This document is a compilation of all questions, justifications, and sources used to determine the 2021 Global Health Security Index scores for Algeria. For a category and indicator-level summary, please see the Country Profile for Algeria.

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Category 1: Preventing the emergence or release of pathogens with potential for international concern

1.1 ANTIMICROBIAL RESISTANCE (AMR)

1.1.1 AMR surveillance, detection, and reporting

1.1.1a
Is there a national AMR plan for the surveillance, detection, and reporting of priority AMR pathogens?
Yes, there is evidence of an AMR plan, and it covers surveillance, detection, and reporting = 2, Yes, there is evidence of an AMR plan, but there is insufficient evidence that it covers surveillance, detection, and reporting = 1, No evidence of an AMR plan = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a national antimicrobial resistance (AMR) plan for the surveillance, detection and reporting of priority AMR pathogens.

There is no publicly available evidence that Algeria has a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE) or a national AMR action plan listed on the WHO Library of national action plans. [1, 2]

There is also no evidence of such a plan from the Ministry of Health. The Ministry of Health, Population and Hospital Reform (MSPRH) is the national government body in charge of "identification of infectious, parasitic and immune diseases; development and promotion of methods and tools necessary for the prevention, diagnosis and treatment of these diseases". It states epidemiological surveillance, research, reference, and training as its missions. [3] In 1999, the MSPRH created the Algerian Antimicrobial Resistance Network, followed by the establishment of 24 medical laboratories and 8 veterinary laboratories for the surveillance of AMR in 2002. [4] In 2017, the government issued Executive Decree No. 17-310 of 4 Safar 1439, corresponding to 24 October 2017 on the creation, mandate, organization and functioning of a National Multisectoral Committee Against Antimicrobial Resistance. [5] While the MSPRH has stated that the government is working on developing a national action plan, no plan has been published as of August 2020. [6]

1.1.1b

Is there a national laboratory/laboratory system which tests for priority AMR pathogens?

All 7 + 1 priority pathogens = 2, Yes, but not all 7+1 pathogens = 1, No = 0

Current Year Score: 1

There is evidence that Algeria has a network of AMR (Antimicrobial resistance) laboratories that can test for some pathogens, including K. pneumonia, E. coli, S. aureus, S. pneumoniae, Salmonella spp and tuberculosis. [1, 2] The Pasteur Institute of Algeria (IPA) website offers limited information, but lists National Reference Laboratories including, but not limited to Tuberculosis and Mycobacteria and Medical Bacteriology and Surveillance of Antibiotic Resistance. [3] The National Reference Laboratory for Tuberculosis and Mycobacteria explicitly states objectives directly addressing AMR including: "contribute to the study of resistance mechanisms of mycobacteria to antibiotics," and "conduct epidemiological studies on the prevalence and incidence of primary resistance and secondary resistance to anti-tuberculosis drugs." [4] The National Reference Laboratory for Antibiotic Resistance Mechanisms does not list the specific diseases studied at the laboratory. [5]


1.1.1c

Does the government conduct environmental detection or surveillance activities (e.g., in soil, waterways) for antimicrobial residues or AMR organisms?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria conducts detection or surveillance activities (e.g. in soil, waterways, etc.) for antimicrobial residues or AMR (Antimicrobial resistance) organisms. Algeria’s General Directorate of Environment does not have a website. Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [1] Algeria does not have a national AMR action plan listed on the WHO Library of national action plans. [2] There is no discussion of such surveillance on the Ministry of Health, Population, and Hospital Reform (MoH) website. [3] The Pasteur Institute of Algeria (IPA) website, a subsidiary of the MoH, does water analysis including: tap, mineral, well, drilling spring, pool, and sea water. The IPA website does not include further details on this water analysis or any other surveillance activity. [4] The Materials, Processes and Environment Research Unit, affiliated with the Ministry of Higher Education and Scientific Research and Mohamed Bougara University, Boumerdes does not discuss such surveillance. [5,6] The Thematic Focus of Research in Nature and Life Science Research Agency of the Ministry of Higher Education and Scientific Research does not address this issue. [7]
1.1.2 Antimicrobial control

1.1.2a Is there national legislation or regulation in place requiring prescriptions for antibiotic use for humans?

Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 1

There is publicly available evidence that Algeria has national legislation or regulation in place requiring prescriptions for antibiotic use for humans and that there are gaps in enforcement.

According to Article 179 of the Law No. 18-11 of 18 Chaoual 1439, pharmacists are not allowed to dispense pharmaceuticals, including antibiotics, without a medical prescription. [1] However, news reportage cites Algeria as one of the largest consumers of antibiotics in the world due to the overprescription of antibiotics by medical entities. [2, 3, 4]

Further, Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE) or a national AMR action plan listed on the WHO Library of national action plans. [5, 6]

There is evidence of any legislation or regulation in place requiring prescriptions for antibiotic use for humans on the Ministry of Health, Population, and Hospital Reform website, including on the pharmacy page. [7] There is also no evidence of such a law on the Ministry of Agriculture, Rural Development and Fisheries website. [8]

There is no further information about a law or regulation requiring a prescription for antibiotics in human on the Pasteur Institute of Algeria website. [9]

There is also no mention of antibiotics in either the Law no. 85-05 of 16 February 1985 on the protection and promotion of health or Law no. 08-13 of 17 Rajab 1429 corresponding to July 20, 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health. [10, 11]

1.1.2b
Is there national legislation or regulation in place requiring prescriptions for antibiotic use for animals?
Yes = 2, Yes, but there is evidence of gaps in enforcement = 1, No = 0

Current Year Score: 0

There is no evidence that Algeria has national legislation or regulation in place requiring prescriptions for antibiotic use for animals. There are news articles that indicate that antibiotics can be easily acquired through animal feed manufacturers. [1] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [2] Algeria does not have a national AMR action plan listed on the WHO Library of national action plans. [3] There is no discussion of such a law on the Ministry of Health, Population, and Hospital Reform website, including on the pharmacy page. [4] There is no discussion of such a law on the Ministry of Agriculture, Rural Development and Fisheries website. [5] There is no information about a law or regulation requiring a prescription for antibiotics in human on the Pasteur Institute of Algeria website. [6] There is no mention of such a law in National Institute of Veterinary Medicine (INMV) publications on antimicrobial resistance. [7] There is no mention of such a law on the Algiers National Veterinary School (ENSV) website, while there is evidence of the dangerous prevalence of antibiotic use for animals. [8] There is no mention of antibiotics in the Law no. 88-08 of 26 January 1988 on veterinary activities and the protection of animal health. [9]
1.2 ZOONOTIC DISEASE

1.2.1 National planning for zoonotic diseases/pathogens

1.2.1a

Is there national legislation, plans, or equivalent strategy documents on zoonotic disease?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that the People's Democratic Republic of Algeria has a national law, plan, or equivalent strategy document, on zoonotic disease. There is no discussion of such a law or strategy on the Ministry of Health, Population, and Hospital Reform (MSPRH) website. However, the MSPRH does have a plan from 2015, titled, "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria", which explicitly outlines Algeria's strengths and weaknesses in the fight against zoonotic disease. The plan cites "the absence of a plan to monitor and respond to emerging events of zoonotic origin" as one of Algeria's shortcomings in the fight against zoonotic disease. [1]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [2] There is no evidence of a national plan or law on zoonotic disease on the Ministry of Agriculture, Rural Development and Fisheries website nor on the Technical Institute of Breeding’s websites. [3, 4] The Pasteur Institute of Algeria website does not mention a national strategy or law on zoonotic disease. [5]

Although, there is a law on animal diseases, Executive Decree No. 95-66 of 22 February 1995, but the diseases are not described as zoonotic or how such diseases impact the human population. [6] Law no.88-08 of 26 January 1988 on veterinary
activities and the protection of animal health does not address zoonotic diseases either. [7] An inter-ministerial decree of August 1, 1984 established veterinary health inspections at slaughterhouses, fishmongers and storage places for animal products and products of animal origin, but does not explicitly mention zoonotic disease and public health risks. [8]

Further, Algeria has requested and completed a PVS Evaluation Mission (as of 11 May 2020) of the World organization for Animal Health (OIE), but does not yet have a report (as of 20 September 2020). [9, 10]


1.2.1b
Is there national legislation, plans or equivalent strategy document(s) which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a national law, plan, or equivalent strategy document, which includes measures for risk identification and reduction for zoonotic disease spillover events from animals to humans.

There is little publicly available evidence of such a zoonotic disease law or strategy on the Ministry of Health, Population, and Hospital Reform website. The Ministry of Health, Population, and Hospital Reform of Health does have a 'National Plan for Preparation and Response' in the event of public health threats with an epidemic potential and public health emergencies of international concern. This plan explicitly notes Algeria’s strengths and weaknesses in the fight against zoonotic disease. [1]
The Ministry of Health’s Prevention Department also has a National Policy that includes an action plan for reducing the risk of zoonotic disease. Although this document identifies certain zoonotic risks and proposes a few strategies to mitigate such risk, it does not identify any pathways for transmission of zoonotic diseases from animals to humans, and how to address them. [2]

The law on animal disease, 'Executive Decree No. 95-66 of 22 February 1995' does not explain how such diseases impact the human population. [3] Law no.88-08 of 26 January 1988 on veterinary activities and the protection of animal health does not address zoonotic diseases. [4] An Inter-ministerial decree of August 1, 1984 established veterinary health inspections at slaughterhouses, fishmongers and storage places for animal products and products of animal origin, but does not explicitly mention zoonotic disease. [5] ‘Executive Decree no. 04-82 of 18 March 2004’ prescribes sanitary measures for any establishment that have activities related to animals, their production or their transport. However, the decree does not link these sanitary measures to the risk identification and reduction of zoonotic disease, nor does it prescribe any measures for the protection of humans in contact with these establishments. [6]

There is no evidence of a national plan or law on zoonotic disease on the Ministry of Agriculture, Rural Development and Fisheries website nor on the Technical Institute of Breeding’s website. [7, 8] The Pasteur Institute of Algeria website does not mention a national strategy or law on zoonotic disease. [9]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE) to demonstrate any evidence of plans or initiatives outlining measures for risk identification and reduction for zoonoses. [10]

Algeria has requested and completed a PVS Evaluation Mission (as of 11 May 2020) of the World organization for Animal Health (OIE), but does not yet have a report as of 26 February 2020, when the reports were last updated on the webpage. [11, 12]

1.2.1c

Is there national legislation, plans, or guidelines that account for the surveillance and control of multiple zoonotic pathogens of public health concern?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a national law, plan, or equivalent strategy document, that account for the surveillance and control of multiple zoonotic pathogens of public health concern.

The Ministry of Health has a ‘National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria’ in the event of public health threats with an epidemic potential and public health emergencies of international concern. This plan explicitly recommends the implementation of several surveillance mechanisms for the prevention of public health emergencies. [1] There is no further evidence of the implementation of this plan.

There is also a law on animal diseases, Executive Decree No. 95-66 of 22 February 1995 but it does not explain how such diseases impact the human population. [2] Law no.88-08 of 26 January 1988 on veterinary activities and the protection of animal health does not address zoonotic diseases. [3] An inter-ministerial decree of August 1, 1984 established veterinary health inspections at slaughterhouses, fishmongers and storage places for animal products and products of animal origin, but does not explicitly mention zoonotic disease and public health risks. [4]

There is no evidence of a national plan or law on zoonotic disease on the Ministry of Agriculture, Rural Development and Fisheries website nor on the Technical Institute of Breeding’s website. [5, 6] The Pasteur Institute of Algeria website does not mention a national strategy or law on zoonotic disease. [7]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE) to evidence any of its healthcare capacities including zoonotic disease surveillance and control. [8]

Algeria requested and completed a PVS Evaluation Mission (as of 11 May 2020) of the World organization for Animal Health (OIE), but does not yet have a report (as of 26 February 2020). [9, 10]

list of obligate animal diseases and the general measures applicable diseases."

