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Algeria's Health Policy and Development Outcomes: A Comprehensive Evaluation of Selected Health Indicators (2000–2025)

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Abstract

Health systems represent a cornerstone of sustainable development, as they directly influence the capacity of societies to protect human capital, reduce inequalities, and promote socioeconomic growth. Algeria, like many developing nations, has prioritized healthcare reform over the past two decades, particularly in response to the structural, demographic, and economic challenges that emerged at the dawn of the 21st century. This study provides a comprehensive evaluation of Algeria's health policy between 2000 and 2025 by analyzing selected health indicators, including life expectancy, mortality rates, health infrastructure, expenditure, and geographical distribution of services.

The actuality of the topic stems from Algeria's transition following the devastating "Black Decade," which severely weakened health infrastructure and posed lasting challenges to population well-being. In this context, health policy reforms became central to national reconstruction and development strategies. Using a descriptive-analytical methodology supported by statistical indicators, the study assesses both the progress achieved and the persistent shortcomings of Algeria's healthcare system.

In conclusion, Algeria's health system has undergone important improvements between 2000 and 2025, but substantial reforms remain necessary to address disparities, enhance quality, and align health policy with international commitments to universal health coverage. The results emphasize the importance of balancing quantitative expansion of healthcare services with qualitative improvements, ensuring that all citizens—regardless of geography or socioeconomic status—benefit equally from the nation's investments in health.

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I. Introduction

The health system constitutes a fundamental pillar of sustainable development, as no developmental effort can succeed without a solid health foundation capable of safeguarding human resources and enhancing their productive capacity. Health is not merely a social service provided to individuals; rather, it is a strategic investment in human capital, given its strong correlation with both social and economic development indicators.

In Algeria, at the dawn of the third millennium, the state devoted increasing attention to the health sector as a core element in building development. This focus was particularly significant in light of the profound consequences of the "Black Decade," which had severely affected numerous health institutions, resulting in widespread destruction as well as countless fatalities, injuries, and disabilities. These circumstances placed considerable pressure on healthcare services and the system of health coverage. In response, public authorities initiated a series of policies and reforms aimed at improving healthcare quality and expanding its accessibility across the national territory.

Based on these considerations, the central research question can be formulated as follows : What is the current state of health policy in Algeria ?

Significance of the Study

The significance of this study stems from the strategic nature of health, which represents one of the fundamental pillars of social development. The scientific value of this research lies in its attempt to analyze the structural roots of the obstacles that have hindered the effectiveness of the healthcare system. Furthermore, the study carries practical importance through its effort to evaluate existing health policies and to identify strengths and weaknesses, thereby providing a knowledge base that can support more effective future reforms.

1- Objective of the Study

This study aims to analyze the evolution of Algeria's health policy by examining infrastructure, basic services, and relevant health indicators. It also seeks to assess the effectiveness of health coverage and its geographical distribution in light of demographic transitions and economic changes, as well as to evaluate the capacity of the healthcare system to meet the growing needs of society.

2- Concept of Health

Winslow defined health as the prevention of disease and the prolongation of life through the organized efforts of society. These efforts include educating individuals on personal health, organizing medical and nursing services, and improving social conditions, thereby ensuring that every individual attains their legitimate right to a dignified life (Al-Namas, 2000, p. 42).

3- Health Policy

Health policy refers to a set of measures and orientations adopted by the state to provide quality healthcare services, either free of charge or at an affordable cost, ensuring prevention, treatment, and care for all segments of society.

4- Health Indicator

A health indicator is a numerical measurement tool used to determine the magnitude of a studied variable. It may include demographic, economic, or social indicators (Ben Arar & Abdelaziz, 2023, p. 591).

II- Features of Health Policy in Algeria

The "Black Decade" left a profound social and health crisis, with more than 200,000 victims, alongside a large number of orphans, displaced persons, individuals with psychological disorders, and patients with chronic diseases. It also triggered the largest wave of rural exodus since independence, resulting in urban overcrowding and the spread of diseases linked to poor sanitary conditions. Consequently, the healthcare sector was left severely strained.

In this context, a group of Algerian experts prepared a diagnostic report on the state and requirements of the health sector, proposing a forward-looking vision for the post-2020 period. Based on this report, the state outlined the following general objectives of health policy :

- Developing the infrastructure of the healthcare system.
- Eliminating disparities in health coverage, particularly in the Highlands and southern regions.
- Improving the quality of healthcare services.

