recent ONS survey on household consumption revealed that Algerians are spending more and more on healthcare, with significant disparities between rich and poor, hence the problem of social inequality in the face of disease.

Keywords: Pharmaceutical industry; chronic diseases; access to medicines; drug production, Algeria

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1. Introduction:

The epidemiological transition refers to the decline of infectious diseases and the rise of chronic and degenerative diseases. It results from the improvement of general hygiene and living conditions, on the one hand, and the development of medical care on the other hand. This change in the disease structure is also favored by a social and economic transition that has led humanity from a simple and mainly agricultural way of life to an industrial way of life, with all its harmful consequences on health, particularly those related to smoking, physical inactivity, harmful use of alcohol, unhealthy diet, stress and pollution.

According to data from the WHO (World Health Organization), in 2021, non-communicable diseases (NCDs) caused at least 43 million deaths, representing 75% of non-Covid pandemic-related deaths worldwide. Among these deaths, 18 million people died before the age of 70, and 82% of these premature deaths occurred in low- or middle-income countries. Cardiovascular diseases are the leading cause of death, responsible for 19 million deaths, followed by cancers (10 million), chronic respiratory diseases (4 million), and diabetes (more than 2 million, including deaths from diabetic nephropathy). They are remained the leading causes of death worldwide over the past 20 years (OMS, 2025).

This forces countries to develop two health intervention strategies. On the one hand, it is necessary to develop collective hygiene and the prevention of communicable diseases, in particular with vaccination campaigns. And on the other hand, it is necessary to develop a strategy for the prevention of non-communicable diseases with a multisectoral action that will include health and therapeutic education (media, school, etc.), the control of the food industry and the hygiene of the environment.

Like other countries, Algeria has been experiencing the consequences of an accelerated epidemiological transition since the 1980s. This transition, resulting from the widespread use of vaccination and improved healthcare coverage, has led to a decline in communicable diseases, a decrease in overall mortality, and an increase in life expectancy. However, this improvement has been accompanied by a rise in chronic diseases, which have now become the leading cause of death. A recent MICS6 survey conducted by the MSPRH in collaboration with UNICEF in 2019, covering nearly 200 socio-economic indicators, revealed that 20% of the population suffers from at least one chronic disease in 2019. What is worrying is that chronic diseases are increasingly affecting people of working age, which reduces their productivity or sometimes causes their disability. Chronic diseases, such as diabetes, cardiovascular diseases, asthma, and certain cancers, are characterized by their long duration, gradual progression, and potentially serious complications. They represent a significant burden for health systems and have a significant impact on the quality of life of patients.

The pharmaceutical industry plays a vital role in improving access to care, particularly for chronic diseases and complex pathologies. Through the research and development of new treatments, it contributes to extending

and improving the quality of life of patients with previously incurable or difficult-to-treat diseases. In addition, by producing generic versions of drugs whose patents have expired, the industry helps reduce the costs of treatments and make them more accessible. The objective of the Ministry of Industry and Pharmaceutical Production is to promote national production in order to ensure health security and strengthen financial accessibility to medicines, which has become problematic with the high morbidity of chronic diseases in Algeria. The Algerian pharmaceutical industry is evolving in this context, facing many challenges to meet the needs of patients with chronic diseases (access to treatments, cost, quality, etc.).

The objective of this article is to present an overview of the Algerian pharmaceutical industry, with its capacities and limitations, in the face of the new needs of chronic diseases.

2. Results and discussion

2.1. The burden of chronic diseases in Algeria

Non-communicable diseases constitute a real public health problem in Algeria, given the increasing burden of their morbidity. According to the INSP (INSP, 2017), they are the cause of 55% of deaths in 2016, compared to 16.8% attributed to communicable diseases. According to the MICS6 survey conducted by the MSPRH in collaboration with UNICEF in 2019, women (24.2%) are more affected than men (16%) by at least one chronic disease. The prevalence differs according to the living environment, with 21.6% of the population living in urban areas having at least one chronic disease compared to 17.2% in rural areas. Inhabitants of the north of the country (21.13%) are more affected by chronic diseases than inhabitants of the highlands (17.57%) and inhabitants of the south (15.9%). According to this survey, chronic diseases are more common among people aged between 40 and 65 years (34.5% of cases), of which 9.7% are still employed.