1.2.1d
Is there a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a department, agency, or similar unit dedicated to zoonotic disease that functions across ministries.

Algeria does have an intersectoral National Medical Committee for the Fight against Zoonoses that functions across ministries, created by the Inter-ministerial decree of 01.09.1984, but there is insufficient evidence of cross-ministry/department functioning beyond references to collaboration. [1, 2] The Committee is currently chaired by the Secretary General of the Minister of Agriculture and Rural Development. [3]

There is no further evidence of any department or unit dedicated to zoonotic disease on the Ministry of Agriculture, Rural Development and Fisheries website nor on the Technical Institute of Breeding’s website. [4, 5] The Pasteur Institute of Algeria website does not mention this department or unit dedicated to zoonotic disease. [6]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [7] Algeria has requested and completed a PVS Evaluation Mission (as of 11 May 2020) of the World organization for Animal Health (OIE), but does not yet have a report (as of 26 February 2020). [8, 9]

1.2.2 Surveillance systems for zoonotic diseases/pathogens

1.2.2a

Does the country have a national mechanism (either voluntary or mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Algeria has a national mechanism (mandatory) for owners of livestock to conduct and report on disease surveillance to a central government agency. There is a law on animal diseases, Executive Decree No. 95-66 of 22 February 1995, of which Article 7 describes that those in charge of animals must report any diseases and outline the reporting mechanism. Livestock owners must inform a veterinary doctor of their locality, who in turn inspects the animal. Upon verifying an infection, the doctor reports to the wilaya (regional) level and national-level authorities using a form sanctioned by the Minister of Agriculture, as per Articles 8-9. [1]

The Ministry of Agriculture, Rural Development and Fisheries website, including the “veterinary” page does not include further information on disease surveillance and reporting. [2] There is no evidence of such a mechanism on the Ministry of Health, Population, and Hospital Reform website. However, the Ministry’s Prevention Department’s National Policy document mentions the need for the reinforcement of the declaration system for zoonotic disease risk. [3] Law no.88-08 of 26 January 1988 on veterinary activities and the protection of animal health does not address zoonotic diseases or a reporting mechanism. [4]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5] Algeria has requested and completed a PVS Evaluation Mission (as of 11 May 2020) of the World organization for Animal Health (OIE), but does not yet have a report (as of 26 February 2020). [6, 7]

1.2.2b

Is there legislation and/or regulations that safeguard the confidentiality of information generated through surveillance activities for animals (for owners)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has laws or guidelines that safeguard the confidentiality of information generated through surveillance activities for animals (for owners).

There is a law on animal diseases, Executive Decree No. 95-66 of 22 February 1995, but it does not describe the diseases as zoonotic nor how such diseases impact the human population. Article 7 describes that those in charge of animals must report any diseases. Livestock owners must inform a veterinary doctor of their locality, who in turn inspects the animal. Upon verifying an infection, the doctor reports to the wilaya (regional) level and national-level authorities using a form sanctioned by the Minister of Agriculture, as per Articles 8-9. However, there is no description of a mechanism for reporting and it does not mention confidentiality. [1]

The Ministry of Agriculture, Rural Development and Fisheries website, including the “veterinary” page does not discuss such a national mechanism for conducting and reporting on disease surveillance. It does not discuss confidentiality. [2] There is no discussion of such a mechanism on the Ministry of Health, Population, and Hospital Reform website. [3] Law no.88-08 of 26 January 1988 on veterinary activities and the protection of animal health does not address zoonotic diseases. [4]


1.2.2c

Does the country conduct surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence to determine if Algeria conducts surveillance of zoonotic disease in wildlife (e.g., wild animals, insects, other disease vectors, etc.). There is a law on animal diseases, Executive Decree No. 95-66 of 22 February 1995, but it does not mention wildlife. It also does not describe the diseases as zoonotic. [1] Article 7 of Law no. 88-08 of 26 January 1988 on veterinary activities and the protection of animal health mentions inspection on wildlife, but does not describe in detail the surveillance process. [2] The Ministry of Agriculture, Rural Development and Fisheries website, including the "veterinary" page does not discuss such surveillance. [3] There is no discussion of such surveillance on the Ministry of Health, Population, and Hospital Reform (MSPRH) website. The Ministry's Prevention Department's National Policy document cites an insufficient or even absence of capture and slaughter of stray carnivores and non-existence of dog pounds. [4] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5] Algeria requested and completed a PVS Evaluation Mission (as of 4 September 2018) of the World organization for Animal Health (OIE), but does not yet have a report (as of 27 February 2019). [6, 7]

1.2.3 International reporting of animal disease outbreaks

1.2.3a
Has the country submitted a report to OIE on the incidence of human cases of zoonotic disease for the last calendar year?
Yes = 1 , No = 0

Current Year Score: 0

2019

OIE WAHIS database

1.2.4 Animal health workforce

1.2.4a
Number of veterinarians per 100,000 people
Input number

Current Year Score: 37.72

2018

OIE WAHIS database

1.2.4b
Number of veterinary para-professionals per 100,000 people
Input number

Current Year Score: 0.37

2018

OIE WAHIS database

1.2.5 Private sector and zoonotic

1.2.5a
Does the national plan on zoonotic disease or other legislation, regulations, or plans include mechanisms for working with the private sector in controlling or responding to zoonoses?
Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence as to whether Algeria has a national plan on zoonotic disease or other legislation, regulation or plan that includes mechanisms for working with the private sector in controlling or responding to zoonoses.

It is also unclear if Algeria’s law on management of animal diseases, Executive Decree No. 95-66 of 22 February 1995, pertains to zoonotic diseases. It does not describe the diseases as zoonotic nor does it describe the impact of such diseases.
on humans. This law does not discuss the private sector. [1] Law no.88-08 of 26 January 1988 on veterinary activities and the protection of animal health does not discuss mechanisms for collaborating with the private sector. [2] The Ministry of Agriculture, Rural Development and Fisheries website, including the “veterinary” page does not discuss such a national mechanism for conducting and reporting on disease surveillance. [3] There is no discussion of such a mechanism on the Ministry of Health, Population, and Hospital Reform website. [4] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5] Algeria requested and completed a PVS Evaluation Mission (as of 4 September 2018) of the World organization for Animal Health (OIE), but does not yet have a report (as of 8 April 2021). [6, 7]


### 1.3 BIOSECURITY

#### 1.3.1 Whole-of-government biosecurity systems

**1.3.1a**

Does the country have in place a record, updated within the past five years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities?

Yes = 1, No = 0

**Current Year Score:** 0

There is insufficient publicly available evidence that Algeria has in place a record, updated within the past 5 years, of the facilities in which especially dangerous pathogens and toxins are stored or processed, including details on inventories and inventory management systems of those facilities. Algeria’s Decree No. 76-140 of 23 October 1976 regulating poisonous substances does not address a record of facilities although Article 4 and 26 discuss the kinds of containers in which dangerous substances should be held. A more recent version of this law is not publicly available. [1] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBT) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research, but does not address storage facilities. [2] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [3,4,5] Algeria does not have a World Health
organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [7] The Pasteur Institute of Algeria hosts two biosecurity and biosafety laboratories of level 2 and 3 (classification relative to the level of safety, developed by the World Health Organization according to the pathogenicity of the viruses) specialized in the handling, diagnosis and research of high-risk pathogenic biological agents. However, there is no further information on the storage or processing of dangerous pathogens and toxins in these facilities. [8] The Ministry of Higher Education and Scientific Research website does not address this issue. [9] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites does not address this issue. [10, 11]


**1.3.1b**

Does the country have in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems, and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed?

Yes = 1 , No = 0
Current Year Score: 0

There is insufficient evidence that Algeria has in place legislation and/or regulations related to biosecurity which address requirements such as physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities in which especially dangerous pathogens and toxins are stored or processed. Article 4 and 26 of Algeria’s Decree No. 76-140 of 23 October 1976 discuss the kinds of containers in which dangerous substances should be held, but not in great detail. A more recent version of this law is not publicly available. [1] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research center, but does not address physical containment, operation practices, failure reporting systems and/or cybersecurity of facilities. [2] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [3,4,5] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the “Confidence Building Measure Return” (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [7] The Pasteur Institute of Algeria hosts two biosecurity and biosafety laboratories of level 2 and 3 (classification relative to the level of safety, developed by the World Health Organization according to the pathogenicity of the viruses) specialized in the handling, diagnosis and research of high-risk pathogenic biological agents. However, there is no further information on the storage or processing of dangerous pathogens and toxins in these facilities. [8] The Constantine Biotechnology Research Center (CRBt), Algeria’s only government biotechnology research which falls under the Ministry of Higher Education and Scientific Research, has a biosecurity policy based on current legislation and best practices; however it appears to strictly apply to CRBt practices. [9] The Ministry of Higher Education and Scientific Research website does not address this issue further. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites does not address this issue. [11, 12]

1.3.1c

Is there an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has an established agency (or agencies) responsible for the enforcement of biosecurity legislation and regulations. Algeria has in place some laws that address biotechnology and biosecurity issues, but not sufficiently to be categorized as a biosecurity regulation. Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research. However, this decree does not assign the center the responsibility of enforcing biosecurity legislation and regulations. [1] An earlier law, Decree no. 76-141 of 23 October 1976 regulating the exercise of the laboratory of medical analyses also does not address biosecurity and does not name a ministry. [2] Article 4 and 26 of Algeria’s Decree No. 76-140 of 23 October 1976 discuss the kinds of containers in which dangerous substances should be held. A more recent version of this law is not publicly available. It discusses the Ministry of Health in the context of implementing the legislation. [3] The Constantine Biotechnology Research Center (CRBt), Algeria’s only government biotechnology research which falls under the Ministry of Higher Education and Scientific Research, has a biosafety policy based on current legislation and best practices that also discusses biosecurity; however it appears to strictly apply to CRBt practices. [4] The Ministry of Higher Education and Scientific Research website does not address this issue further. [5] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [6,7,8] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [9] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [10] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [11] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites does not address this issue. [12, 13]


1.3.1d

Is there public evidence that shows that the country has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has taken action to consolidate its inventories of especially dangerous pathogens and toxins into a minimum number of facilities. Algeria’s Decree No. 76-140 of 23 October 1976 regulating poisonous substances does not address a record of facilities although Article 4 and 26 discuss the kinds of containers in which dangerous substances should be held. A more recent version of this law is not publicly available. [1] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBT) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research, but does not address storage facilities. [2] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [3,4,5] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [7] The Pasteur Institute of Algeria hosts two biosecurity and biosafety laboratories of level 2 and 3 (classification relative to the level of safety, developed by the
World Health Organization according to the pathogenicity of the viruses) specialized in the handling, diagnosis and research of high-risk pathogenic biological agents. However, there is no further information on the storage or processing of dangerous pathogens and toxins in these facilities. [8] The Ministry of Higher Education and Scientific Research website does not address this issue. [9] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites does not address this issue. [10, 11]

1.3.1e

Is there public evidence of in-country capacity to conduct Polymerase Chain Reaction (PCR)–based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has in-country capacity to conduct Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola, which would preclude culturing a live pathogen. There is no discussion of PCR for either anthrax or Ebola on the Ministry of Health, Population and Hospital Reform or the Pasteur Institute of Algeria (IPA) websites. [1,2] There is no relevant information on the Ministry of Defence or Ministry of Agriculture, Rural Development and Fisheries websites. [3,4] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5] Algeria is a State Party to the Biological Weapons Convention. State parties report
to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [6] The Pasteur Institute of Algeria hosts two biosecurity and biosafety laboratories of level 2 and 3 (classification relative to the level of safety, developed by the World Health Organization according to the pathogenicity of the viruses) specialized in the handling, diagnosis and research of high-risk pathogenic biological agents.

