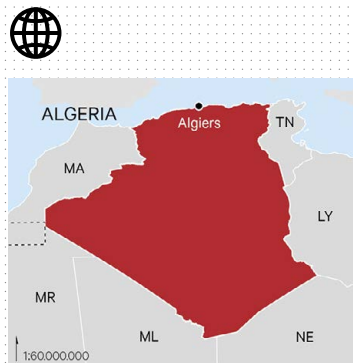


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General data

POPULATION, 2023
45,606,480

PHYSICIANS/1000 INH, 2020-2022
-

NURSES/1000 INH, 2020-2022
-

LIFE EXPECTANCY, 2022
76.69

Socioeconomic data

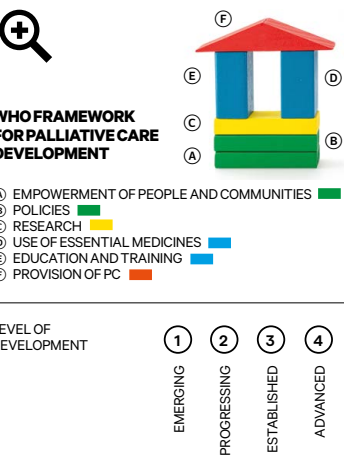
COUNTRY INCOME LEVEL, 2022
Upper middle income

HUMAN DEVELOPMENT INDEX RANKING, 2023
96

GDP PER CAPITA (US\$), 2023
5,364.03

HEALTH EXPENDITURE, 2021
204.57

UNIVERSAL HEALTH COVERAGE, 2021
74



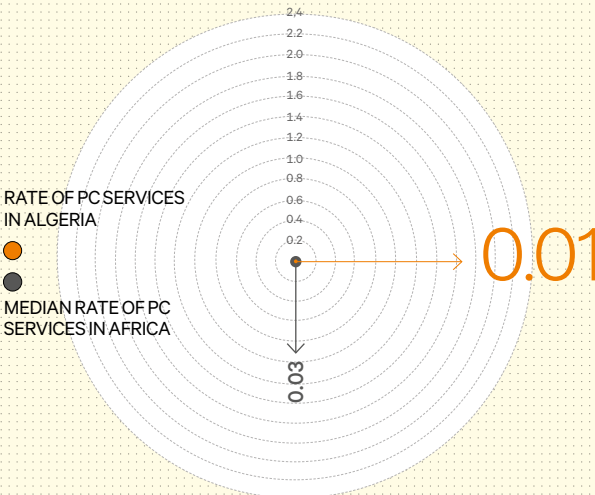
Algeria

F Provision of PC (Specialised Services)

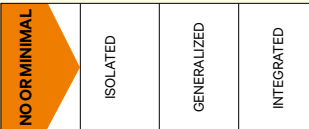
Total number of Specialised PC services
2

Rate of PC services per 100,000 inhabitants
0.01

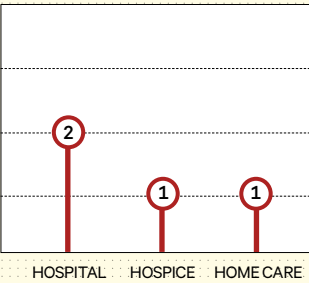
Algeria in the context of African continent



Geographic distribution and integration of PC services



Level of development of different types of PC services



Paediatric PC Services

GEOGRAPHIC DISTRIBUTION AND INTEGRATION
1

TOTAL NUMBER
N/A

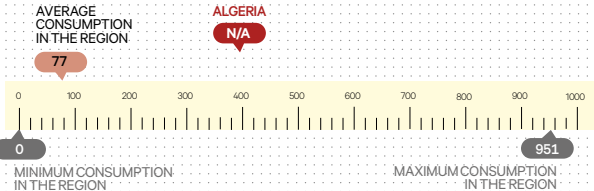
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Algeria

D Use of essential medicines

Opiods consumption (excluding methadone)
N/A
S-DDD/MILL INHABITANTS/DAY

Algeria in the context of African continent



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles

1

Existence of PC congresses or scientific meetings

2



National Association: No
Consultants: Literature Review.

Data collected: May 2025.
Date validated by consultants: N/A
Endorsed by National PC Association: N/A
Edition: Edited by Atlantes Research Team (University of Navarra, Spain).