The average age of first diagnosis of chronic disease, confirms this state of affairs, is less than 60 years for all the diseases studied, namely: HTA at 52.7 years, diabetes at 47.9 years, MCV at 50.2 years, respiratory diseases at 30.8 years, cancers at 48.3 years and neuropsychiatric disorders at 27.4 years. Thus, the average age at diagnosis of the first chronic disease, whatever the type, is 45.6 years. The prevalence of certain chronic diseases according to this same survey in 2019, is 7.5% for HTA, 5% for diabetes, 1.5% for neuropsychiatric disorders, 1.5% for respiratory diseases, 1.2% for MCV, 0.3% for cancers and 1.1% for joint diseases (MSPRH & UNICEF, 2025).

The causes of chronic diseases are multiple, there are modifiable, non-modifiable and intermediate risk factors. Socio-economic, cultural, political and environmental determinants are at the base of the chain of risk factors; globalization, urbanization and population aging are at the origin of the risk factors of chronic diseases in Algeria. The increase in life expectancy at birth (77.8 years in 2022), the decrease in the crude mortality rate (4.59 per 1000 inhabitants in 2022) and the decrease in the birth rate (20.8 births per 1000 inhabitants in 2022)

have resulted in an increase in the share of the population aged 65 and over, which represents 10.4% of the total population in 2023 (direction de la population, 2024). In 1964, this age group represented only 3.5% of the population, a proportion that remained stable for 30 years (until 1994). Since 1994, the proportion of the population aged over 65 years has continued to increase, and is expected to reach 7.5% in 2025 according to World Bank forecasts (Banque mondiale, 2020), and 12.54% in 2040 according to ONS forecasts (ONS, 2018).

Globalization has led to a change in the eating habits of Algerians, who have gone from a healthy diet based on cereals and natural products to an unhealthy diet with industrial products (dyes, canned goods, etc.) and foods rich in calories. This has led to the problem of obesity in Algeria, which affects 23% of the population (OMS, 2025). In addition, accelerated urbanization has radically changed the lifestyle of the population, with 75.27% of the total population being urban in 2023 (banque mondiale, 2025). This urbanization has favored the absence of physical activity and risk behaviors: smoking, alcohol consumption, etc. These factors, associated with heredity and aging, have favored the appearance of several diseases such as high blood pressure, hyperglycemia, obesity, cancers, etc.

In addition to the irrevocable impact of chronic diseases on the quality of life of patients, who sink into the effects of their disease on their personal life (dependence on others, loss of autonomy, depression, social isolation, etc.) and professional life (job loss, income loss, discrimination for job promotions, etc.). Chronic diseases lead to a high consumption of long-term care, which can cause the impoverishment of low-income patients, despite partial social coverage of health expenses. Particularly with regard to medical acts in respect of radiology and biological analysis acts and medical consultations. Acts that are poorly covered by social security, whose reimbursement tariff grid dates back to 1987. Health expenses for chronic diseases are heavily affected by the cost of medicines, which, compared to other expenditure items, represent the largest share. Take the case of cardiovascular diseases, according to a study conducted in 2018, drug expenditure represented 46.5% of direct healthcare expenditure (reimbursed and non-reimbursed expenditure combined) (Azri, 2022). Hence the need to orient the Algerian pharmaceutical industry towards the production and development of drugs intended for chronic diseases with high prevalence.

2.2. The Algerian pharmaceutical industry: capacities and challenges

The global pharmaceutical market is expected to reach 1.77 trillion dollars by 2026, according to IQVA forecasts, with a growth rate of 4.9% between 2021 and 2026. The African pharmaceutical market, for its part, represents 33 billion dollars and contributes to the growth of the global market by 6.2% (for 2021-2026). According to market size, Algeria ranks third in Africa after Egypt and South Africa with a market of 2.8 billion dollars in 2020 and contributes to the growth of the African pharmaceutical market by 6%[2] (IQVA, 2025). And

[2] Egypt, South Africa, Algeria, Nigeria and Morocco represent 65% of pharmaceutical sales in Africa in 2020.

occupies the fifth place in the Middle East, after Saudi Arabia, Egypt, the United Arab Emirates and South Africa.

The share of drug consumption in health expenditure is increasingly important due to the progression of chronic diseases. In order to meet this demand, the pharmaceutical sector has undergone profound changes in its organization. Until the end of the 1980s, the State had a monopoly on the import, wholesale distribution and production of medicines. Following the oil shock and the implementation of the SAP, the State had to liberalize the pharmaceutical sector, like other economic sectors experiencing a financing crisis. The opening-up policy concerned both manufacturing and import. This has resulted in a dramatic increase in drug consumption expenditure, rising from $375 million in 1990 (Ziani & Brahamia, 2016) to $3,378 million in 2018, favored by the increase in the supply of care, the generalization of social coverage and increased self-medication.