However, there is no discussion of conducting Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola. [7] The Constantine Biotechnology Research Center (CRBi), Algeria’s only government biotechnology research which falls under the Ministry of Higher Education and Scientific Research, does not discuss conducting Polymerase Chain Reaction (PCR)-based diagnostic testing for anthrax and/or Ebola. [8] The Ministry of Higher Education and Scientific Research website does not address this issue further. The Ministry of Higher Education and Scientific Research website does not address this issue. [9] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [10, 11]


1.3.2 Biosecurity training and practices

1.3.2a

Does the country require biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0
There is insufficient evidence that Algeria requires biosecurity training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The Pasteur Institute of Algeria (IPA) website discusses training more generally but does not discuss biosecurity training specifically. [1] Algeria’s Decree No. 76-140 of 23 October 1976 regulating poisonous substances does not address training. [2] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research, but does not address biosecurity training. [3] The CRBt has a biosafety policy which includes mandatory training and certification for all staff on both biosafety and biosecurity prior to working in the center; however this policy is specific to the CRBt. [4] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, or Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [5,6,7] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [8] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the “Confidence Building Measure Return” (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [9] The website for the Ministry of Higher Education and Scientific Research for Algeria mentions a Teaching and Monitoring and Evaluation Department, but does not include any details on the department’s activities. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [11, 12]

1.3.3 Personnel vetting: regulating access to sensitive locations

1.3.3a

Do regulations or licensing conditions specify that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks?

Personnel are subject to all three of these checks = 3, Personnel are subject to two of these checks = 2, Personnel are subject to one of these checks = 1, Personnel are not subject to any of these checks = 0

Current Year Score: 0

There is no publicly available information indicating Algeria has regulations or licensing conditions specifying that security and other personnel with access to especially dangerous pathogens, toxins, or biological materials with pandemic potential are subject to the following checks: drug testing, background checks, and psychological or mental fitness checks. The Pasteur Institute of Algeria (IPA) website does not discuss human resources or background check processes for personnel with access to such pathogens or background checks of any kind. [1] Algeria’s Decree No. 76-140 of 23 October 1976 regulating poisonous substances does not discuss such checks [2] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research, but does not address such checks. [3] The CRBt has a biosafety policy that discusses biosecurity; however, it does not discuss such checks. [4] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [5, 6, 7] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [8] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [9] The Ministry of Higher Education and Scientific Research website does not address this issue. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [11, 12]

1.3.4 Transportation security

1.3.4a

Does the country have publicly available information on national regulations on the safe and secure transport of infectious substances (specifically including Categories A and B)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient publicly available information on Algeria’s national regulations on the safe and secure transport of infectious substances (Categories A and B). Algeria’s Executive Decree no. 90-79 of 27 February 1990 regulating the transport of dangerous goods does not address Categories A and B infectious substances. [1] There is no more recent version of this law. There is no relevant information on the Ministry of Public Works and Transportation, Ministry of Health, Population and Hospital Reform, Ministry of Defence or Ministry of Agriculture, Rural Development and Fisheries websites. [2,3,4,5] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [6] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [7] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the “Confidence Building Measure Return” (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [8] The Ministry of Higher Education and Scientific Research website does not address this issue. [9] The Thematic Agency of Research in Biotechnology & Agri-Food Sciences website does not address this issue.


1.3.5 Cross-border transfer and end-user screening

1.3.5a

Is there legislation and/or regulations in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins, and pathogens with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has a national legislation, regulation, or other guidance in place to oversee the cross-border transfer and end-user screening of especially dangerous pathogens, toxins and pathogens with pandemic potential. Algeria’s Executive Decree no. 90-79 of 27 February 1990 regulating the transport of dangerous goods, was replaced by ‘Executive Decree No. 03-452 of 1 December 2003’. Though both legislation include infectious substances as part of dangerous items covered by these laws, neither legislations address this issue. [1, 2] The latter legislation specifies authorization and documentation required for issuing transportation of such substances, document approval, and cross border import visas. However, approval and certification are mainly concerned with logistical details like nature of substance, type of vehicle, drivers licence of transporter, and labeling and packaging.

There is no relevant information on the Ministry of Public Works and Transportation, Ministry of Health, Population and Hospital Reform, Ministry of Defence or Ministry of Agriculture, Rural Development and Fisheries websites. [3, 4, 5, 6] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [7] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [8] Algeria is a State Party to the Biological Weapons Convention and has submitted a CBM report for the last five years, with the exception of 2017, but the reports are not publicly available. [8] The Ministry of Higher Education and Scientific Research and the Thematic Agency of Research in Health Sciences (an affiliate of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [10, 11, 12]

1.4 BIOSAFETY

1.4.1 Whole-of-government biosafety systems

1.4.1a Does the country have in place national biosafety legislation and/or regulations?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence indicating Algeria has in place national biosafety legislation and/or regulations.

Algeria signed the Protocol of Biosafety in the year 2000 and ratified it later in 2004, but this only regulates genetically modified organisms. [1] Article 4 and 26 of Algeria's Decree No. 76-140 of 23 October 1976 regulate poisonous substances but do not address biosafety explicitly. The most recent version of this law is not publicly available. [2]

Algeria's Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria's only government biotechnology research. CRBt seeks to develop and coordinate bio-ethics and biosafety regulations and reference standards, as well as, to monitor environmental biosafety. The CRBt has a biosafety policy which is only applicable to its researchers and research stakeholders. [3, 4]

There is no evidence of such a policy on the websites of Ministry of Defence, Ministry of Health, Population, and Hospital Reform, Ministry of Agriculture, Rural Development and Fisheries, Ministry of Higher Education and Scientific Research, Pasteur Institute of Algeria (IPA), Thematic Agency of Research in Health Sciences and Thematic Agency of Research in...
Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [12] Algeria is a State Party to the UN Biological Weapons Convention and has regularly submitted a Confidence Building Measure (CBM). However, these are not publicly available. [13]

1.4.1b
Is there an established agency responsible for the enforcement of biosafety legislation and regulations?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of an established agency responsible for the enforcement of biosafety legislation as well as biosafety legislations in Algeria.

Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt), Algeria’s only government biotechnology research, under the Ministry of Higher Education and Scientific Research. This
decree assigns the responsibility of developing and coordinating of regulations related to bio-ethics, biosafety, and reference standards, as well as monitoring of environmental biosafety to the CRBt. [1]

An earlier law, Decree no. 76-141 of 23 October 1976 regulating the laboratory of medical analyses does not address biosafety nor names a ministry. [2] Article 4 and 26 of Algeria’s Decree No. 76-140 of 23 October 1976 details the storage for dangerous pathogens and the Ministry of Health in the context of implementing the legislation. The most recent version of this law is not publicly available. [3]

There is no evidence of such a policy on the websites of Ministry of Defence, Ministry of Health, Population, and Hospital Reform, Ministry of Agriculture, Rural Development and Fisheries, Ministry of Higher Education and Scientific Research, Pasteur Institute of Algeria (IPA), Thematic Agency of Research in Health Sciences and Thematic Agency of Research in Biotechnology & Agri-Food Sciences. [4,5,6, 7, 8, 9, 10]

Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [11]

Algeria is a State Party to the Biological Weapons Convention. Algeria has regularly submitted a Confidence Building Measure Return (CBM) report although the reports are not publicly available. [12]

1.4.2 Biosafety training and practices

1.4.2a

Does the country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria as a country require biosafety training, using a standardized, required approach, such as through a common curriculum or a train-the-trainer program, for personnel working in facilities housing or working with especially dangerous pathogens, toxins, or biological materials with pandemic potential. The Pasteur Institute of Algeria (IPA) website discusses training more generally but does not discuss biosecurity training specifically. [1] Algeria’s Decree No. 76-140 of 23 October 1976 regulating poisonous substances does not address training [2] Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt) under the Ministry of Higher Education and Scientific Research, Algeria’s only government biotechnology research, but does not address biosecurity training. [3] The CRBt has a biosafety policy which includes mandatory training and certification for all staff on both biosafety and biosecurity prior to working in the center; however this policy is specific to the CRBt. [4] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [5,6,7] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the “Confidence Building Measure Return” (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [9] The website for the Ministry of Higher Education and Scientific Research for Algeria mentions a Teaching and Monitoring and Evaluation Department, but does not include any details on the department’s activities. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [11, 12]

1.5 DUAL-USE RESEARCH AND CULTURE OF RESPONSIBLE SCIENCE

1.5.1 Oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research

1.5.1a

Is there publicly available evidence that the country has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence to determine if Algeria has conducted an assessment to determine whether ongoing research is occurring on especially dangerous pathogens, toxins, pathogens with pandemic potential, and/or other dual use research. Algeria has in place some laws that address biotechnology, biosafety, and biosecurity issues, but they do not discuss dual use research. Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt), Algeria’s only government biotechnology research, under the Ministry of Higher Education and Scientific Research, but does not discuss dual use research. [1] An earlier law, Decree no. 76-141 of 23 October 1976 regulating the exercise of the laboratory of medical analyses also does not address dual use research. [2] Decree No. 76-140 of 23 October 1976, regulating poisonous substances does not discuss dual use research. [3] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [4,5,6] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [7] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [8] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [9] The website for the Ministry of Higher Education and Scientific Research for Algeria mentions a Teaching and Monitoring and Evaluation Department, but does not include any details on the department’s activities. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [11, 12]
1.5.1b

Is there legislation and/or regulation requiring oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence indicating that Algeria has a national policy requiring oversight of dual use research, such as research with especially dangerous pathogens, toxins, and/or pathogens with pandemic potential. Algeria has in place some laws that address biotechnology, biosafety, and biosecurity issues, but they do not discuss oversight of research. Algeria's Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBt), Algeria's only government biotechnology research, under the Ministry of Higher Education and Scientific Research, but does not discuss dual use research. [1] The CRBt has a biosafety policy which adequate supervision of laboratories handling substances with chemical and biological; however the supervisory practices are not outlined and the policy document is specific to the CRBt. [2] An earlier law, Decree no. 76-141 of 23 October 1976 regulating the exercise of the laboratory of medical analyses also does not address dual use research. [3] Decree No. 76-140 of 23 October 1976, regulating poisonous substances does not discuss dual use research. [4] There is no relevant information on the Ministry of Defence,
Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [5, 6, 7] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [8] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [9] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [10] The website for the Ministry of Higher Education and Scientific Research for Algeria mentions a Teaching and Monitoring and Evaluation Department, but does not include any details on the department's activities. [11] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [12, 13]

1.5.1c

Is there an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence indicating that Algeria has an agency responsible for oversight of research with especially dangerous pathogens, toxins, pathogens with pandemic potential and/or other dual-use research. Algeria has in place some laws that address biotechnology, biosafety, and biosecurity issues, but they do not discuss oversight of research. Algeria’s Executive Decree No. 07-338 of 31 October 2007 established the Constantine Biotechnology Research Center (CRBT), Algeria’s only government biotechnology research, under the Ministry of Higher Education and Scientific Research, but does not mention dual use research nor assign the CRBT any oversight responsibility. [1] An earlier law, Decree no. 76-141 of 23 October 1976 regulating the exercise of the laboratory of medical analyses also does not address dual use research. [2] There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [4,5,6] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [7] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [8] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [9] The website for the Ministry of Higher Education and Scientific Research for Algeria mentions a Teaching and Monitoring and Evaluation Department, but does not include any details on the department’s activities. [10] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [11, 12]


1.5.2 Screening guidance for providers of genetic material

1.5.2a Is there legislation and/or regulation requiring the screening of synthesized DNA (deoxyribonucleic acid) against lists of known pathogens and toxins before it is sold?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a national legislation, regulation, policy, or other guidance, requiring the screening of synthesized DNA (deoxyribonucleic acid) before it is sold. There are no laws listed on the VERTIC database that address synthesized DNA. [1] Algeria has in place some laws that address biotechnology issues, but they do not address synthesized DNA. There is no relevant information on the Ministry of Defence, Ministry of Health, Population, and Hospital Reform, or Ministry of Agriculture, Rural Development and Fisheries websites. [2, 3, 4] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [5] Algeria does not have a World Health organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] Algeria is a State Party to the Biological Weapons Convention. State parties report to the United Nations Office at Geneva (UNOG) every year for the "Confidence Building Measure Return" (CBM), which is a reporting mechanism set by the Biological Weapons Convention. The reporting includes data on Biosafety Level (BSL) facilities, their level, location, floor area of the laboratory, types of pathogens stored and processed, the organizational structure of the facilities, etc. Algeria has submitted a CBM report for the last five years, with the exception of 2017, although the reports are not publicly available. [7] The Ministry of Higher Education and Scientific Research website does not address this issue. [8] The Thematic Agency of Research in Health Sciences as well as the Thematic Agency of Research in Biotechnology & Agri-Food Sciences (affiliates of the Ministry of Higher Education and Scientific Research) websites do not address this issue. [9, 10]

1.6 IMMUNIZATION

1.6.1 Vaccination rates

1.6.1a

Immunization rate (measles/MCV2)
Immunization rate (measles/MCV2), 95% or greater = 2, 80-94.9% = 1, Less than 80%, or no data = 0

Current Year Score: 0

2019

World Health Organization

1.6.1b

Are official foot-and-mouth disease (FMD) vaccination figures for livestock publicly available through the OIE database?
Yes = 1, No = 0

Current Year Score: 1

2020

OIE WAHIS database
Category 2: Early detection and reporting for epidemics of potential international concern

2.1 LABORATORY SYSTEMS STRENGTH AND QUALITY

2.1.1 Laboratory testing for detection of priority diseases

2.1.1a Does the national laboratory system have the capacity to conduct diagnostic tests for at least 5 of the 10 WHO-defined core tests?