E Education & Training

Medical schools with mandatory PC teaching
0/15

Nursing schools with mandatory PC teaching
0/113

Recognition of PC specialty
1

B Policies

National PC plan or strategy
1

Responsible authority for PC in the Ministry of Health
1



Inclusion of PC in the basic health package at the primary care level
1

A Empowerment of people and communities





Groups promoting the rights of PC patients
1

Advanced care planning-related policies
1

AF Algeria

Ind1 Existence of groups dedicated to promoting the rights of patients in need of PC, their care-givers, and disease survivors.	 Only isolated activity can be detected.	Palliative care advocacy in Algeria is led by the Ministry of Health, which launched a national initiative in 2019 to expand access, develop guidelines, train healthcare providers, and implement services across health facilities. The initiative has been led by the Ministry of Health, with no dedicated civil society organisation identified. Professional engagement is supported by the Algerian Society of Medical Oncology and the Algerian Society for the Assessment and Treatment of Pain, which organise conferences and educational activities focused on pain management and clinical practice. These are directed at professional audiences and do not focus specifically on patient and family rights. The African Palliative Care Association (APCA) engages with national actors as part of its regional work to strengthen advocacy, training, and policy support. No Algeria-based non-governmental organisation dedicated to palliative care patient and family rights has been identified in the available sources.
Ind2 Is there a national policy or guideline on advance directives or advance care planning?	 There is no national policy or guideline on advance care planning.	Algeria does not have a specific national policy or guideline on advance care planning (ACP). The 2018 Health Law emphasises equity and human rights but does not refer to ACP or related mechanisms. In 2019, the Ministry of Health launched a national palliative care programme introducing general guidelines and clinical training, though these do not include provisions for ACP. Challenges in end-of-life care include limited communication between medical staff and families, reluctance to address death-related topics, and continuation of treatment without shared decision-making. Nurses often lack specific training in ethics and palliative care. End-of-life practices tend to align with religious values and cultural norms, but no formal framework exists to support structured medical decision-making in this context.
Ind3 3.1. There is a current national PC plan, programme, policy, or strategy. 3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.	 Do not know or does not exist.  There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.	In 2015, the Algerian Ministry of Health launched the Plan National Cancer 2015–2019, which includes a strategic vision focused on the patient. This national plan acknowledges palliative care as an integral component of cancer management, stating the need to “develop the effectiveness of therapeutic methods in which palliative care will find a more significant place.” Although Algeria does not have a standalone palliative care policy, this inclusion within a national health strategy illustrates an institutional commitment to integrating palliative care into broader service delivery. The plan also outlines intersectoral coordination, references alignment with WHO and UN frameworks, and mentions dedicated financial mechanisms to support cancer-related health interventions.

AF Algeria

3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.	 Not known or does not exist.	
Ind4 PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.	 Not at all.	Algeria's <i>Loi n°18-11 du 2 juillet 2018 portant loi sur la santé</i> refers to palliative care as part of the healthcare services guaranteed by the State. Article 13 of the law states that the national health system ensures access to various types of care, including preventive, curative, rehabilitative, emergency, and palliative care. However, the law does not specify palliative care as part of the package of services to be delivered at the primary healthcare level. There is no official decree or national service catalogue identifying palliative care among the priority services under Universal Health Coverage (UHC). The 2019 initiative led by the Ministry of Health focuses on hospital-based implementation and provider training, without detailing provision at the primary care level.
Ind5 5.1. Is there a national authority for palliative care within the government or the Ministry of Health? 5.2. The national authority has concrete functions, budget and staff.	 There is no coordinating entity.  Does not have concrete functions or resources (budget, staff, etc.).	There is no clear evidence of a dedicated national authority, such as a unit, branch, or department within the Algerian Ministry of Health specifically responsible for palliative care. While the Ministry launched a national palliative care initiative in 2019 to improve access and establish guidelines, the regulatory framework and institutional structures are still under development.

AF

Algeria


<div>Ind6</div> <div>Existence of congresses or scientific meetings at the national level specifically related to PC.</div>	<div><div><div></div><div>2</div><div></div><div></div></div></div> <div>Only sporadic or non-periodical conferences or meetings related to palliative care take place.</div>	<div>In Algeria, palliative care is occasionally included in national scientific events led by professional societies. The Algerian Society of Radiation Oncology (ASRO) organises periodic congresses focusing on cancer treatment and radiotherapy. The 3rd ASRO Congress, scheduled for 2025, lists topics that may encompass areas related to palliative care, although no specific track is confirmed. Other medical societies, such as the Algerian Society of Medical Oncology and the Algerian Society for the Assessment and Treatment of Pain, also hold educational events that may include palliative care themes. However, no national congress specifically dedicated to palliative care, nor regular sessions on the topic, have been documented.</div>
<div>Ind7</div> <div>Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.</div>	<div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Minimal or non-existent number of articles published on the subject in that country.</div>	<div>A comprehensive scoping review conducted in March 2023, covering publications from 2017 onwards, did not identify any peer-reviewed articles on palliative care in Algeria that met all inclusion criteria for this indicator. However, one 2017 study published in Likars’ka Sprava discussed challenges related to the integration of advanced medical and psychological technologies into the national palliative care system, with reference to clinical practices and psychological support.</div>
<div>Ind8</div> <div>Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.</div>		<div>No Data Reported for Algeria.</div>