2.2.1. The evolution of drug consumption in Algeria

The Algerian pharmaceutical market is the third largest African market (El Abidia, 2017). It is characterized by the presence of significant domestic production oriented towards generic drugs, and imported products in high demand for chronic and acute diseases, which are expensive for our health and social security system. The national production is oriented towards the production of generic drugs since it does not require research and development activity (the most expensive stage for the development of a new drug) (Azib & Touati, 2023).

Table No. 01: Evolution of drug consumption per capita in Algeria between 1990 and 2018

	Pharmaceutical consumption (billion $)	Pharmaceutical consumption per capita (in $)
1992	0,374	14
1996	0,438	15
1999	0,687	23
2004	1,134	35
2006	1,785	53
2009	1,64	47
2012	3,45	91
2013	3.147***	82*
2018	3,378***	80**
2021	3#	67,9##
2026	3,6#	75,23##

Source: (Mahfoud, Brahamia, & Yves, 2017)

* (Ziani & Brahamia, 2016)

** (Benali, 2021)

*** Calculations made by us from (Benali, 2021) and ONS Data.

#IQVA : (IQVA, 2025)

##calculations made by us from (IQVA, 2025) and projections of the evolution of the Algerian population (STATISTA, 2025)

The consumption of drugs in Algeria has evolved in line with the health transition. With the increased proliferation of chronic diseases, diseases requiring heavy and long treatment, drug consumption has increased sharply, rising from almost $14 per capita in 1992 to more than $82 per capita in 2013. Consumption that has been influenced by the decision to fully cover chronic diseases, for insured and uninsured, by social security, particularly since 2000, as the third-party payment system has become widespread in all private pharmacies, which allows insured patients with chronic diseases to have their medicines dispensed from the pharmacy they want depending on the proximity criterion. In addition, drug consumption has also been influenced by changes in purchasing power. Moreover, since the two oil shocks in 2015 and 2020, drug consumption has decreased due to the decline in the purchasing power of patients (caused by inflation and the devaluation of the national currency). Thus, drug consumption has fallen to $3 billion in 2021 compared to $3.8 billion in 2018, or $67.9 per capita, while it was $80 per capita in 2018.

Data from the Ministry of Health in 2013 on the consumption of pharmaceutical products by therapeutic class, show the predominance of infectiology drugs with 19%, followed by metabolism and diabetes drugs (18%), then cardiology and angiology (14%) and endocrinology and hormones (9%). A consumption that corroborates the epidemiological transition of the country (Ziani & Brahamia, 2016).

2.2.2. The Algerian pharmaceutical market

The Algerian drug market is highly regulated, as the State has a strong influence on supply and demand. The State has engaged in a strategy to encourage domestic production in the long term. Thus, in 2020, the Ministry of Industry was restructured to include pharmaceutical production in its line of direction through Decree 20-271 of September 29, 2020, creating and defining the attributions of the Ministry of Pharmaceutical Production.Enter the contents of the thirdsubtitle here.

Executive Decree No. 23-411 of November 20, 2023, setting the new attributions of the Minister of Industry and Pharmaceutical Production. Whose mission now is to propose the national strategy for the development of pharmaceutical production and to initiate the programs and mechanisms for its implementation and to ensure its monitoring; to ensure the regulation of the various pharmaceutical activities and the approval of pharmaceutical establishments in the areas of manufacturing, import, export, operation, distribution, medical promotion and service provision; to promote the generalization of the use of strategic intelligence, foresight and digitization tools in the fields of industry and pharmaceutical production; to ensure the management of support and assistance mechanisms granted, in particular for the development of industrial sectors, small and medium-sized enterprises, the promotion of pharmaceutical production and the increase of investments (JORADP, 2025).