Evidence they can conduct 5 of the 10 core tests and these tests are named = 2, Evidence they can conduct 5 of the 10 core tests and the tests are not named = 1, No evidence they can conduct 5 of the 10 core tests = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria's national laboratory system has the capacity to conduct diagnostic tests for at least 5 of the 10 World Health Organization (WHO)-defined core tests.

The Pasteur Institute of Algeria (IPA) website lists departments and laboratories including the Department of Bacteriology, Department of Microbiology and Veterinary Pathology, Department of Parasitology, and Department of Virology as well as a number of reference centres. The IPA Activity Report of 2015 confirms that IPA labs are capable of conducting PCR for influenza, virus culture for poliovirus (polio), serology for typhoid Salmonella, and serology for HIV. [1]

The National Tuberculosis Reference Center has the ability to "diagnose mycobacterial infection by microscopic examination and culture." [2] There is a World Health Organization (WHO) Reference Centre for Influenza, but it does not mention polymerase chain reaction (PCR) testing for Influenza virus (flu). [3] The HIV and Retrovirus Laboratory provides screening and confirmation of HIV infection, but it does not mention serology specifically. [4]

There are the National Reference Laboratory for Antibiotic Resistance Mechanisms and National Reference Laboratory for Anaerobic Bacteria and Botulism, but neither page describes bacterial culture for Salmonella enteritidis or serotype for Typhi. [5,6] There is a National Reference Centre for Toxoplasmosis and Parasitic Biology, but there is no mention of rapid diagnostic testing for plasmodium spp. (malaria). [7]

There is no WHO Joint External Evaluation of IHR Core Capacities for Algeria. [8]

The Ministry of Health, Population and Hospital Reform website does not discuss address this issue. [9]

Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [10,11]

The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [12] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [13,14]

2.1.1b

Is there a national plan, strategy or similar document for conducting testing during a public health emergency, which includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing?

Yes, there is evidence of a plan, and it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 2
Yes, there is evidence of a plan, but there is insufficient evidence that it includes considerations for testing for novel pathogens, scaling capacity, and defining goals for testing = 1
No evidence of a plan = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a national plan, strategy or similar document for conducting testing during a public health emergency including for Covid-19.

In light of COVID19, private laboratories were authorized by the Algerian government to conduct PCR testing; however, there is no reference to a national plan or strategy. [1] The Ministry of Health has also circulated instructions on COVID19 testing depending on the case, including how long to test after symptoms appear, and testing those in contact with confirmed cases. The instructions assign the role of monitoring patients to public and specialized hospitals. [2]

address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [8, 9]


2.1.2 Laboratory quality systems

2.1.2a

Is there a national laboratory that serves as a reference facility which is accredited (e.g., International Organization for Standardization [ISO] 15189:2003, U.S. Clinical Laboratory Improvement Amendments [CLIA])?

Yes = 1 , No = 0

Current Year Score: 1

There is evidence indicating that some of Algeria’s national laboratories are accredited reference facilities. The Algerian Accreditation Body (ALGERAC) provides accreditation for medical laboratories but the website does not provide a list of accredited bodies. [1] There is evidence indicating that some of Algeria’s National Reference Laboratories at the Pasteur Institute of Algeria (IPA) are accredited. The Pasteur Institute of Algeria (IPA) 2015 Activity Report describes the Influenza and other Respiratory Viruses Laboratory as accredited by ALGERAC under ISO 17025, and the EnteroVirus Laboratory and National Reference Laboratory for measles as accredited by the World Health Organisation (WHO). It also outlines plans for the Food Bacteriology Unit to be accredited under ISO 17025, for the HIV and Retrovirus laboratory to be accredited under ISO 15189, and for the Salmonella Laboratory to be accredited as well. [2] None of the IPA National Reference Centres webpages discuss accreditation. [3] There is no World Health Organisation (WHO) Joint External Evaluation of IHR Core Capacities for Algeria. [4] The Ministry of Health, Population and Hospital Reform website does not discuss address this issue. [5] The Ministry of Agriculture, Rural Development and Fisheries website does not address this issue. [6] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [7,8] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [9,10]

2.1.2b

Is there a national laboratory that serves as a reference facility which is subject to external quality assurance review?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence as to whether Algeria's national laboratory that serves as a reference facility subject to external quality assurance review. The Pasteur Institute of Algeria (IPA) 2015 Activity Report outlines that the HIV and Retrovirus Laboratory and the Measles, Mumps and Rubella Virus Laboratory annually participate in EQAs by the World Health Organization (WHO). The Arbovirus and Emerging Viruses Laboratory also undergoes EQA and the Bacterial Vaccine Laboratory undergoes an external assessment by the IPA Quality Control Laboratory which issues certificates of conformity.

2.2 LABORATORY SUPPLY CHAINS

2.2.1 Specimen referral and transport system

2.2.1a Is there a nationwide specimen transport system?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available information indicating that Algeria has a nationwide specimen transport system. The Pasteur Institute of Algeria website, the Ministry of Health, Population and Hospital Reform website, and the Ministry of Agriculture, Rural Development and Fisheries website do not mention a specimen transport system. [1,2,3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [4] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [5,6] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [7] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [8,9]

2.2.2 Laboratory cooperation and coordination

2.2.2a
Is there a plan in place to rapidly authorize or license laboratories to supplement the capacity of the national public health laboratory system to scale-up testing during an outbreak?
Yes = 2 , Yes, but there is evidence of gaps in implementation = 1 , No = 0
Current Year Score: 0

There is insufficient publicly available evidence that Algeria has a national plan for rapidly authorizing or licensing laboratories to supplement the capacity of the national public health laboratory system during an outbreak. In light of COVID19, private laboratories were authorized by the Algerian government to conduct Polymerase Chain Reaction (PCR) testing; however, there is no reference to a national plan or strategy. [1] The Ministry of Health, Population and Hospital Reform website does not discuss such a strategy. [2] The Ministry of Agriculture, Rural Development and Fisheries website does not address this issue. [3] The Pasteur Institute of Algeria (IPA) website does not address this issue. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] The National Laboratory for the Control of Pharmaceuticals (LNCP), a subsidiary of the Ministry of Health, website does not discuss this issue. [6] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [7, 8]


2.3 REAL-TIME SURVEILLANCE AND REPORTING

2.3.1 Indicator and event-based surveillance and reporting systems

2.3.1a
Is there evidence that the country is conducting ongoing event-based surveillance and analysis for infectious disease?
Yes, there is evidence of ongoing event-based surveillance and evidence that the data is being analyzed on a daily basis = 2, Yes, there is evidence of ongoing event-based surveillance, but no evidence that the data are being analyzed on a daily basis = 1, No = 0
Current Year Score: 1
There is publicly available evidence that Algeria is conducting ongoing event-based surveillance and analysis for infectious disease, however no evidence that this is being analysed on a daily basis.

According to the World Health Organization (WHO), as of the end of 2016, Algeria, had established a functioning event-based system that is able to detect, monitor and consistently report and analyse virological data. [1] Algeria has established a digital alert system for public and private institutions to report certain diseases. The frequency of data collection varies according to the level of the epidemiological situation (during or outside of an epidemic) and according to the particularity of the pathology. [2]


Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [7, 8]

The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [9] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [10,11]

2.3.1b
Is there publicly available evidence that the country reported a potential public health emergency of international concern (PHEIC) to the WHO within the last two years?

Yes = 1, No = 0

Current Year Score: 1

There is evidence that Algeria reported a potential public health emergency of international concern (PHEIC) to the World Health Organization (WHO) within the last two years. In August 2018, the Algerian Ministry of Health reported an outbreak of cholera to the WHO "in northern parts of the country, in and around the capital province Algiers". [1] Algeria notified the WHO of its first COVID-19 case on 25 February 2020; however, the WHO had already declared COVID-19 as a (PHEIC) on 30 January 2020. [2]


2.3.2 Interoperable, interconnected, electronic real-time reporting systems

2.3.2a
Does the government operate an electronic reporting surveillance system at both the national and the sub-national level?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria operates an electronic reporting surveillance system at both the national and sub-national level. There is evidence that an electronic reporting surveillance system exists within the Ministry of Health, Population and Hospital Reform; however there are no details on whether it operates at a national or sub-national level. [1] There is no further mention of such a system on the Ministry of Health, Population and Hospital Reform website or on the Pasteur Institute of Algeria (IPA) [2, 3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [4] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [5, 6] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [7] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [8, 9]

2.3.2b

Does the electronic reporting surveillance system collect ongoing or real-time laboratory data?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Algeria operates an electronic reporting surveillance system at both the national and sub-national level or whether or not it collects laboratory data in real time. There is evidence that an electronic reporting surveillance system exists within the Ministry of Health, Population and Hospital Reform; however there are no details on whether it operates at a national or sub-national level. [1] There is no further mention of such a system on the Ministry of Health, Population and Hospital Reform website or on the Pasteur Institute of Algeria (IPA) [2, 3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [4] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [5, 6] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [7] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [8, 9]

2.4 SURVEILLANCE DATA ACCESSIBILITY AND TRANSPARENCY

2.4.1 Coverage and use of electronic health records

2.4.1a Are electronic health records commonly in use?
Electronic health records are commonly in use = 2, Electronic health records are not commonly in use, but there is evidence they are used = 1, No evidence electronic health records are in use = 0

Current Year Score: 1

There is publicly available evidence that electronic health records in use in Algeria, but they are not yet commonly in use. In 2012, the city of Oran in Algeria was chosen to pilot the launch of Electronic Health Records (EHRs) [1]. Hospitals across Algeria started implementing an EHR system in 2018 but the digitization of the health sector is still being consolidated, indicating that EHRs remain uncommon. [2, 3] There is no mention of electronic health records on the Pasteur Institute of Algeria (IPA) website. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5]


2.4.1b Does the national public health system have access to electronic health records of individuals in their country?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria’s national public health system have access to electronic health records of individuals in their country because there is insufficient evidence electronic health records are in use. However, the Ministry of Health, Population and Hospital Reform recently launched a digitization program for the health sector which would enable access to electronic health records for patients and medical practitioners, although this remains under construction. [1] There is no mention of electronic health records on the Pasteur Institute of Algeria (IPA) website. [2] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [3]

2.4.1c
Are there data standards to ensure data is comparable (e.g., ISO standards)?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has data standards to ensure data is comparable (including ISO standards). The Algerian Institute for Standardization’s (IANOR) website does list health sector standards but these do not include data standardization. [1] There is no mention of data comparability on the Ministry of Health, Population and Hospital Reform or the Pasteur Institute of Algeria (IPA) website. [2, 3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [4]


2.4.2 Data integration between human, animal, and environmental health sectors

2.4.2a
Is there evidence of established mechanisms at the relevant ministries responsible for animal, human, and wildlife surveillance to share data (e.g., through mosquito surveillance, brucellosis surveillance)?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has an established mechanisms at the relevant ministries responsible for animal, human and wildlife surveillance to share data (such as through mosquito surveillance, brucellosis surveillance, etc).