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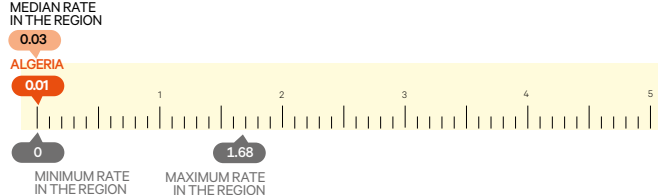
Algeria

<div>Ind9</div> <div>9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div> <div>9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.</div>	<div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>The availability of essential medicines for pain and palliative care at the primary level in Algeria faces significant challenges. Public sector health facilities often lack consistent supplies, forcing patients to pay high out-of-pocket costs, limiting access for low-income populations. Bureaucratic delays and import restrictions have led to shortages of over 240 medicines, including those for chronic illness and palliative care. Although Algeria has increased local pharmaceutical production, aiming to meet 70% of national demand, reliance on imports persists, and shortages remain an issue. Regulatory and logistical barriers continue to restrict access to affordable pain medications like opioids. The government has implemented regulatory reforms, including establishing a National Agency of Pharmaceutical Producers and a cross-sector economic committee to manage drug pricing and approvals. However, cultural norms discourage donation programs, further limiting access for low-income patients. Despite policy efforts, essential medicines for pain and palliative care remain inconsistently available.</div>
<div>Ind10</div> <div>10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).</div> <div>10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).</div>	<div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div> <div><div><div>1</div><div></div><div></div><div></div></div></div> <div>Poor: Between 0% to 10%.</div>	<div>Immediate-release oral morphine (liquid or tablet) is generally unavailable at the primary healthcare level in Algeria. The country faces limited access to opioids, including morphine, for pain management and palliative care. Key barriers include regulatory restrictions, inadequate supply chains, and a lack of education for healthcare providers. Additionally, cultural and policy challenges further hinder the consistent availability of opioids for medical purposes.</div>

AF Algeria

Ind11	11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching)	0/15	 <p>Algeria has 15 officially recognized medical schools, yet palliative care is not formally integrated into undergraduate curricula. According to the Ministry of Higher Education, the subject appears briefly during the first cycle under Module 10: “Health, Society and Humanity,” within the ethics and bioethics component, mentioned alongside euthanasia and therapeutic obstinacy. No dedicated or competency-based instruction exists, and there is no national policy mandating its inclusion. However, a 2021 governmental announcement under the National Cancer Plan called for the creation of hospital-based palliative care units, signaling institutional recognition and the intent to expand training in this field.</p>
	11.2. The proportion of medical schools with OPTIONAL teaching in PC.	0/15	
	11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching).	0/113	
	11.4. The proportion of nursing schools with OPTIONAL teaching in PC.	0/113	
Ind12	Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>There is no process on specialization for palliative care physicians.</p>	<p>There is no officially recognized medical specialization in palliative medicine in Algeria. The current list of specialties under the national postgraduate system, Diplôme d’Études Médicales Spéciales (DEMS), does not include palliative medicine.</p>

AF Algeria

Ind13	13.1. There is a system of specialised PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p>	<p>In Algeria, palliative care remains in an early stage of development, with specialized services currently limited to two oncology-focused units: the Anti-Cancer Center in Blida and the Pierre and Marie Curie Center in Algiers.</p> <p>RATE OF SPECIALISED PC SERVICES/100,000 INH</p>  <p>2 ← SPECIALISED PALLIATIVE CARE SERVICES</p>
	13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.	<div><div></div><div>2</div><div></div><div></div><div></div></div> <p>Ad hoc/ in some parts of the country.</p>	
	13.3. Free-standing HOSPICES (including hospices with inpatient beds).	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>Not at all.</p>	
	13.4. HOME CARE teams (specialised in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>Not at all.</p>	
Ind14	13.5. Total number of specialised PC services or teams in the country.		
Ind14	14.1. There is a system of specialised PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.	<div><div>1</div><div></div><div></div><div></div><div></div></div> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	
	14.2. Number of pediatric specialised PC services or teams in the country.	<div>N/A</div> <p>PPC TEAMS</p>	