In 2007, the national health map was reorganized into five health regions, each with a regional council and a regional observatory. The system was further strengthened through the establishment of public primary healthcare institutions focusing on preventive programs and medical care, as well as public hospitals providing comprehensive medical services. These measures aimed to reduce geographical disparities and ensure broader access to healthcare.

The Master Health Plan (2009–2025) allocated investments estimated at €20 billion, which included :

- Equipping new healthcare facilities and renovating existing ones.
- Providing hospitals with MRI scanners, catheterization equipment, and electrocardiography devices.
- Between 2010 and 2014, DZD 619 billion were allocated to build 172 hospitals, 45 health complexes, 377 polyclinics, 1,000 treatment rooms, 17 paramedical training schools, and around 70 institutions for persons with disabilities.
- Allocating USD 140 million specifically for the importation of medicines to meet national demand.
- DZD 203 billion dedicated to the National Plan for Cancer Control launched in 2014.

III- Evolution of Key Health Indicators for the Period 2000–2025

1- Health Expenditure Indicator

Health expenditure refers to the financial allocations devoted by the state to medical and paramedical staff, healthcare facilities, equipment, and services. In 2021, health expenditure in Arab countries represented approximately 5.6% of GDP, a figure considerably lower than the global average of 9.8% for the same year (Arab Monetary Fund, 2025, p. 60).

In Algeria, this period was marked by an economic recovery following the late 1990s, largely due to the increase in oil revenues, which positively impacted all sectors, including healthcare. Under the Economic Recovery Program (2001–2004), a total of DZD 14.7 billion was allocated, financing 545 projects, or an average of 136 projects per year. During the Economic Growth Support Program (2005–2009), the state continued its efforts to address the remaining gaps by allocating DZD 85 billion. Additional funds were earmarked to strengthen healthcare development in the South and Highlands : DZD 6 billion in 2007 and DZD 5.8 billion in 2009 for the South, and DZD 10.56 billion in 2007 and DZD 7.88 billion in 2009 for the Highlands.

Within the Five-Year Development Plan (2010–2014), the government pursued the development trajectory initiated in 2001, allocating DZD 619 billion, with an annual average of DZD 155 billion. Annual healthcare expenditure will be detailed in the following table (Arabi, 2020, pp. 8–9).

Table (1) : Percentage of Health Expenditure as a Share of GDP in Algeria (2000–2025)

Years	2001	2005	2010	2015	2020	2025
Expenditure (%)	3.84	3.24	5.12	6.98	6.32	6.19

Table (1) illustrates the evolution of health expenditure as a percentage of GDP in Algeria between 2000 and 2025. The share stood at 3.84% in 2001 but dropped to 3.24% in 2005, as priority during that period was given to large-scale infrastructure projects at the expense of certain social sectors. The rate then resumed an upward trend, reaching 5.12% in 2010 and peaking at 6.98% in 2015, driven by financial abundance, the expansion of health and social coverage, and increased attention to patients with chronic diseases.

In subsequent years, however, the percentage slightly declined, falling to 6.32% in 2020 and stabilizing at 6.19% in 2025. This decline is mainly attributed to falling oil prices and the financial pressures that followed, as well as the COVID-19 crisis, which forced the authorities to adopt austerity measures.

Despite these decreases, Algeria's health expenditure remains higher than it was during the 1990s and early 2000s, and it surpasses the Arab countries' average of 5.6%. Nevertheless, it remains below the global average of 9.8% recorded in 2021. Moreover, the impact of this spending on the performance of the healthcare sector has not fully met expectations in terms of improving the quality of health services (ESCWA, 2024 ; Ben Sidiq, 2025).

2- Human Coverage

Health coverage represents a fundamental pillar of Algeria's national healthcare system. Since the early 21st century, the state has sought to provide essential and comprehensive healthcare services by improving infrastructure, training medical personnel, and implementing awareness, preventive, and therapeutic programs. These efforts aimed to ensure free healthcare for the entire population and to extend services such as vaccination and primary care even to the most remote regions.

Each year, a large number of physicians graduate from Algerian universities, with the state investing significant financial resources in their training and qualification. While Algeria once suffered from a shortage of medical staff, it now faces a surplus, with supply exceeding demand. This situation highlights the urgent need to prioritize the quality of medical education over quantity, as well as to review physicians' salaries to curb the ongoing brain drain. Reports indicate that thousands of skilled Algerian doctors have migrated abroad; in fact, data from the French Ministry of Health revealed that in 2022 alone, more than 1,000 Algerian doctors successfully passed the medical degree equivalency exam (Al-Nahar Al-Arabi, 2024).