Algeria does have a standing intersectoral National Medical Committee for the Fight against Zoonoses that functions and shares data across ministries. The Committee is chaired by the Minister of Agriculture. [1, 2] However, there is no evidence for the existence of similar Committees or other data sharing mechanisms for other diseases.

There is no mention of such a mechanism on the Ministry of Health, Population and Hospital Reform website, the Ministry of Agriculture, Rural Development and Fisheries website, or the Pasteur Institute of Algeria (IPA) website. [3, 4, 5]

There is no website for the Ministry of Environment. Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [7, 8]
2.4.3 Transparency of surveillance data

2.4.3a

Does the country make de-identified health surveillance data on infectious diseases publicly available via reports (or other format) on government websites (such as the Ministry of Health, Ministry of Agriculture, or similar)?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence that Algeria makes de-identified health surveillance data on disease outbreaks publicly available.

Algeria has made de-identified COVID-19 surveillance data publicly available. The Ministry of Health, Population and Hospital Reform (MSPRH) publishes daily reports on the COVID19 situation, which include the daily case count, mortality rate, and a list of laboratories that analyze test samples for COVID19. [1] The Algerian National Institute of Public Health, an entity under the MSPRH, also publishes daily COVID-19 reports which include geographic and mortality data analysis and the latest government measures. [2]

However, aside from COVID-19 data, there is no mention of de-identified health surveillance data on the Ministry of Health, Population and Hospital Reform, Ministry of Agriculture, Rural Development and Fisheries or Pasteur Institute of Algeria (IPA) websites. [3, 4, 5]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6] Algeria does not have a completed World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [7, 8]

The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [9] The Ministry of Higher Education and Scientific Research website does not address this issue and its
affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [10, 11]


2.4.3b
Does the country make de-identified COVID-19 surveillance data (including details such as daily case count, mortality rate, etc) available via daily reports (or other formats) on government websites (such as the Ministry of Health, or similar)?
Yes = 1 , No = 0

Current Year Score: 1

There is evidence that Algeria makes de-identified COVID-19 surveillance data publicly available. The Ministry of Health, Population and Hospital Reform publishes daily reports on the COVID19 situation, which include the daily case count, mortality rate, and a list of laboratories that analyze test samples for COVID19. [1] Moreover, the Algerian National Institute of Public Health, an entity under the MSPRH, also publishes daily Covid-19 reports which include geographic and mortality data analysis and the latest government measures. [2] There is no further information on the Ministry of Agriculture, Rural Development and Fisheries or Pasteur Institute of Algeria (IPA) websites. [3, 4] The World Health Organization (WHO) has published daily reports on the COVID19 situation in Algeria, based on official information published by the Ministry of Health, Population and Hospital Reform. [5]

2.4.4 Ethical considerations during surveillance

2.4.4a
Is there legislation and/or regulations that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities?
Yes = 1, No = 0

Current Year Score: 1

There is publicly available evidence that Algeria has laws, regulations, or guidelines that safeguard the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities.

In 2018, Algeria implemented a legal framework (Law No. 18-07) for the protection of personal data, which includes health data protection. Article 3 defines personal data as "any information, whatever its medium, concerning a person identified or identifiable in a direct or indirect manner, in particular by reference to an identification number or to one or more specific elements of his physical, physiological or genetic identity, biometric, psychic, economic, cultural or social". Article 5 describes that "the automated processing of personal data for the purpose of research or studies in the field of health as well as the evaluation or analysis of practices or activities of care or prevention are subject to this law." [1]

There are no other laws listed on the Verification Research Training and Information Centre (VERTIC) database, Algeria profile. [2] There is no mention of such a law or regulation on the Ministry of Health, Population and Hospital Reform or the Pasteur Institute of Algeria (IPA) website. These websites also do not include any online templates or forms for the submission of surveillance by medical personnel. [3, 4]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] The website of Gide Loyrette Nouel, a major international law firm practising in Algeria with a variety of expertise including public sector law, does not comment on this issue. [6] The website of Dentons, another major international law firm practising in Algeria with an expertise in government regulation, does not address this issue. [7]

The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [8] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [9, 10]

2.4.4b

Is there legislation and/or regulations safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities, include mention of protections from cyber attacks (e.g., ransomware)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has laws, regulations, or guidelines safeguarding the confidentiality of identifiable health information for individuals, such as that generated through health surveillance activities. Article 38 of Law 18-07, which is applicable to health data, cites that “the controller must implement the appropriate technical and organizational measures to protect personal data against accidental or unlawful destruction, accidental loss, alteration, unauthorized dissemination or access, [...] as well as against any other form of unlawful processing”. While the law does not directly address cyberattacks, Article 69 dictates jail time and a fine for any participant in fraudulent activities related to personal data. [1] There are no other related laws listed on the Verification Research Training and Information Centre (VERTIC) database, Algeria profile. [2] There is no mention of such a law or regulation on the Ministry of Health, Population and Hospital Reform or the Pasteur Institute of Algeria (IPA) website. These websites also do not include any online templates or forms for the submission of surveillance by medical personnel. [3, 4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] The website of Gide Loyrette Nouel, a major international law firm practising in Algeria with a variety of expertise including public sector law, does not comment on this issue. [6] The website of Dentons, another major international law firm practising in Algeria with an expertise in government regulation, does not address this issue. [7] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [8] The Ministry of Higher Education and Scientific Research website does not address this issue and its affiliate, Thematic Agency of Research in Health Sciences website do not address this issue. [9, 10]

2.4.5 International data sharing

2.4.5a

Has the government made a commitment via public statements, legislation and/or a cooperative agreement to share surveillance data during a public health emergency with other countries in the region?

Yes, commitments have been made to share data for more than one disease, Yes, commitments have been made to share data only for one disease = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that the government of Algeria made a commitment via public statements, legislation, and/or a cooperative agreement to share surveillance data with other countries in the region for one or more diseases during a public health emergency.

There is no mention of such a commitment on the Ministry of Health, Population and Hospital Reform website or on the Pasteur Institute of Algeria (IPA) [1, 2] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [3] Algeria does not have a publicly available World Organization for Animal Health (OIE) PVS Evaluation report (as of 26 February 2021) or an OIE PVS Gap Analysis report (as of 20 January 2021). [4, 5]

One 27 August 2018 Radio France Internationale (RFI) Africa, a French Current Affairs radio station, "Algeria: Boufarik hospital at the heart of the fight against the cholera epidemic," notes that the Minister of Health "made a first statement on Sunday saying that it was initially a suspicion that all means were being implemented and that the epidemic would be eradicated in the next three days." However there is no mention of sharing surveillance data. [6] There are no other media or academic articles addressing the topic.


2.5 CASE-BASED INVESTIGATION

2.5.1 Case investigation and contact tracing

2.5.1a
Is there a national system in place to provide support at the sub-national level (e.g. training, metrics standardization and/or financial resources) to conduct contact tracing in the event of a public health emergency?

Yes, there is evidence that the national government supports sub-national systems to prepare for future public health emergencies = 2, Yes, there is evidence that the national government supports sub-national systems, but only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is insufficient evidence Algeria has a national plan or agency in place to provide support at the sub-national level to conduct contact tracing in the event of a public health emergency.

The Algerian government however has developed a contact-tracing mobile application in partnership with an Algerian start-up, to expand contact tracing in the event of a quickly-moving, highly contagious pathogen. This app is aimed at building a database of COVID-19 infected and non-infected citizens at the level of the Ministry of Health, using geolocation. [1, 2] There is no evidence of any other resource (e.g. training, metrics standardization and/or financial resources) available at the sub-national level to expand contact tracing. The Ministry of Health, Population and Hospital Reform website does not mention any support structure. [3] The Ministry of Agriculture, Rural Development and Fisheries website does not address this issue. [4] The Pasteur Institute of Algeria (IPA) website does not address this issue. [5] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6]


2.5.1b
Does the country provide wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention?

Yes, both economic support and medical attention are provided = 2, Yes, but only economic support or medical attention is provided = 1, No = 0

Current Year Score: 0
There is insufficient evidence that Algeria provides wraparound services to enable infected people and their contacts to self-isolate or quarantine as recommended, particularly economic support (paycheck, job security) and medical attention.

While there evidence that during the COVID19 crisis, Algeria has provided wraparound services to enable some patients and suspected cases to self-isolate as recommended, it is unclear whether these provisions will continue to apply to other diseases in the future.

In light of COVID19, the Algerian government has issued Executive Decree No. 20-211 of 9 Dhou El Hidja 1551, corresponding to 30 July 2020, providing financial assistance worth 30,000 dinars for a period of 3 months in order to mitigate the effects of the impact of the pandemic on Small & Medium Enterprises and the liberal professions. [1] Financial assistance is provided following a rigorous assessment of the economic damages suffered, to avoid false declarations. [2] In addition, at least 50% of the staff of each institution and public administration were placed on exceptional paid leave. [3, 4] It is illegal to impose unpaid leave without the consent of employees; however, there is no guarantee against the reduction of salary resulting from a change of contract from full-time to part-time.

Moreover, while Algeria has an employment safeguard mechanism through the National Unemployment Insurance Fund, it does not prepare for a wide-scale public health emergency. [5]

There is no evidence of guaranteed pay in case of medically ordered self-isolation. There is also no evidence of medical attention provisions for self-isolated cases and suspected cases.


2.5.1c

Does the country make de-identified data on contact tracing efforts for COVID-19 (including the percentage of new cases from identified contacts) available via daily reports (or other format) on government websites (such as the Ministry of Health, or similar)?

Yes = 1, No = 0

Current Year Score: 0

There is no evidence that Algeria makes de-identified data on contact tracing efforts for COVID-19 publicly available. The Ministry of Health, Population and Hospital Reform (MSPRH) publishes daily reports on the COVID19 situation, which include the daily case count and mortality rate, but do not include the percentage of new cases from identified contacts. [1] The Algerian National Institute of Public Health, an entity under the MSPRH, also publishes daily COVID-19 reports, but does not include information on contact tracing or new cases form identified contacts. [2] There is no further information on the Ministry of Agriculture, Rural Development and Fisheries or Pasteur Institute of Algeria (IPA) websites. [3, 4] The World Health Organization (WHO) has published daily reports on the COVID19 situation in Algeria, based on official information published by the MSPRH, but it does not include data on new cases from identified contacts. [5]


2.5.2 Point of entry management

2.5.2a

Is there a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of a public health emergency?

