Community Health

Policy and Implementation Landscape Mapping in the Middle East and North Africa Region 2024

Algeria Country Brief

GNATUS
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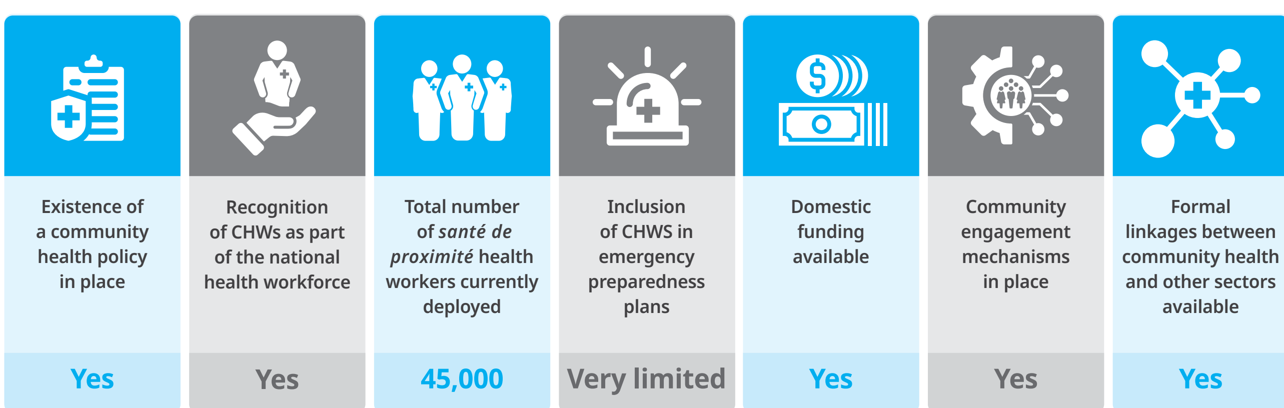
1. Community health in Algeria[1]



1.1 Country context

Algeria is a country located in North Africa, bordering the Mediterranean Sea. Often considered a gateway between Africa and Europe, the country operates under a semi-presidential republic political system. Algerian politics function within the framework of a constitutional semi-presidential republic, where the President of the Republic is the head of state, while the Prime Minister is the head of government. The government holds the responsibility for exercising executive power.[2] Since its independence, the country's administrative divisions have been modified several times. Today, Algeria is divided into 58 *wilayas* (provinces), 553 *daïras* (districts), and 1,541 *baladiyahs* (communes or municipalities).[3]

1.2 Overview of community health

In Algeria, the absence of a dedicated national policy for community health and the lack of formal recognition for community health workers (CHWs) present significant challenges. However, alternative health policies exist, such as "*Santé de Proximité*" model, which aims to bring health care services closer to populations living in rural and remote areas. This model is based on activities organized around primary care facilities, mobile units, and medical caravans, providing basic care (consultations, screenings, vaccinations) while also raising awareness about prevention. Community health also includes initiatives led by civil society organizations (CSOs), the private sector, and volunteer efforts, all contributing to reducing inequalities in access to health care.

1 In Algeria, terminology used is "*santé de proximité*" and "*soins de base*".
2 Wikipedia contributors. (2024a, June 26). Politics of Algeria. Wikipedia, The Free Encyclopedia. https://en.wikipedia.org/w/index.php?title=Politics_of_Algeria&oldid=1231182097
3 Wikipedia contributors. (2024b, September 5). Algeria. Wikipedia, The Free Encyclopedia. https://en.wikipedia.org/w/index.php?title=Algeria&oldid=1244205300

2. Health systems pillars

2.1 Governance and accountability

- There is a national policy of "*santé de proximité*" or "*Services de soins de base"* in Algeria, which encompasses interventions at the population level, as well as at the policy level in promoting prevention and bringing health services closer to the population. This policy involves associations and representatives of users and patients.
- Nearly all local health services—primarily focused on prevention—are the responsibility of the state (governance, financing, organization, service delivery, etc.) and include community-level services, such as those provided by medical caravans and mobile vaccination campaigns.
- All health care professionals working in *santé de proximité* or *Services de soins de base* facilities are formal full-time workers who provide services at the community level. They are also fully integrated into the health system without differentiation based on their community interventions. However, there is no official definition of the roles, qualifications, or specific skills for CHWs, despite the recognition of their roles and importance, particularly in programmes for combating HIV, communicable diseases, and non-communicable diseases (such as cancer, disabilities, etc.).
- The private sector is involved in providing basic health care services (through private medical offices and clinics). It is also engaged at the community level through associations and volunteer health care professionals, but this involvement is considered limited.