Table (2) : Evolution of Human Health Coverage in Algeria (2001–2020)

Year	Physicians	Physicians per 100.000	Pharmacists	Pharmacists per 100.000	Dentists	Dentists per 100.000
2001	33654	109	4976	16	8408	27
2006	39459	118	7267	22	9648	29
2010	56209	156	9081	25	11633	32
2015	73431	184	11475	29	13645	34
2020	83713	190	13273	30	15745	36

Source : National Office of Statistics (ONS), 2020, pp. 146–148.

The table illustrates the evolution of human resources in Algeria's healthcare sector between 2001 and 2020, revealing a steady increase in the number of physicians, pharmacists, and dentists, as well as in their ratios per 100,000 inhabitants. Specifically, the number of physicians rose from 33,654 in 2001 (109 per 100,000 inhabitants) to 83,713 in 2020 (190 per 100,000 inhabitants), surpassing the global average of 170. This expansion is largely attributed to the growth of university training in medical fields and recruitment policies in the health sector, making it a significant indicator of improved health coverage.

Pharmacists nearly doubled in number, rising from 4,976 in 2001 to 13,273 in 2020, with their ratio increasing from 16 to 30 per 100,000 inhabitants. By comparison, the number of dentists grew from 8,408 to 15,745, with only a modest increase in their ratio from 27 to 36 per 100,000 inhabitants. Although the overall number of healthcare personnel has grown substantially, the expansion in pharmacists and dentists remains relatively limited compared to the sharp rise in physicians. This reflects the state's strategy of prioritizing essential medical services. Taken together, the data highlight a consistent upward trend across all categories of healthcare personnel, underscoring Algeria's efforts to strengthen medical training and expand health coverage.

3- Basic Healthcare Infrastructure

The availability of basic healthcare infrastructure, including hospitals, treatment centers, and maternity units, constitutes a fundamental pillar of Algeria's national healthcare system. Since the early 2000s, the state has worked to strengthen this sector by providing essential and comprehensive health services through the

improvement and expansion of healthcare infrastructure. The following table presents some of the key achievements in this area.

Table (3) : Development of Basic Healthcare Infrastructure in Algeria (2000–2020)

Year	Hospitals	Health facilities (centers+polyclinics+treatment)	Treatment Rooms+Social Medical Centers	Hospital Bed	Population Per Bed	Maternity Units
2001	275	6436	5417	574	442	442
2006	280	7044	57597	587	467	476
2010	276	7457	61779	588	528	528
2015	300	8048	65184	620	529	529
2020	314	8575	70478	624	538	538

Source : National Office of Statistics (ONS), 2020, pp. 149–150

The table (3) illustrates the evolution of basic healthcare infrastructure in Algeria between 2000 and 2020. The number of hospitals increased from 275 in 2001 to 314 in 2020, a rise of only 39 hospitals (14%) over two decades, which is modest compared to the population growth from 30 million to 44 million (45%) ; this imbalance has placed significant pressure on hospital services and contributed to declining quality of care, particularly in major urban centers.

Local healthcare facilities (health centers, social medical centers, and polyclinics) increased from 6,436 in 2001 to 8,575 in 2020, marking a growth of 33%. Although this expansion did not keep pace with demographic growth, it is considered relatively satisfactory, reflecting national health policies aimed at expanding basic preventive, vaccination, and follow-up services.

Hospital bed capacity rose from 54,170 beds in 2001 to 70,478 in 2020. However, this growth lagged behind population increases, as the ratio of inhabitants per bed rose from 574 to 624, indicating a relative decline in coverage and a continuing strain on hospital capacity.

Maternity units increased from 442 in 2001 to 538 in 2020, a 22% growth that did not match population trends. To alleviate the pressure, the Ministry of Health, in collaboration with social security, resorted to contracting with private maternity clinics, covering delivery costs for patients in the private sector.

Overall, the development of healthcare infrastructure during this period did not keep pace with demographic growth, which negatively impacted service quality, this is further exacerbated by the uneven distribution of facilities between the North and South, and between coastal and inland cities, where hospitals and emergency units remain overcrowded, with patients often waiting for hours to receive care.

4- Life Expectancy at Birth Indicator

This indicator is defined as "the average number of years a newborn is expected to live if subjected throughout life to the prevailing age- and sex-specific mortality rates at the time of birth in a given year and in a specific country, region, or geographic area" (Meziane, 2025, p. 40).