Yes, plan(s)/agreement(s) are in place to prepare for future public health emergencies = 2, Yes, but plan(s)/agreement(s) are in place only in response to active public health emergencies = 1, No = 0

Current Year Score: 0

There is no evidence of a joint plan or cooperative agreement between the public health system and border control authorities to identify suspected and potential cases in international travelers and trace and quarantine their contacts in the event of an active or future public health emergency. However, in light of COVID19, the People’s Democratic Republic of Algeria closed all land borders and suspended non-cargo international air and maritime travel as of March 17 and suspended domestic flights as of March 22 until further notice. [1] There are designated hotels for repatriated Algerians to do a required 14 days quarantine on arrival in order to prevent further transmission of the virus. [2]
There are no announced plans or agreements for the identification, tracing and quarantine of international travelers once the travel ban is lifted. The Ministry of Health, Population and Hospital Reform website does not mention any plans. [3] The Pasteur Institute of Algeria (IPA) website and its National Laboratories do not address this issue. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] There is no further information on the Air Algeria or Algerian Ministry of Foreign Affairs websites. [6, 7] The Algerian Ministry of Tourism and Ministry of Transport websites do not discuss such a plan or agreement. [8, 9]


2.6 EPIDEMIOLOGY WORKFORCE

2.6.1 Applied epidemiology training program, such as the field epidemiology training program, for public health professionals and veterinarians (e.g., Field Epidemiology Training Program [FETP] and Field Epidemiology Training Program for Veterinarians [FETPV])

2.6.1a
Does the country meet one of the following criteria?
- Applied epidemiology training program (such as FETP) is available in country
- Resources are provided by the government to send citizens to another country to participate in applied epidemiology training programs (such as FETP)

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is no publicly available evidence indicating that Algeria has either applied epidemiology training program (such as FETP) is available in country or sends citizens to another country to participate in applied epidemiology training programs (such as FETP).

The 2015 National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria cites that the post-graduate education system provides capacity building in epidemiology on Page 17. However, there is no mention of FETP or other applied epidemiology training programs. [1]
The Pasteur Institute of Algeria website discusses training for Algerian health professionals inside Algeria as well as at the Pasteur Institute of Paris and other hospitals in France. There is no information on whether this training is available in the field of epidemiology. [2]

The Ministry of Health, Population, and Hospital Reform and the Pasteur Institute of Algeria (IPA) websites do not discuss a FETP program. [3,4]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] Algeria is not a participating member country of the Centre for Disease Control and Prevention (CDC) or Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) programs. [6,7]

Algeria is also not a participating country in the African Field Epidemiology Network (AFENET) or the Eastern Mediterranean Public Health Network (EMPHNET) regional FETP programs. [8,9]


2.6.1b
Are the available field epidemiology training programs explicitly inclusive of animal health professionals or is there a specific animal health field epidemiology training program offered (such as FETPV)?
Yes = 1 , No = 0

Current Year Score: 0

There is no evidence that there is a Field Epidemiology Training Program (FETPV) for animal health professionals or a FETP program of any kind.

The Ministry of Health, Population, and Hospital Reform website does not discuss a FETP program. [1] The Pasteur Institute of Algeria website discusses training for Algerian health professionals inside Algeria as well as at the Pasteur Institute of Paris and other hospitals in France. There is no information on whether this training is available in the field of epidemiology. [2]
The Ministry of Agriculture, Rural Development and Fisheries website does not discuss a FETP or FETPV program. [3]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [4]

Algeria is not a participating member country of the Centre for Disease Control and Prevention (CDC) or Training Programs in Epidemiology and Public Health Interventions Network (TEPHINET) programs. [5,6]

Algeria is also not a participating country in the African Field Epidemiology Network (AFENET) or the Eastern Mediterranean Public Health Network (EMPHNET) regional FETP programs. [7,8]


2.6.2 Epidemiology workforce capacity

2.6.2a

Is there public evidence that the country has at least 1 trained field epidemiologist per 200,000 people?
Yes = 1 , No = 0

Current Year Score: 0

2020

Completed JEE assessments; Economist Impact analyst qualitative assessment based on official national sources, which vary by country
Category 3: Rapid response to and mitigation of the spread of an epidemic

3.1 EMERGENCY PREPAREDNESS AND RESPONSE PLANNING

3.1.1 National public health emergency preparedness and response plan

3.1.1a Does the country have an overarching national public health emergency response plan in place which addresses planning for multiple communicable diseases with epidemic or pandemic potential?

Evidence that there is a plan in place, and the plan is publicly available = 2, Evidence that the plan is in place, but the plan is not publicly available OR, Disease-specific plans are in place, but there is no evidence of an overarching plan = 1, No evidence that such a plan or plans are in place = 0

Current Year Score: 0

There is insufficient evidence to indicate that Algeria has an overarching public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential.

The Ministry of Health’s "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," from 2015 mentions several communicable diseases with pandemic potential but does not provide an overarching plan. The plan instead focuses on identifying gaps in the country’s IHR capacities and recommends the way forward. [1]

There is an Algerian government 2016 Medical-Surgical Emergencies Plan for ORSEC Emergency Situations document, but it does not discuss diseases with pandemic potential specifically. [2]

According to a 14 March 2018 Algerian Press Service article, "the Ministry of Public Health, Health has commissioned an expert group for the development of a national emergency services management guide through which the inspection services can carry out standard control and compliance operations in the services," to take place in April 2018. However, there is no mention of infectious diseases with pandemic potential and there is no publicly available information on the resulting emergency management guide. [3]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [4]

Algeria’s Ministry of Health, Population and Hospital Reform does not mention a public health emergency response plan. [5] The Pasteur Institute of Algeria (IPA) and the National Institute of Public Health (INSP) websites do not address this issue. [6,7]

Algeria is a World Organization for Animal Health (OIE) member, but there are no PVS Evaluation Assessments or PVS Gap Analysis reports. [8,9]

None of Algeria’s health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue, or Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health.
emergencies of international concern. [10,11,12]


3.1.1b
If an overarching plan is in place, has it been updated in the last 3 years?
Yes = 1 , No /no plan in place= 0
Current Year Score: 0

There is no publicly available evidence that Algeria has an overarching public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential or that such a plan has been updated in the last three years.


According to a 14 March 2018 Algerian Press Service article, "the Ministry of Public Health, Health has commissioned an expert group for the development of a national emergency services management guide through which the inspection services can carry out standard control and compliance operations in the services," to take place in April 2018. However, there is no mention of infectious diseases with pandemic potential and there is no publicly available information on the resulting emergency management guide. [3]


The Pasteur Institute of Algeria (IPA) and the National Institute of Public Health (INSP) websites do not address this issue. [6,7] Algeria is a World Organization for Animal Health (OIE) member, but there are no PVS Evaluation Assessments or PVS Gap Analysis reports. [8,9]

None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue, or Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern. [10,11,12]


3.1.1c
If an overarching plan is in place, does it include considerations for pediatric and/or other vulnerable populations?
Yes = 1 , No /no plan in place= 0

Current Year Score: 0

There is insufficient publicly available evidence to indicate that Algeria has an overarching public health emergency response plan in place which addresses planning for multiple communicable diseases with pandemic potential or that it includes considerations for paediatric and other vulnerable populations. The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions only one disease of pandemic potential, H1N1 influenza. [1] An Algerian government 2016 Medical-Surgical Emergencies Plan for ORSEC Emergency Situations document discusses some diseases, but not multiple disease with pandemic potential. [2] According to a 14 March 2018 Algerian Press Service article, "the Ministry of Public Health, Health has commissioned an expert group for the development of a national emergency services management guide through which the inspection services can carry out standard control and compliance operations in the services," to take place in April 2018. However, there is no mention of infectious diseases with pandemic potential and there is no publicly available information on the resulting emergency management guide. [3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [4] Algeria’s Ministry of Health, Population and Hospital Reform does not mention a public health emergency response plan. [5] The Pasteur Institute of Algeria (IPA) and the National Institute of Public Health (INSP) websites do not address this issue. [6,7] Algeria is a World Organization for Animal Health (OIE) member, but there are no PVS Evaluation Assessments or PVS Gap Analysis reports. [8,9] None of Algeria’s health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue, or Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern. [10,11,12]


3.1.1d

Does the country have a publicly available plan in place specifically for pandemic influenza preparedness that has been updated since 2009?
Yes = 1, No = 0

Current Year Score: 0

2020

WHO Strategic Partnership for IHR and Health Security (SPH)

3.1.2 Private sector involvement in response planning

3.1.2a

Does the country have a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has a specific mechanism(s) for engaging with the private sector to assist with outbreak emergency preparedness and response. Algeria's Ministry of Health, Population and Hospital Reform does not discuss this issue. [1] The Pasteur Institute of Algeria (IPA) and the National Institute of Public Health (INSP) websites do not address this issue. [2, 3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [4] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [5] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [6] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [7] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [8] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [9] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [10] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [11] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage. [12] None of Algeria's health related laws address this issue, including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on universal healthcare coverage.
the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern. [5,6,7] The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions the private sector, but does not elaborate on the details of engagement with the private sector. [8]


3.1.3 Non-pharmaceutical interventions planning

3.1.3a

Does the country have a policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic?

Yes, a policy, plan and/or guidelines are in place for more than one disease = 2, Yes, but the policy, plan and/or guidelines exist only for one disease = 1, No = 0

Current Year Score: 1

Algeria has a national response plan for COVID19 which discusses NPIs; however, there is no other policy, plan and/or guidelines in place to implement non-pharmaceutical interventions (NPIs) during an epidemic or pandemic beyond covid-19.

In particular, the Plan for the Preparation and Response to the Threat of COVID19 discusses steps to limit disease transmission such as social distancing, self-isolation, and expanded cleaning and sanitization of institutions. The plan does not mention that it may be used for other diseases nor does it outline criteria for when NPIs are implemented. [1] Moreover, Algeria has a National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health


3.2 EXERCISING RESPONSE PLANS

3.2.1 Activating response plans

3.2.1a

Does the country meet one of the following criteria?
- Is there evidence that the country has activated their national emergency response plan for an infectious disease outbreak in the past year?
- Is there evidence that the country has completed a national-level biological threat-focused exercise (either with the World Health Organization (WHO) or separately) in the past year?

Needs to meet at least one of the criteria to be scored a 1 on this measure: Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence to indicate that Algeria has put in place and activated a response plan for Covid-19 titled "Plan de preparation et de riposte a la menace de l’infection coronavirus Covid-19" but there is no evidence that it has completed a national-level biological threat-focused exercise (either with the World Health Organization (WHO) or separately). [1]

The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions only one disease of pandemic potential, H1N1 Influenza. [2] There is an Algerian government 2016 Medical-Surgical Emergencies Plan for ORSEC Emergency Situations document, but it does not discuss diseases with pandemic potential specifically. [3] According to a 14 March 2018 Algerian Press Service article, "the Ministry of Public Health, Health has commissioned an expert group for the development of a national emergency services management guide through which the inspection services can carry out standard control and compliance operations in the services," to take place in April 2018. However, there is no mention of infectious diseases with pandemic potential and there is no publicly available information on the resulting emergency management guide. [4] The Ministry of Health, Population and Hospital Reform or the Ministry of Agriculture, Rural Development and Fisheries websites do not address this issue. [5,6] The Pasteur Institute of Algeria (IPA) and the National Institute of Public Health (INSP) websites do not address this issue. [7,8] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core
Is there evidence that the country in the past year has identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities?