Insights: Contributions and challenges of civil society organizations (CSOs)

In Algeria, CSOs play a crucial role in the fight against HIV and its prevention, in collaboration with the Global Fund. These organizations focus on health promotion, prevention, and raising awareness among key populations, while providing essential services in areas where government access is limited. By working with peer educators from the target communities, they organize awareness campaigns, offer screenings, counseling, and facilitate access to treatment, thereby contributing to the reduction of stigma and improving health literacy.

A unique aspect in Algeria is the inclusion of migrants in the National AIDS Plan (NAP) as a key and vulnerable population. This group benefits from free and continuous services, including a package of socio-economic support, screenings, awareness campaigns, information dissemination, and the distribution of health supplies. CHWs from this community, particularly peer educators, are recognized by the PNLS and play a crucial role in delivering these services. However, the frequent mobility of this population makes it challenging to maintain service continuity, sometimes resulting in the loss of beneficiaries.

Finally, the involvement of CSOs in structures like the Algerian Coordination Committee ensures that the needs of these populations are addressed.

2.1.1 Community engagement

- Community engagement in health care services in Algeria is demonstrated through the strong participation of local actors, including volunteers, patients, and families, all of whom play a key role in supporting public health initiatives, particularly at the community level.
- The collaboration between public health services and community leaders demonstrates active mobilization around *santé de proximité services,* highlighting the importance of the community's role in improving health practices.
- Community actors (associative networks) participate in decision-making processes through general consultations with CSOs and volunteers, though they do not have formal involvement in the decision-making itself.

2.2 Health management information systems

- There is a formal national Health Management Information System (HMIS), known as DHIS2. However, health data, particularly epidemiological data, remains insufficient.
- There is no formal community health information system integrated into the HMIS. Nevertheless, some information is produced and collected at the community level, such as data from medical caravans, screening, and awareness campaigns, which is then transmitted to the HMIS.
- There is no formal system for regular reporting on services provided by CSOs, although their importance is recognized, especially in programmes addressing HIV and communicable and non-communicable diseases.
- There is no formal set of standardized indicators on community health at the national level.
- In certain cases, information systems are created to allow for the monitoring and evaluation of activities (e.g., HIV control efforts). Additionally, some community health data is collected through specific surveys. However, this data, produced at the decentralized level (associative/CSO), is not reported to or utilized at the central level.

2.3 Medicines and health commodities

- Nearly all medications and health products are provided by the state.
- CSOs rely on donations and donor support to maintain some autonomy in acquiring health products.
- Occasional stock shortages are observed.
- There is no national standardized list of equipment and supplies to be used by CHWs.
- There is no Logistics Management Information System (LMIS) related to community-level services, and the equipment needed for these services is not integrated into the national public health supply system.
- Some CSOs maintain stocks of health products and have highly efficient management mechanisms due to the training provided to volunteer managers.

2.4 Health workforce

- The annual report from the Ministry of Health provides information on the total number of public health workers, highlighting the unequal distribution of health care personnel between the northern and southern regions, as well as between rural and urban areas.
- There are no indicators for the national population that CHWs should reach, nor is there an official target for the total number of CHWs in Algeria (officially set at zero).
- There is no official registry of CHWs: no census or official figures exist regarding their current number or geographic coverage.
- There is no uniform profile or national criteria for selecting CHWs. However, various types of CHWs exist in Algeria, with a notable presence of highly qualified health personnel who volunteer and are deeply committed to CSOs, serving vulnerable populations, particularly key populations.