Life expectancy at birth serves as a composite indicator reflecting the effectiveness of the healthcare system, living standards, and overall quality of life ; it also provides insight into the level of human development. In the Arab countries collectively, life expectancy at birth reached approximately 71 years in 2023 (Arab Monetary Fund, 2025, p. 61). The following table presents the evolution of this indicator over time.

Table (4) : Trends in Life Expectancy at Birth in the Period 2000–2023

Year	2000	2005	2010	2014	2020	2023
Life Expectancy	70.48	72.06	73.81	75.62	74.45	77.33

Source : (ESCWA, 2024)

The data indicate a significant increase in life expectancy at birth, rising from 70.48 years in 2000 to 77.33 years in 2023, an improvement of nearly seven years. This upward trend reflects advances in healthcare services,

higher living standards, and a decline in child mortality rates. However, the indicator recorded a drop in 2020, reaching 74.45 years due to the impact of the COVID-19 pandemic, before recovering again in 2023 ; this rapid rebound highlights the effectiveness of the healthcare system and its ability to adapt to major health crises.

5- Maternal and Child Health Indicators

The infant mortality rate is a key indicator of the effectiveness of healthcare services provided during the early months of life and is widely regarded as a measure of the overall efficiency of the healthcare system. In the Arab region, the infant mortality rate reached about 18 deaths per 1,000 live births in 2022. The lowest rates were recorded in the UAE, Bahrain, Saudi Arabia, and Qatar, with fewer than 6 deaths per 1,000 live births. The under-five mortality rate in the Arab countries stood at approximately 22 deaths per 1,000 live births (Arab Monetary Fund, 2025, pp. 60–61).

In Algeria, the number of live births has exceeded one million annually since 2014, prompting the implementation of several targeted health programs for child and maternal care. These include : the Expanded Program on Immunization (PEV), the program to combat childhood diarrhea, the program against acute respiratory infections (ARI), the maternal and child nutrition program, the program to reduce maternal and neonatal morbidity and mortality, the rheumatic fever prevention program, and antenatal care programs.

Regarding maternal health, the healthcare system has introduced several measures to reduce maternal mortality, such as establishing a monitoring system for maternal deaths and designing a national plan built on several pillars, including: evidence-based interventions, access to qualified medical staff during pregnancy and childbirth, improved quality of healthcare services, strengthening the role of individuals, families, and communities, as well as enhancing the political and legislative framework.

These measures have contributed to significant improvements in maternal and child health, as reflected in the indicators presented in the following table, which outlines infant mortality, under-five mortality, maternal mortality, and the percentage of births attended by skilled health professionals (National Economic, Social and Environmental Council, 2024, p. 35).

Table (5) : Trends in Child and Maternal Mortality and Skilled Birth Attendance

Year	Maternal Mortality Ratio (per 100.000 live births)	Infant Mortality Rate (perb1.000 live birth)	Under-Five Mortalty Rate (per 1.000 live birth)
2000	122	33.1	41.60
2005	87	26.9	33.95
2010	82	22.1	28.10
2015	80	20	24.93
2020	96	18	22.93
2025	63	//	22

Source : (ESCWA, 2024)

The maternal mortality ratio has declined significantly, falling by half from 122 deaths per 100,000 live births in 2000 to 63 in 2023, this reflects notable progress in antenatal care services and postpartum maternal healthcare. Similarly, the infant mortality rate decreased from 33.1 per 1,000 live births in 2000 to 18 in 2020, indicating a substantial improvement in neonatal care; While this figure aligns with the average rate across Arab countries, it remains modest when compared to some Arab states where infant mortality falls below six deaths per 1,000 live births, highlighting the need to address existing gaps. The under-five mortality rate followed the same trend, declining from 41.6 per 1,000 live births in 2000 to 22 in 2023. This represents a positive improvement that should be further consolidated to achieve better outcomes in the future.

6- Indicator of Selected Communicable (Infectious) Diseases with Mandatory Notification

Despite scientific and medical advances, many countries continue to face major challenges related to the spread of infectious diseases. Prominent examples include global epidemics such as swine flu, avian flu, and the COVID-19 pandemic. The prevalence of communicable diseases classified on the World Health Organization's mandatory reporting list serves as an important indicator of the population's health status, controlling these

diseases remains one of the key challenges for both national and global health strategies, as their spread leads to increased mortality rates and places considerable pressure on healthcare systems (Abbassi, 2020, p. 37).