Yes, the country has developed and published a plan to improve response capacity = 2, Yes, the country has developed a plan to improve response capacity, but has not published the plan = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has in the past year identified a list of gaps and best practices in response (either through an infectious disease response or a biological-threat focused exercise) and developed a plan to improve response capabilities. The Ministry of Health, Population and Hospital Reform or the Ministry of Agriculture, Rural Development and Fisheries websites do not address this issue. [1,2] The Pasteur Institute of Algeria website does not address this issue. [3] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [4] Algeria has not conducted a WHO Simulation Exercise, nor is one planned. [5] Algeria has not conducted a WHO After Action Review, nor is one planned. [6] There is no further information on the WHO Algeria Country Website. [7,8]
3.2.2 Private sector engagement in exercises

3.2.2a

Is there evidence that the country in the past year has undergone a national-level biological threat-focused exercise that has included private sector representatives?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence to indicate that Algeria has undergone a national-level biological threat-focused exercise that has included private sector representatives. The Ministry of Health, Population and Hospital Reform or the Ministry of Agriculture, Rural Development and Fisheries websites do not address this issue. [1,2] The Pasteur Institute of Algeria and Algerian National Institute of Public Health websites do not address this issue. [3, 4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5] Algeria has not conducted a WHO Simulation Exercise, nor is one planned. [6] Algeria has not conducted a WHO After Action Review, nor is one planned. [7] There is no further information on the WHO Algeria Country Website. [8]


3.3 EMERGENCY RESPONSE OPERATION

3.3.1 Emergency response operation

3.3.1a

Does the country have in place an Emergency Operations Center (EOC)?
Yes = 1, No = 0

Current Year Score: 1

There is evidence that Algeria has an Emergency Operations Centre (EOC). The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions that a "multi-sectoral operational centre to respond to events and other public health emergencies of international concern," was created in 2014. [1] The Ministry of Health, Population and Hospital Reform does not discuss this issue further. [2] The Pasteur Institute of Algeria and Algerian National Institute of Public Health websites do not address this issue. [3, 4]


3.3.1b

Is the Emergency Operations Center (EOC) required to conduct a drill for a public health emergency scenario at least once per year or is there evidence that they conduct a drill at least once per year?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria’s Emergency Operations Centre (EOC) is required to conduct a drill for a public health emergency scenario. There is evidence that Algeria has an Emergency Operations Centre (EOC). The 2015 Ministry of Health “National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions that a "multi-sectoral operational centre to respond to events and other public health emergencies of international concern," was created in 2014 but there is no further evidence available. [1] The Ministry of Health, Population and Hospital Reform does not discuss this issue further. [2] The Pasteur Institute of Algeria and Algerian National Institute of Public Health websites do not address this issue. [3, 4]

**3.3.1c**

Is there public evidence to show that the Emergency Operations Center (EOC) has conducted within the last year a coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria's Emergency Operations Centre (EOC) or that such a center has conducted any coordinated emergency response or emergency response exercise activated within 120 minutes of the identification of the public health emergency/scenario. There is evidence that Algeria has an Emergency Operations Centre (EOC). The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions that a "multi-sectoral operational centre to respond to events and other public health emergencies of international concern," was created in 2014 but there is no further evidence available. [1] The Ministry of Health, Population and Hospital Reform does not discuss this issue further. [2] The Pasteur Institute of Algeria and Algerian National Institute of Public Health websites do not address this issue. [3, 4]


### 3.4 LINKING PUBLIC HEALTH AND SECURITY AUTHORITIES

**3.4.1 Public health and security authorities are linked for rapid response during a biological event**

**3.4.1a**

Does the country meet one of the following criteria?

- Is there public evidence that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e., bioterrorism attack)?
- Are there publicly available standard operating procedures, guidelines, memorandums of understanding (MOUs), or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e., bioterrorism attack)?

Needs to meet at least one of the criteria to be scored a 1 on this measure., Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient publicly available evidence to indicate that public health and national security authorities have carried out an exercise to respond to a potential deliberate biological event (i.e. bioterrorism attack) or standard operating procedures, guidelines, MOUs or other agreements between the public health and security authorities to respond to a potential deliberate biological event (i.e. bioterrorism attack). The Ministry of Health, Population and Hospital Reform website does not discuss this issue. [1] The Pasteur Institute of Algeria (IPA) website does not discuss this issue. [2] None of

3.5 RISK COMMUNICATIONS

3.5.1 Public communication

3.5.1b

Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) outline how messages will reach populations and sectors with different communications needs (eg different languages, location within the country, media reach)?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a risk communication plan, strategy (or other legislation, regulation or strategy document used to guide national public health response) that outlines how messages will reach populations and sectors with different communications needs (e.g. different languages, location within country, media reach, etc. Such a strategy is not discussed on the Ministry of Health, Population and Hospital Reform website or the Pasteur Institute of Algeria (IPA) website.


[4,5,6] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities.

3.5.1 Risk communication planning

3.5.1a

Does the country have in place, either in the national public health emergency response plan or in other legislation, regulation, or strategy documents, a section detailing a risk communication plan that is specifically intended for use during a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has in place a national public health emergency response plan or in other legislation, regulation or strategy documents, which includes a section detailing a risk communication plan that is specifically intended for use during a public health emergency.


3.5.1c
Does the risk communication plan (or other legislation, regulation or strategy document used to guide national public health response) designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has in place a legislation, regulation or strategy documents, that designate a specific position within the government to serve as the primary spokesperson to the public during a public health emergency.

The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," mentions that a "multi-sectoral operational centre to respond to events and other public health emergencies of international concern," was created in 2014. [1] However, there are no sources corroborating the existence of an emergency operations centre. The Ministry of Health, Population and Hospital Reform website does not discuss this issue. [2] The Pasteur Institute of Algeria (IPA) does not discuss this issue. [3] None of Algeria's health related laws address this issue including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue, or Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern. [4,5,6] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [7]


3.5.2 Public communication

3.5.2a
In the past year, is there evidence that the public health system has actively shared messages via online media platforms (e.g. social media, website) to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation?

Public health system regularly shares information on health concerns = 2, Public health system shares information only during active emergencies, but does not regularly utilize online media platforms = 1, Public health system does not regularly utilize online media platforms, either during emergencies or otherwise = 0

Current Year Score: 1

There is publicly available evidence that Algeria’s government has actively shared messages via online media platform to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation during active emergencies. The Facebook page of the Ministry of Health, Population and Hospital Reform has provided daily updates and advice throughout the COVID19 epidemic. [1] The Ministry of Health website also publishes regular information on the epidemic. [2] Moreover, the Algerian government has criminalized fake news, which is described as easy to spread due to a lack of access to institutional information. [3, 4] The Pasteur Institute of Algeria (IPA) website does not address this issue. [5] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6] There is no evidence of information sharing beyond public health emergencies.


3.5.2b
Is there evidence that senior leaders (president or ministers) have shared misinformation or disinformation on infectious diseases in the past two years?

No = 1, Yes = 0

Current Year Score: 1

There is no evidence that senior leaders have shared misinformation or disinformation on infectious diseases in the past two years in Algeria. The Ministry of Health, Population and Hospital Reform has actively shared messages via online media platform to inform the public about ongoing public health concerns and/or dispel rumors, misinformation or disinformation during active emergencies. The Facebook page of the Ministry of Health has provided daily updates and advice throughout the COVID19 epidemic. [1] The Ministry of Health website also publishes regular information on the epidemic. [2] Moreover, the Algerian government has criminalized fake news, which is described as easy to spread due to a lack of access to institutional information. [3, 4] The Pasteur Institute of Algeria (IPA) website does not address this issue. [5] Algeria does not
have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6] There are no news reports or articles describing any government leader as having engaged in misinformation or disinformation.


3.6 ACCESS TO COMMUNICATIONS INFRASTRUCTURE

3.6.1 Internet users

3.6.1a
Percentage of households with Internet
Input number

Current Year Score: 59.58

2019
International Telecommunication Union (ITU)

3.6.2 Mobile subscribers

3.6.2a
Mobile-cellular telephone subscriptions per 100 inhabitants
Input number

Current Year Score: 109.36

2019
International Telecommunication Union (ITU)

3.6.3 Female access to a mobile phone

3.6.3a
Percentage point gap between males and females whose home has access to a mobile phone
Input number
3.6.4 Female access to the Internet

3.6.4a
Percentage point gap between males and females whose home has access to the Internet

Current Year Score: 7.0

2019
Gallup; Economist Impact calculation

3.7 TRADE AND TRAVEL RESTRICTIONS

3.7.1 Trade restrictions

3.7.1a
In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of medical goods (e.g. medicines, oxygen, medical supplies, PPE) due to an infectious disease outbreak?

Yes = 0 , No = 1

Current Year Score: 0

Algeria has issued restrictions without international/bilateral support on the export/import of medical goods due to an infectious disease outbreak.

Algeria has issued restrictions on the export of medical masks due to the COVID19 Crisis, with no proof of international/bilateral support. [1]

According to the World Organisation for Animal Health (OIE), WAHIS, Weekly Disease Information database, Algeria also reported a foot and mouth disease outbreak and follow-up reports throughout 2017 and 2018, with the most recent update on 7 March 2019. [2,3] However, there is no mention of any import/ export restrictions or restrictions of movement due to the Foot and Mouth Disease outbreak (or any other infectious disease) on the Ministry of Foreign Affairs, the Ministry of Health, Population and Hospital Reform, or the Ministry of Agriculture, Rural Development and Fisheries websites. [1,2,3,4] There are no relevant media or academic articles on the subject.

In the past year, has the country issued a restriction, without international/bilateral support, on the export/import of non-medical goods (e.g. food, textiles, etc) due to an infectious disease outbreak?
Yes = 0 , No = 1

Current Year Score: 0

Algeria has issued restrictions without international/bilateral support on the export/import of non-medical goods due to an infectious disease outbreak. Algeria has issued restrictions on the export of certain foods (namely wheat flour and barley, pasta, soy sauce, sugar, and garlic) as well as liquid gel and soap due to the COVID-19 Crisis. [1] There is also some evidence that Algeria has in the last year issued a restriction on movement of animals internally, but not externally. According to the World Organisation for Animal Health (OIE), WAHIS, Weekly Disease Information database, Algeria reported a foot and mouth disease outbreak and follow-up reports throughout 2017 and 2018, with the most recent update on 7 March 2019. [2,3] However, there is no mention of any import/export restrictions or restrictions of movement due to the Foot and Mouth Disease outbreak (or any other infectious disease) on the Ministry of Foreign Affairs, the Ministry of Health, Population and Hospital Reform, or the Ministry of Agriculture, Rural Development and Fisheries websites. [4,5,6] There are no relevant media or academic articles on the subject.


3.7.2 Travel restrictions

3.7.2a
In the past year, has the country implemented a ban, without international/bilateral support, on travelers arriving from a specific country or countries due to an infectious disease outbreak?
Yes = 0 , No = 1
Algeria has implemented a travel ban in the past year due to an infectious disease outbreak (COVID19); with no proof of international/bilateral support. The People's Democratic Republic of Algeria closed all land borders and suspended non-cargo international air and maritime travel as of March 17 and suspended domestic flights as of March 22 until further notice. [1] The only arrangements available are for Algerians abroad wishing to be repatriated, who must quarantine in designated hotels for 14 days on arrival in order to prevent further transmission of the virus. [2] The ban is currently on all travel from abroad and there are no announced plans on future easing. The Ministry of Health, Population and Hospital Reform website does not mention any plans. [3] The Pasteur Institute of Algeria (IPA) website does not address this issue. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] There is no further information on the Air Algeria or Ministry of Foreign Affairs website. [6, 7]


Category 4: Sufficient and robust health sector to treat the sick and protect health workers

4.1 HEALTH CAPACITY IN CLINICS, HOSPITALS, AND COMMUNITY CARE CENTERS

4.1.1 Available human resources for the broader healthcare system

4.1.1a

Doctors per 100,000 people
Input number

Current Year Score: 171.93
4.1.1b
Nurses and midwives per 100,000 people
Input number
Current Year Score: 154.77
2018

4.1.1c
Does the country have a health workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings?
Yes = 1 , No = 0
Current Year Score: 0

There is insufficient evidence that Algeria has a public workforce strategy in place (which has been updated in the past five years) to identify fields where there is an insufficient workforce and strategies to address these shortcomings. The Minister of Health has mentioned a reform plan following the COVID19 Crisis that are to include the health workforce; however, there are no details of these intended reforms yet. [1] There is no mention of an existing strategy on the Ministry of Health website. [2] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [3] The Ministry of Higher Education and Scientific Research does not address this issue. [4] The Thematic Focus of Research in Nature and Life Science Research Agency of the Ministry of Higher Education and Scientific Research does not address this issue. [5] The Ministry of Labour, Employment and Social Security website does not discuss a public workforce strategy. [6]


4.1.2 Facilities capacity
4.1.2a
Hospital beds per 100,000 people
Input number
Current Year Score: 190

2015
WHO/World Bank; national sources

4.1.2b
Does the country have the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation room/unit located within the country?
Yes = 1, No = 0
Current Year Score: 0

There is insufficient publicly available evidence that Algeria has the capacity to isolate patients with highly communicable diseases in a biocontainment patient care unit and/or patient isolation facility located within the country. In light of COVID19, El Kettar hospital has established a patient isolation unit in order to receive and isolate infectious patients. [1] However, there is no further information on these facilities nor any nation-wide information on the number of hospitals that have isolation units or other type of biocontainment infrastructure. The Ministry of Health, Population and Hospital Reform (MSPRH) requires hospitals to isolate suspected COVID19 cases in its "Plan for the Preparation and Response to the Threat of COVID19", but does not provide a list of facilities that have this capacity. [2] There is no further mention of such capacities on the Ministry of Health, Population and Hospital Reform website. [3] There is no mention of such capacities on the Pasteur Institute of Algeria (IPA) website. [4] A 30 August 2018 article, "Highly infectious diseases in the Mediterranean Sea area: Inventory of isolation capabilities and recommendations for appropriate isolation," notes in Table 2 that no data is available regarding Algeria’s capabilities. [5] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [6]


4.1.2c
Does the country meet one of the following criteria?
- Is there evidence that the country has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years?
Is there evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years?