Table No. 02: Evolution of imports and domestic production

	Domestic production in value (in millions of dinars)	Import value (in millions of dinars)
2000*	8 581	35 196
2001*	7 189	38 343
2002*	8 493	49 386
2003*	7 801	47 613 ,5
2004*	16 213,5	71 836
2005*	17 049	81210
2006*	33 051	87 878,4
2007*	40 684,5	101 973
2008*	34 479	12 861
2009*	56 029	129 634
2010*	59 448	127 897
2011	68 722	142 985**
2012	87 976	173 790**
2013	105 129	181 565**
2014	120 638	203 167**
2015	147 849	198 233**
2016	190 964	221 382**
2019	262 593,32#	259 758,9 ***
2020	279 023,36#	267 057***
2021	283 723 ,44#	292 105,1***
2022	340 807,68#	251 049,8***

Source : (Conseil de la concurrence, 2019)

* (El Abidia, 2017)

** (CNIS, 2018)

*** (ONS, 2023)

(IQVA, 2025)

The government's new strategy has allowed the rise of domestic production, but the delay in technology transfer leaves our market still dependent on imports of certain drugs, particularly for diabetes. The value of domestic drug production in 2022 exceeded that of imports. The authorities must further strengthen existing partnerships with foreign laboratories already established, and accelerate technology transfers and the production of insulin and oncology drugs.

The supply of drugs in Algeria is ensured by domestic production and import. In 2017, in a market estimated at 360 billion dinars; domestic production provided in value 48% of national demand[3]. In volume 73%), compared to 52% supplied by import (in volume, 27%) (Conseil de la concurrence, 2019). Proportions increased to 65% of locally manufactured products in value in 2022 against 35% imported (IQVA, 2025).

[3] 10% in 1990 and 35% in 2011

Of which 51% of drugs sold are generics, 35% are brand-name drugs and 14% other categories (vitamins and food supplements). Between 2000 and 2010, domestic production was multiplied by 6, while imports were multiplied by only 2.6. Regarding the period 2011-2016, domestic production more than tripled in value. As for imports, they increased by 54.8% during the same period.

But between 2019 and 2022, domestic production increased by 30% while imports decreased by 3.35%. We can deduce that the policy of encouraging domestic production is beginning to bear fruit, but it must still make efforts and diversify production in order to provide drugs for all therapeutic classes. In this regard, domestic production is non-existent in the areas of diagnostics, diabetes, toxicology, oncology (second leading cause of death and first item of drug import expenditure (Ferhi, 2023))., and anesthesiology (Zouanti, 2014)

Table No. 03: The most sold drugs in Algeria in 2022

Rank	Top 16 Therapy Areas	Sales MAT Q1 2022 (Mn $)	Volume MAT Q1 2022 (Mn Units)	MS %	CAGR ('19 – '22)	PPG ('21 – '22)
1	Insulins & Analogs	327,9	9,9	14%	11%	24%
2	Antihypertensives	267,2	53,8	11%	3%	9%
3	Systemic Antibacterials	260,9	109,6	11%	4%	37%
4	Non-Therapeutic*	148,7	20,2	6%	-1%	4%
5	Allergy	106,8	79,1	4%	-2%	17%
6	Anti-Coagulants	83,0	13,9	3%	33%	36%
7	Anti-Inflammatory & Anti-Rheumatic Products	71,2	55,6	3%	-1%	7%
8	Non-Narcotic Analgesics	70,9	131,9	3%	5%	28%
9	Anti-Psychotics	70,2	13,5	3%	3%	3%
10	Traditional Type Ii Antidiabetes	63,6	42,3	3%	2%	2%
11	Lipid Regulators	61,8	11,0	3%	-2%	-4%
12	Asthma & Copd	54,6	15,4	2%	0%	18%
13	Anti-Ulcerants	49,1	34,6	2%	-1%	8%
14	Anti-Epileptics	47,3	8,2	2%	-5%	-8%
15	Opthalmologicals & Otologicals	46,4	22,7	2%	-7%	4%
16	Cough & Cold Preparations	43,2	37,3	2%	-4%	30%
	Others	605,1	256,7	25%	4%	13%
	Total Market	**2378,0**	**915,9**	**100%**	**3%**	**13%**

Source: (IQVA, 2025)

The examination of the most sold drugs in Algeria shows that insulin comes first with more than 327 billion dollars in 2022, for 9.9 billion units sold, or 14% of the drug market, or 24% growth rate compared to 2021! Figures that should encourage local manufacturers to invest in the production of these high value-added drugs. While knowing that insulin is still exclusively imported. Anticoagulants record the highest growth with 36% between 2021 and 2022, which reflects the progression of cardiovascular morbidity in the population. The following table shows in detail the most sold drugs in 2022.

Furthermore, seven therapeutic classes monopolize more than 80% of domestic production, of which cardiology occupies the first place. It is noted that the change in the morbidity profile of the population has influenced the domestic production of drugs, which has been oriented towards the production of drugs intended for the treatment of chronic diseases, in order to meet the needs of drug consumption that affect a large proportion of the population.