Table (6) : Trends in Notifiable Communicable Diseases (2005–2023)

DISEAS	2005	2008	2010	2012	2014	2016	2018	2020	2023
Meningits	3580	3941	3369	3455	6563	5015	4675	1676	4523
Typhoid	918	806	223	232	123	78	61	21	22
Viral Hepatitis A	903	798	1853	1466	2746	1719	3841	1879	4895
Viral Hepatitis B	1083	1802	1783	1797	2576	2861	3519	1628	2298
Viral Hepatitis C	639	941	526	603	821	798	1075	474	807
Brucellosis	8032	5056	10014	4500	5533	8575	11031	13151	9921
Measles	2589	1547	1438	1891	154	342	26945	469	454
Leishmaniasis	25511	7632	21049	8390	4543	8811	9702	10736	7124
Tuberculosis	20594	18526	21786	21413	22449	22226	22680	16277	19133

Source : (National Office of Statistics, 2018) and (National Institute of Public Health, 2023

These data reveal significant fluctuations in the reported figures, suggesting that the healthcare system has succeeded in eradicating certain diseases such as typhoid and in limiting the spread of others such as measles. However, diseases like tuberculosis, leishmaniasis, and brucellosis continue to pose major challenges due to the multiplicity of factors influencing their prevalence. In recent years, new challenges have also emerged in the form of non-communicable diseases, which now represent a greater threat than traditional infectious diseases. These will be addressed in the following section.

7- Indicator of Inequality in Access to Healthcare Services

Inequality in access to healthcare services is not a new issue in Algeria. The country inherited from the colonial period a network of health facilities concentrated mainly in the northern regions, which were originally established to meet the needs of settlers. Despite the significant efforts undertaken by the state over six decades of independence, and the achievements made to bridge the gap between North and South and between urban and rural areas, these measures have not kept pace with demographic shifts and the growing demand for healthcare. This inequality is clearly reflected in several health indicators, particularly in the distribution of health facilities across different regions of the country, as illustrated in the following table.

Table (7) : Regional Distribution of Public Hospital Facilities in Algeria

Type of Facility	Central	Western	Eastern	South-Eastern	South-Western
Number of University Hospital Centers (CHU)	7	3	4	0	0
Number of Beds (CHU)	5386	3756	4112	0	0
Beds per Inhabitant (CHU)	2309	2361	2447.1		
Number of Hospital Establishments (EH)	0	2	3	0	0
Number of Beds (EH)	0	410	439	0	0
Beds per Inhabitant (EH)	0	21626	22921	0	0
Number of Spicialized Hospital Establishments (EHS)	20	21	20	1	7
Number of Beds (EHS)	4248	3018	2772	150	764
Beds per Inhabitant (EHS)	2927	2937	3630	22848	1745
Number of Public Hospital Establishments (EPH)	55	35	66	25	14
Number of Beds (EPH)	11234	7833	10841	5911	2337
Beds per Inhabitant (EPH)	1107	1132	928	579	570

Source : (Kacemi & Saadoun, 2018, p. 285)

The table illustrates the distribution of public hospital structures in Algeria according to geographical regions. The data reveal a pronounced disparity in the spatial distribution of healthcare facilities : the southeastern and southwestern regions are entirely devoid of University Hospital Centers (CHU) and General Hospitals (EH). Moreover, the number of specialized hospital institutions in these regions remains extremely limited compared to the northern part of the country.

This uneven distribution highlights substantial regional disparities between the northern and southern areas in terms of medical services. While the north concentrates the majority of university-affiliated and specialized healthcare infrastructures, the south suffers from a severe shortage of such services, which directly undermines the quality of healthcare available to its inhabitants.

Table 8 : Distribution of Specialist Physicians in the Public Sector across Selected Provinces, 2015

Province	Algiers	Oran	Adrar	Tamanrasset
Population	3456008	1875596	487498	226576
Specialist Physicians	1414	2585	60	64
Inhabitants per Specialist Physician	2444	725	8124	3540

Source : (Kacemi & Saadoun, 2018, p. 285)

Table 8 provides evidence of a marked disparity in the distribution of specialized medical professionals across selected provinces in Algeria. The data reveal that Oran and Algiers hold the largest share of medical expertise, with 2,585 physicians in Oran (a ratio of one physician per 725 inhabitants) and 1,414 physicians in Algiers (a ratio of one physician per 2,444 inhabitants). Conversely, the southern provinces of Adrar and Tamanrasset are severely underserved, with only 60 and 64 physicians respectively, corresponding to alarmingly high ratios of one physician per 8,124 inhabitants in Adrar and per 3,540 in Tamanrasset.