Main categories of CHWs	Description
Santé de proximité professionals	They work full-time in proximity health facilities and basic health care services. They ensure continuous access to preventive, curative, and screening services, addressing the population's needs as closely as possible.
Volunteer health care professionals	They work in the public or private sectors. They are voluntarily engaged in health associations.
Organized patients	They organize into associations to negotiate with the administration. Examples include associations for diabetics, kidney failure patients, cancer patients, etc. Peer educators, recognized in Algeria, particularly for key populations within the framework of the NAP: sex workers, men who have sex with men, people who inject drugs, and migrants.
Relatives and families of patients	They advocate for the interests of vulnerable patients. Examples include associations for people with Down syndrome, children with spina bifida, children with autism, etc.
Individuals educated on health issues	Motivated by personal convictions to help those in need. Examples include medical students, pharmacy students, etc.

- Some interventions engage CHWs within their own communities, such as peer educators working with migrants or volunteers from the medical sector participating in community health services, among others.
- In terms of training *santé de proximité* professionals receive continuous education, integrated into the national health personnel training plan. Additionally, training and capacity-building initiatives are organized and funded by CSOs for interested health care staff.
- The remuneration system, bonuses, and other benefits are the same for all health care personnel, including CHWs who are fully integrated. However, the lack of financial motivation mechanisms jeopardizes the sustainability of volunteer engagement.

2.5 Service delivery

- The principle of free health care is a fundamental aspect of the Algerian health system, with the provision of care services being predominantly offered through public institutions.
- Regional disparities in health care coverage (between the North and South, and between rural and urban areas) continue to exist despite the efforts of the state.
- There is no predefined service package for CHWs within the framework of national policies and strategies.
- There are two processes and guidelines aimed at improving proximity health and basic (community) care: the National Health System through the promotion of basic care (community health) and the Master Plan for Prevention and Health Promotion.

- Examples of community-level interventions include:
  - The organization of mobile vaccination sessions by the public sector, particularly s*anté de proximité services*, in collaboration with local authorities and community leaders, reflecting social mobilization and active engagement around these services.
  - The provision of certain services to key populations by CSOs, in close collaboration with local authorities (Ministry of Health and Ministry of the Interior), such as awareness-raising, training, psychological support, and socio-economic assistance, which help alleviate difficulties. These services address the shortcomings of the public system, which is often not tailored to the specific needs of key populations, particularly in the fight against AIDS and sexually transmitted infections (STIs), due to stigma.
  - The voluntary and non-regular provision of health education and awareness activities related to various types of diseases, offered by CSOs or different actors in the private sector.
- All associations operating outside the *santé de proximité* sector are not authorized to perform medical procedures, which limits their scope of action to awareness and education of the population.
- There are no referral pathways in place to ensure continuity of care involving CSOs between the community level and health care facilities. However, a law concerning associations has been drafted and is currently under review in the National Assembly for further development and voting by legislators. This law will address health-related thematic associations and their interventions.

2.6 Partnership and financing

- The health care system is primarily funded by the state.
- For the year 2024, 238 billion Algerian dinars have been allocated to prevention, with a specific allocation of 45 billion dinars aimed at improving health services and bringing them closer to citizens, particularly those implemented at the community level.
- Various ministries contribute to funding community-level activities, including those of CSOs, such as the Ministry of Health, Ministry of Social Affairs, Ministry of Family, and Ministry of Interior. However, this funding occurs without coordination or a clear strategy. Additionally, public subsidies are insufficient for active associations in comparison to their dynamism and indispensable role.
- Regarding the type of support provided by external donors, it covers training, technical assistance, bonuses, and operational costs, but does not include salaries, as associations' activities rely mainly on volunteer work.

2.7 Cross-cutting issues

2.7.1 Refugees and internally displaced people (IDP) settings

- Free access to health care for migrant populations is provided through *santé de proximité* facilities.
- The 173,600 Sahrawi refugees[4] receive unconditional and free care at *santé de proximité* facilities in Algeria.
- Additionally, migrants are integrated into the health care system and are recognized as a key and vulnerable population under the NAP. These populations benefit from free and continuous services, which include a package of socio-economic support, screenings, awareness campaigns, information, and the distribution of health supplies. CHWs from these communities, such as peer educators, are also integrated into the care process and service delivery. However, the frequent and continuous mobility of this community makes it challenging to maintain service continuity, increasing the risk of losing track of beneficiaries.

