

Algeria



<http://www.who.int/countries/en/>

WHO region	Africa
World Bank income group	Upper-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2015)	39666.5
% Population under 15 (2015)	28.5
% Population over 60 (2015)	9
Life expectancy at birth (2015)	75.6 (Both sexes) 77.5 (Female) 73.8 (Male)
Neonatal mortality rate per 1000 live births (2015)	15.5 [13.9-17.8]
Under-five mortality rate per 1000 live births (2015)	25.5 [24.2-26.8]
Maternal mortality ratio per 100 000 live births (2015)	140 [82 - 244]
% DTP3 Immunization coverage among 1-year-olds (2014)	95
% Births attended by skilled health workers (2012-2013)	96.6
Infants exclusively breastfed for the first 6 months of life (%)	
Density of physicians per 1000 population (2007)	1.207
Density of nurses and midwives per 1000 population (2007)	1.947
Total expenditure on health as % of GDP (2014)	7.2
General government expenditure on health as % of total government expenditure (2014)	9.9
Private expenditure on health as % of total expenditure on health (2014)	27.2
Adult (15+) literacy rate total	
Population using improved drinking-water sources (%) (2015)	84.3 (Urban) 81.8 (Rural) 83.6 (Total)
Population using improved sanitation facilities (%) (2015)	89.8 (Urban) 82.2 (Rural) 87.6 (Total)
Poverty headcount ratio at \$1.25 a day (PPP) (% of population)	
Gender Inequality Index rank out of 155 countries (2014)	85
Human Development Index rank out of 188 countries (2014)	83

Sources of data:

Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Algeria has made significant progress in the field of health. Immunization coverage exceeds 90%. Algeria has also made significant progress with regard to Millennium Development Goal (MDG) 4. The incidence of tuberculosis was 53.5 per 100 000 in 2013 compared with 62.8 in 2003. The same trend is observable for smear-positive pulmonary tuberculosis, the incidence of which has reduced from 27.3 cases in 2003 to 18.6 in 2013.

The incidence of HIV is 0.1%; the epidemic is concentrated in key populations, particularly sex workers, men who have sex with men, and injecting drug users, with respective estimated prevalence rates of 10.25%, 12.5% and 2.8%. Testing, management and treatment of patients with HIV are completely free.

Taking into account the above figures in comparison to current values, the health challenges facing Algeria are: (1) to reduce the double burden of disease and mortality owing to epidemiological transition, through prevention, management, research and surveillance; (2) to reduce the burden of communicable, maternal and perinatal diseases; (3) to promote health (with its necessary intersectional dimension); (4) to provide equitable, affordable and effective quality health care; (5) to meet the challenges of a contrasting demographic transition characterized by a rapidly ageing population and a simultaneous increase in the number of births; (6) to respond effectively to emerging or re-emerging disease epidemics of varying importance in the context of the health surveillance system; and (7) to adapt to the new requirements of disease prevention and control, within the framework of the new International Health Regulations (IHR), which have been adopted and integrated into national regulations by presidential decree.

HEALTH POLICIES AND SYSTEMS

As the technical reference partner in health matters, WHO has provided the Ministry of Health with the technical and, on some occasions, financial support necessary to develop policies, strategies and plans for strengthening the health system. This has helped Algeria to draft relevant strategy documents, for example, a multisectoral strategy for noncommunicable disease control in the context of the partnership between the European Union and the Algerian Government, under the health system support programme (PASS). The country has also received help in preparing an action plan to implement the IHR.

COOPERATION FOR HEALTH

WHO cooperation with Algeria is apparent in a number of plans and strategies. The Country Cooperation Strategy (CCS) covers the period 2016-2020. This cooperation provides an interface between the health priorities identified by the Government and those defined in the WHO Twelfth General Programme of Work covering the period 2014-2019.

WHO is also supporting the United Nations Strategic Cooperation Framework (UNSCF). In this context of cooperation between the United Nations and Algeria, WHO provides support in health matters, under the Social Development component. Specifically, WHO is involved in mother and child health and noncommunicable and communicable diseases. WHO recently launched the Harmonization for Health in Africa (HHA) initiative which is a mechanism for harmonizing and aligning the efforts of the development partners (United Nations agencies, the African Development Bank, the World Bank, France, etc.) in support of the health system. An action plan has been established, focusing on the three areas specified in the UNSCF: noncommunicable diseases, communicable diseases, and mother and child health.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Policy and health system strengthening	<ul style="list-style-type: none"> • Provide technical support to regulate the licensing of so-called “biosimilars” or “biogenerics”; • Provide technical support to the Ministry of Health to strengthen capacities for registering medicines derived from biotechnology and biosimilars, and medical devices; • Provide expertise to develop specific legislation and regulations on medical devices, including in vitro diagnostic reagents; • Start a dialogue with the Ministry of Health to define and put in place a cyber-health strategy.
STRATEGIC PRIORITY 2: Noncommunicable disease control	<ul style="list-style-type: none"> • Start a dialogue with the Ministry of Health to identify technical support needs to develop plans in support of the national multisectoral plan for integrated control of NCD risk factors; • Provide the Ministry of Health with technical support to implement the strategic plan by supporting the development of the various components (NCD surveillance, communication programmes, research programmes, monitoring and evaluation of the NCD plan); • Provide expertise to support a survey to evaluate NCD risk factors and trends (STEPwise survey); • Support multisectoral coordination of the multisectoral strategic plan for integrated prevention and control of NCDs.
STRATEGIC PRIORITY 3: Mother and child health	<ul style="list-style-type: none"> • Start a dialogue with the Ministry of Health to identify technical support needs to bring about a faster reduction in maternal mortality; • Provide technical support to implement a maternal mortality surveillance and response system; • Provide technical support to implement a neonatal mortality surveillance and response system.
STRATEGIC PRIORITY 4: Communicable disease control	<ul style="list-style-type: none"> • Provide technical assistance to strengthen epidemiological surveillance of STIs and HIV/AIDS; • Advocate for the development of STI/HIV/AIDS testing strategies; • Support the development and implementation of specific strategies for child and adolescent health within the framework of the new health law.

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