Table No. 04: The contribution of local industry in the most sold drugs in Algeria in 2022

Market segment	Ex-factory LC$ Sales MAT Q1 2022 (Millions)	Market share	Local manufacturing	Import.
Insulins & Analogs	327,9	13,8%	0%	100%
Antihypertensives	267,2	11,2%	98%	2%
Systemic Antibacterials	260,9	11,0%	72%	28%
Non-Therapeutic	148,7	6,3%	88%	12%
Allergy	106,8	4,5%	88%	12%
Anti-Coagulants	83,0	3,5%	47%	53%
Anti-Inflammatory & Anti-Rheumatic Products	71,2	3,0%	89%	11%
Non-Narcotic Analgesics	70,9	3,0%	84%	16%
Anti-Psychotics	70,2	3,0%	98%	2%
Traditional Type II Antidiabetes	63,6	2,7%	99%	1%
Lipid Regulators	61,8	2,6%	99%	1%
Asthma & COPD	54,6	2,3%	23%	77%
Anti-Ulcerants	49,1	2,1%	100%	0%
Anti-Epileptics	47,3	2,0%	82%	18%
Opthalmologicals & Otologicals	46,4	2,0%	42%	58%
Cough & Cold Preparations	43,2	1,8%	98%	2%
Others	605,1	25,4%	7%	93%
Overall	2378,0	100,0%	65%	35%

Source: (IQVA, 2025)

According to these figures, local production contributes to satisfying 65% of the demand of the Algerian market in 2022, with major advances in the therapeutic areas of antihypertensives, lipid regulators, anti-ulcer and preparations for cold and cough.

The composition of the drug market is dominated by local pharmaceutical laboratories (including foreign ones) which capture 98% of the national production in 2022. Of which the foreign laboratory SANOFI alone holds 12% of the drug market with 295.6 billion dollars in sales in 2022.

Furthermore, a quarter of imports are made by the PCH (Central Pharmacy of Hospitals) in 2017 according to the Ministry of Health, which devotes half of its budget to the acquisition of drugs. The rest of the imports being made by foreign private laboratories and importers (CNIS, 2018).

In addition, this strong presence of foreign laboratories is motivated by the importance of the Algerian market on the one hand, particularly thanks to the health and social coverage of 98% of the population, the total coverage of chronic diseases and a set of measures to encourage domestic production of pharmaceutical products established by the State, on the other hand:

- Instruction No. 005 of 07/11/2003, encouraging the prescription and production of generic drugs,
- Executive Decree 09-396 of 24/11/2009, encouraging pharmacists to prescribe generics,
- The supplementary finance law for 2010 exempting locally manufactured drugs from the TAP,
- Order of October 30, 2008, setting the specifications for the import of pharmaceutical products and medical devices intended for human medicine, requiring foreign laboratories wishing to distribute their products in

Algeria to invest in Algeria,

- Executive Decree No. 06-158 of 15/05/2006, having set the terms for exemption from customs duties and taxes on chemical and organic products intended for the manufacture of medicines.
- Executive Decree No. 21-145 of April 17, 2021, establishing the list of activities of a strategic nature, where the pharmaceutical industry is placed among the strategic sectors of the country.

In this sense, ministerial decrees prohibit the import of certain locally manufactured drugs, the list of which is periodically revised. The decree of November 30, 2008, prohibited the import of 251 drugs, a figure increased to 357 drugs and 11 medical devices in 2015 (JORADP, 2025). Thus, this latest ban has succeeded in curbing the import bill for medicines. Moreover, imports have decreased in quantity, falling from 23.8 million kg in 2010 (ONS, 2017) to 35 million kg in 2012, then to 22 million kg in 2017. However, despite the considerable decrease in imports in volume, in value the decline is less strong. This situation is caused by the devaluation of the national currency, particularly since the oil shock of 2015.

It should be noted that social security plays a major role in covering the national drug bill, of which it supported more than 180 billion dinars in 2016 against 940 million dinars in 1990 (Snoussi, 2015). Whose drugs for diseases are the most reimbursed in 2017.

Based on CNAS data, three therapeutic classes absorb more than 53% of reimbursement expenditures: drugs for cardiology, metabolism and infectiology, which illustrates the morbid pattern of the population induced by the health transition. The CNAS is the 1st "buyer" of drugs in Algeria. It therefore has a significant impact on the pharmaceutical market. Indeed, a non-reimbursed drug sells less well (Conseil de la concurrence, 2019). Reimbursement expenditures for pharmaceutical products account for the majority of social insurance expenditures, and are increasingly significant, rising from 60% in 2001 to more than 73.7% in 2017 of social insurance expenditures.