4 TOT in camp UNHCR 2018.

2.7.2 Emergency preparedness

- At the local level, associations collaborate closely with local authorities, particularly the Ministry of Interior, during emergency situations such as the COVID-19 pandemic. Additionally, Scouts and the Red Crescent, recognized as public interest organizations, are integrated into all emergency plans. While the role of civil society is mentioned in emergency preparedness plans—especially through the integration of CHWs and their supervisors in service delivery during crises—it remains vague and ambiguous. The CHWs involved include both those already in service and newly recruited ones, with additional training planned in principle, covering key topics such as awareness, coordination, emergency care, and triage. However, clarifications are needed on the practical implementation of these plans and the follow-up of CHWs within their communities.

- An example of community intervention during crises is the response to COVID-19, where a remarkable dynamic and strong enthusiasm for the associative movement were observed. However, this mobilization was short-lived, as the momentum declined after the crisis, highlighting the issue of the sustainability of community efforts during emergencies.

2.7.3 Gender considerations

- A shortage of information has been noted regarding community-level interventions in this area. A majority of health care professionals in *santé de proximité facilities* are women, including midwives, vaccination staff, nurses, and doctors.

3. Conclusions

3.1 Challenges

- In the absence of a formal plan, there is no genuine intention to sustainably integrate CHWs into the national health care system.
- There is minimal private sector involvement in providing financial and operational support for health initiatives, especially at the community level.
- An over-reliance on external funding, combined with insufficient domestic funding for CSOs, threatens the sustainability of their initiatives, as external funding is often neither predictable nor long-lasting. There are no formal social contracts in place to ensure the continuity of community interventions.

3.2 Enablers

- The emergence of political will in 2024 was marked by the designation of May 20th as a day dedicated to maternal and child protection. On this occasion, directives were issued to strengthen the network of maternal and child protection centers and to develop a national school health plan.
- There is a relatively active network of associations providing services in the field of community health.
- Community health care services present an opportunity to strengthen public service delivery, particularly in southern Algeria, where the population is highly mobile due to climatic conditions and low population density. Mobile health services would be a suitable solution to meet the needs of this population.
- CSOs can benefit from the support of the Algerian Red Crescent, which has strong backing and can play a key role in managing shortages of medications and other health products by providing quick and effective assistance, thus ensuring continuity of care.

3.3 Priority (policy) directions

- Emphasize the principle of health equity (the entire population has the right to access the same health care services without any discrimination or distinction).
- Commit to implementing the roadmap developed by the Ministry of Health, dedicated to community health, particularly in terms of health care accessibility, prevention, and medical services.
- Strengthen the presence of public health services, especially that of the *santé de proximité*, to expand coverage to underserved regions and vulnerable populations, particularly key populations.
- To reduce medical nomadism and enhance the role of *santé de proximité* (which also operates at the community level), it is essential to clarify the roles and tasks of each type of health structure (*Santé de proximité*, Public Health Establishment, Public Hospital Establishment, University Hospital Center, University Hospital Establishment, etc.) and ensure strict adherence to the principle of health care hierarchy. This includes strengthening proximity health care facilities, limiting direct access to higher-level structures, promoting general practitioners (or family doctors), and strictly applying the health care hierarchy.
- Strengthen the active involvement of associative networks in providing services to vulnerable populations (particularly key populations) and promoting primary health care by supporting CSOs with quality training in data collection and generation, awareness-raising, communication, etc.
- Establish appropriate coordination and contracting mechanisms between the State/Ministry of Health and CSOs to enhance the effectiveness of their actions (agreements, programme contracts, performance contracts, etc.).
- Seek new international partners to increase funding for community-level services (whether through proximity health care or associative networks).
- Create effective domestic funding mechanisms for CSOs, covering a broader range of activities with less restrictive administrative procedures and eligibility requirements, in order to sustain actions and consolidate results (budget lines, programme budgets, etc.).
- Develop effective mechanisms for monitoring and evaluating CSO activities to ensure better service quality.

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