This uneven distribution reflects a structural imbalance within the national healthcare system. Specialist physicians are overwhelmingly concentrated in the major northern urban centers, while southern provinces face a critical shortage of medical personnel. Such disparities not only highlight the persistent regional inequities but also have profound implications for healthcare accessibility and quality in underserved areas.

IV. Achievements and Challenges of the Algerian Healthcare System

Achievements :

- Algeria has witnessed significant progress in the establishment of medical facilities, particularly primary healthcare centers that focus on prevention, treatment, vaccination, and maternal health.
- Substantial quantitative growth has been achieved in the number of physicians ; however, persistent challenges remain in improving the quality of medical training, increasing the number of specialists, and ensuring their equitable distribution across all regions.
- The healthcare system has succeeded in eradicating certain infectious diseases, yet the most pressing challenge lies in the rising prevalence of chronic illnesses, which demand considerable financial and human resources for both prevention and treatment.
- Life expectancy at birth has shown remarkable improvement, surpassing 77 years in 2023.
- Public spending on healthcare has also experienced a noticeable increase, particularly since the early 2000s.

Challenges :

- Many citizens face difficulties in accessing specialized medical services due to the scarcity of specialists and their concentration in major urban centers.
- Several hospital departments and specialties operate under severe pressure, often resulting in long waiting times extending to several months for surgical interventions or chemotherapy. In some cases, patients pass away before receiving the necessary treatment.
- Healthcare personnel frequently express dissatisfaction with poor working conditions and relatively low salaries, especially when compared with the private sector or international standards.

- Public hospitals are often overcrowded, which complicates the work of medical teams amid shortages of equipment and resources.
- Despite governmental efforts to expand healthcare infrastructure, these initiatives remain insufficient to keep pace with demographic changes and the growing demand for health services. Moreover, the uneven geographical distribution of healthcare facilities hinders efforts to achieve equity and universality in health coverage.

Conclusion

Health constitutes a cornerstone of Algeria's developmental model, serving not only as a social service but also as a fundamental driver of sustainable development. This study sought to evaluate Algeria's health policy by examining key concepts related to health and healthcare governance, emphasizing the central role of quality healthcare in fostering effective investment in human capital. The analysis further highlighted the evolution of several health indicators particularly those related to infrastructure, workforce coverage, and medical services during the first two decades of the 21st century.

The study concluded with a general assessment of the principal achievements of the Algerian healthcare system, such as the increase in life expectancy and the decline in infant mortality rates. At the same time, it shed light on persistent challenges, including overcrowding in hospitals and significant regional disparities in the geographical distribution of healthcare services. These findings underscore the urgent need for comprehensive reforms aimed at ensuring equity in access to healthcare and enhancing the overall efficiency and sustainability of the national health system.

Actuality

The actuality of this research lies in Algeria's historical and socio-political context. Following the destruction and social dislocation of the 1990s, the health sector became a strategic priority in rebuilding national capacity. Demographic changes—including a growing youth population and rising life expectancy—combined with epidemiological transitions have placed new demands on the health system. In addition, Algeria's ambition to align with the Sustainable Development Goals (SDGs), particularly Goal 3 on health and well-being, underscores the urgency of critically evaluating its health policy trajectory over the last twenty-five years.

Findings

The evaluation of selected health indicators reveals:
- Improved health outcomes: Significant progress in life expectancy, maternal and infant mortality reduction, and expanded vaccination programs.
- Expansion of coverage: Notable growth in healthcare infrastructure, particularly in primary care and community health services.
- Persistent disparities: Inequalities remain in resource allocation, with urban centers better served than rural or remote regions.
- Quality challenges: Service efficiency, responsiveness, and specialized medical care remain uneven, limiting equity and overall system resilience.

Overall, Algeria has made substantial progress but has yet to overcome the systemic barriers to equitable, high-quality, and universally accessible health services.

Ethical Considerations

Healthcare is not only a service but a right rooted in human dignity. The ethical dimension of Algeria's health policy involves ensuring that reforms address vulnerable populations, reduce inequality, and safeguard fairness in service provision. Equity in health access requires more than expanded infrastructure; it demands transparency, accountability, and the prioritization of public well-being over financial or political constraints.

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Conflict of Interest

The authors declare no conflict

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