Drugs for the treatment of chronic diseases occupy more than 30% of imports, with diabetes drugs in first position, since domestic production does not yet provide insulin. However, the same most produced therapeutic classes are also the most imported, which demonstrates that the demand for drugs for chronic diseases is largely higher than the national production capacities (AZRI & BRAHAMIA, 2018). In addition, this domestic production remains oriented towards products that have fallen into the public domain with low added value, of which ¾ are generics that represent only 51% of total consumption in 2022, in value (Zouanti, 2014), which could cause a problem of financial accessibility to brand-name drugs for people with low incomes. Moreover, according to a recent survey by the ONS, on household consumption, the share of expenditure for health and body hygiene in total income almost doubled between 2011 and 2022 (from 4.8% to 8.2%, an increase of 3.4 points).

An increase linked to the increase in total health expenditure including medicines, medical acts, medical devices and hygiene (ONS, 2024). This increase can be attributed to several reasons:

- Increased awareness of health, particularly due to the COVID-19 pandemic.
- The proliferation of chronic diseases,
- The decline in household purchasing power,
- The non-coverage by social security of the actual tariffs charged for care,
- The delisting of several drugs and/or reimbursement according to the reference tariff,

According to the same survey, in terms of value, total annual expenditure for health and body hygiene increased from 34,185 DA in 2011 to 71,345 DA in 2022, thus recording a growth rate of 108.7%. Per capita, the average annual expenditure increased from 5,833 DA in 2011 to 14,384 DA in 2022, an increase of 146.6%. Expenditure on health and body hygiene has almost tripled. This suggests a problem of social equity and financial accessibility to care, particularly for low-income households. Moreover, the examination of overall expenditure by product in deciles shows that health and body hygiene expenditure of the richest decile (6.9% of their total expenditure) represents 9 times the same expenditure for the poorest decile (7.5% of their total expenditure). And 25.4% of total health and body hygiene expenditure is made by the richest decile[4]. Against 2.8% made by the poorest decile. Hence a low financial accessibility to care for the poorest.

3. Conclusion:

According to statistics, drugs for chronic diseases are the most consumed, most produced and most imported in 2022. The Algerian pharmaceutical industry, an essential pillar of the health system, finds itself at a crossroads in the face of the rise of chronic diseases. Its role in improving financial accessibility to medicines is more crucial than ever.

At the end of this analysis, it appears that the Algerian pharmaceutical industry, although confronted with major challenges, holds considerable potential to improve financial access to medicines, particularly for patients with chronic diseases. Although the market for drugs for cardiovascular diseases (the leading cause of death in Algeria in 2016 according to the INSP) is largely acquired, efforts remain to be deployed with regard to the market for drugs for diabetes and cancer. This makes the country vulnerable to fluctuations in world prices and supply disruptions. This limits the country's health sovereignty and can lead to shortages of essential medicines. In addition, imported medicines are expensive, which can compromise the care of certain chronic diseases. In this respect, according to the results of the ONS consumption survey, the share of income devoted by households to health and body hygiene has almost doubled between 2011 and 2022.

[4] While, in a situation of social equality, each decile is supposed to spend 10%

To do this, the State has since 2020 initiated a multidimensional strategy to encourage the production and consumption of local medicines. Through the development of local production of quality generic drugs, particularly for chronic diseases. A strategy that aims to reduce costs and dependence on drug imports and to ensure health security. Indeed, in 2022, national production managed to cover 65% of national demand with the short-term horizon of reaching 70% by 2026, according to the Minister of Industry (Algérie presse service, 2025). The State has encouraged, among other things, public-private partnerships to develop collaborations between the public and private sectors to strengthen production capacities, improve the quality of medicines and facilitate access to treatments. This is how major foreign laboratories have established themselves in Algeria.

By adopting a proactive and concerted approach, the Algerian pharmaceutical industry can play a decisive role in improving financial access to care and in the management of chronic diseases, thus contributing to improving the quality of life of patients, to strengthening the health system as a whole and to alleviating the burden on the social security system which can thereby improve and/or update its reimbursement rates.

It is essential to emphasize that this transformation requires a strong commitment from public authorities, health professionals, pharmaceutical industry players and civil society, in order to build a fairer, more equitable and accessible health system for all.

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