Yes = 1, No = 0

Current Year Score: 1

There is some evidence that Algeria has demonstrated capacity to expand isolation capacity in response to an infectious disease outbreak in the past two years.

In response to COVID-19, Algeria has opened family centres to welcome citizens incoming from various country to self-isolate throughout the two weeks of prescribed quarantine. A report by the United Nations also mentions social protection mechanisms that enables individuals in isolation to cope with the social and economic consequences of COVID-19. [1] Algeria also increased its hospitals’ capacity to welcome COVID19 patients, which require isolation. [2] However, there is no evidence that the country has developed, updated or tested a plan to expand isolation capacity in response to an infectious disease outbreak in the past two years. The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," does not mention such a plan. [3] The Ministry of Health, Population and Hospital Reform website does not discuss this issue. [4] The Pasteur Institute of Algeria (IPA) website does not discuss this issue. [5] None of Algeria’s health related laws address this issue including: Law no. 85-05 of 16 February 1985 on the protection and promotion of health, Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue, or Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern. [6,7,8] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [9]


4.2 SUPPLY CHAIN FOR HEALTH SYSTEM AND HEALTHCARE WORKERS

4.2.1 Routine health care and laboratory system supply

4.2.1a Is there a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (e.g. equipment, reagents and media) and medical supplies (e.g. equipment, PPE) for routine needs?

Yes for both laboratory and medical supply needs = 2, Yes, but only for one = 1, No = 0

Current Year Score: 0

There is insufficient publicly available information that Algeria has a national procurement protocol in place which can be utilized by the Ministries of Health and Agriculture for the acquisition of laboratory supplies (such as equipment, reagents and media) and medical supplies.

Algeria’s national public procurement law is outlined in Executive Decree No. 15-247 of 2 Dhou El Hidja 1436; however, it does not indicate that it is applicable to laboratory and/or medical supplies. [1] There is no mention of such a protocol on the Ministry of Health, Population and Hospital Reform, the Ministry of Agriculture, Rural Development or Fisheries, or the Pasteur Institute of Algeria websites. [2,3,4] Algeria does not have a World Health Organisation (WHO) Joint External Evaluation of IHR Core Capacities. [5] Algeria does not have a completed World Organisation for Animal Health (OIE) PVS Evaluation report (as of 26 February 2020) or an OIE PVS Gap Analysis report (as of 20 January 2020). [6,7] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [8]


4.2.2 Stockpiling for emergencies

4.2.2a

Does the country have a stockpile of medical supplies (e.g. MCMs, medicines, vaccines, medical equipment, PPE) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria maintains a stockpile of medical supplies (e.g. equipment, PPE) or medical counter measures (MCMs) for national use during a public health emergency.


4.2.2b

Does the country have a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency?

Yes = 2, Yes, but there is limited evidence about what the stockpile contains = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria maintains a stockpile of laboratory supplies (e.g. reagents, media) for national use during a public health emergency. The Pasteur Institute of Algeria does not discuss laboratory equipment in the context of


4.2.2c

Is there evidence that the country conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria conducts or requires an annual review of the national stockpile to ensure the supply is sufficient for a public health emergency.


4.2.3 Manufacturing and procurement for emergencies

4.2.3a

Does the country meet one of the following criteria?

- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

- Is there evidence of a plan/mechanism to procure medical supplies (e.g. MCMs, medicines, vaccines, equipment, PPE) for national use during a public health emergency?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a plan/agreement to leverage domestic manufacturing capacity to produce medical supplies or to procure medical supplies for national use during a public health emergency.


4.2.3b
Does the country meet one of the following criteria?
- Is there evidence of a plan/agreement to leverage domestic manufacturing capacity to produce laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
- Is there evidence of a plan/mechanism to procure laboratory supplies (e.g. reagents, media) for national use during a public health emergency?
Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a plan to leverage domestic manufacturing capacity to produce laboratory supplies or to procure laboratory supplies for national use during a public health emergency. The Pasteur Institute of Algeria and the Ministry of Health, Population and Hospital Reform websites do not discuss laboratory supplies for national use during public health emergencies (e.g. reagents, media). [1, 2] The Ministry of Defence website does not discuss this issue. [3] The Ministry of Foreign Affairs website does not discuss this issue. [4] Algeria does not have a World Health Organisation (WHO) Joint External Evaluation of IHR Core Capacities. [5] The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," does not mention medical countermeasures or manufacturers of MCMS. [6] The National Laboratory for the Control of Pharmaceutical (LNCPP) website does not address this issue. [7]


4.3 MEDICAL COUNTERMEASURES AND PERSONNEL DEPLOYMENT

4.3.1 System for dispensing medical countermeasures (MCM) during a public health emergency

4.3.1a
Does the country have a plan, program, or guidelines in place for dispensing medical countermeasures (MCM) for national use during a public health emergency (i.e., antibiotics, vaccines, therapeutics and diagnostics)?

Yes = 1, No = 0

Current Year Score: 0
There is no publicly available evidence that Algeria has a plan, program, or guidelines in place for dispensing medical countermeasures for national use during a public health emergency (i.e. antibiotics, vaccines, therapeutics and diagnostics). The Pasteur Institute of Algeria website discusses vaccination programs, but not in the context of public health emergencies.

[1] The Ministry of Health, Population and Hospital Reform does not discuss vaccines or medical countermeasures (MCMs).


4.3.2 System for receiving foreign health personnel during a public health emergency

4.3.2a

Is there a public plan in place to receive health personnel from other countries to respond to a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence that Algeria has a public plan in place to receive health personnel from other countries to respond to a public health emergency. The Pasteur Institute of Algeria website discusses training for Algerian health professionals inside Algeria and at other the Pasteur Institute of Paris. However, it does not discuss receiving health professionals from other countries. [1] The Ministry of Health, Population and Hospital Reform website does not discuss a plan to receive health personnel from other countries to respond to a public health emergency issue. [2] The Ministry of Defence and Ministry of Foreign affairs websites does not discuss this issue. [3,4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities. [5] The Ministry of Labour, Employment and Social Security website does not address this issue. [6] The African Union (of which Algeria is a member) adopted on 30 January 2016, a treaty that established the Africa CDC entitled "Statute of the Africa Centres for Disease Control and Prevention (Africa CDC)," which addresses Public Health Emergency of International Concern (PHEIC), but it does not address this particular issue. [7] While the Africa CDC website discusses emergency response and preparedness, but does not address this issue. [8] There is no evidence of such a plan on the webpage for the WHO Regional Office for Africa, of which Algeria is a member. [9] There is no
evidence of other memoranda of understanding, treaties, or membership of regional organisations addressing this issue.


4.4 HEALTHCARE ACCESS

4.4.1 Access to healthcare

4.4.1a
Does the constitution explicitly guarantee citizens’ right to medical care?
Guaranteed free = 4, Guaranteed right = 3, Aspirational or subject to progressive realization = 2, Guaranteed for some groups, not universally = 1, No specific provision = 0

Current Year Score: 1

2020

World Policy Analysis Center

4.4.1b
Access to skilled birth attendants (% of population)

Input number

Current Year Score: 96.6

2013

4.4.1c
Out-of-pocket health expenditures per capita, purchasing power parity (PPP; current international $)
Input number

**Current Year Score: 317.29**

2017
WHO Global Health Expenditure database

4.4.2 Paid medical leave

4.4.2a
Are workers guaranteed paid sick leave?
Paid sick leave = 2, Unpaid sick leave = 1, No sick leave = 0

**Current Year Score: 2**

2020
World Policy Analysis Center

4.4.3 Healthcare worker access to healthcare

4.4.3a
Has the government issued legislation, a policy, or a public statement committing to provide prioritized healthcare services to healthcare workers who become sick as a result of responding to a public health emergency?
Yes = 1 , No = 0

**Current Year Score: 0**

There is insufficient publicly available evidence that the Government of Algeria has issued legislation, a policy or a public statement committing to provide prioritized health care services to healthcare workers who become sick as a result of responding to a public health emergency. There has been no mention of such measures by the Minister of Health in light of the COVID19 crisis. [1] The Ministry of Health, Population and Hospital Reform website does not comment on this issue. [2] The Pasteur Institute of Algeria website does not comment on this issue either. [3] Neither Law no. 85-05 of 16 February 1985 on the protection and promotion of health and Law no. 08-13 of 20 July 2008 amending and supplementing Law No. 85-05 of February 16, 1985 relating to the protection and promotion of health comment on this issue. [4, 5] Order of 6 August 2007 on the establishment, organisation and functioning of a national focal point for the international health regulation in charge of public health emergencies of international concern does not address healthcare workers. [6] The 2015 Ministry of Health "National Plan for the Preparation, Alert and Response to Epidemic Health Threats and Public Health Emergencies of International Concern for Algeria," does not address this issue. [7] The Ministry of Labour, Employment and Social Security website does not address this issue. [8]

4.5 COMMUNICATIONS WITH HEALTHCARE WORKERS DURING A PUBLIC HEALTH EMERGENCY

4.5.1 Communication with healthcare workers

4.5.1a Is there a system in place for public health officials and healthcare workers to communicate during a public health emergency?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available information that Algeria has a system in place for public health officials and healthcare workers to communicate during a public health emergency.

4.5.1b

Does the system for public health officials and healthcare workers to communicate during an emergency encompass healthcare workers in both the public and private sector?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has a system for public health officials and healthcare workers to communicate during an emergency.

4.6 INFECTION CONTROL PRACTICES AND AVAILABILITY OF EQUIPMENT

4.6.1 Healthcare associated infection (HCAI) prevention and control programs

4.6.1a

Is there evidence that the national public health system is monitoring for and tracking the number of healthcare associated infections (HCAI) that take place in healthcare facilities?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria's national public health system is monitoring for and tracking the number of healthcare associated infections that take place in healthcare facilities. The most recent Activity Report by the Pasteur Institute of Algeria (IPA) (2015) does not discuss this issue. [1] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [2] Algeria does not have a national action plan on the WHO Library of national action plans. [3] The Ministry of Health, Population and Hospital Reform website does not discuss healthcare associated infections. [4]

4.7 CAPACITY TO TEST AND APPROVE NEW MEDICAL COUNTERMEASURES

4.7.1 Regulatory process for conducting clinical trials of unregistered interventions

4.7.1a
Is there a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial?
Yes = 1, No = 0

Current Year Score: 1

There is publicly available evidence that Algeria has a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. Article 24 of the Ministry of Health, Population and Hospital Reform's Order No. 387 of July 31, 2006 "relating to clinical trials" cites that "any clinical trial project must be submitted by the sponsor to the prior opinion of the ethics committee." [1] A Ministry of Health, Population and Hospital Reform document "Clinical Practice for Drug Trials," explains that researchers must follow multiple rules in submitting a clinical trial to the ethics committee. The clinical trial must consider the qualifications of the investigator, the adequacy of the protocol of the study, the quality of the written communication for patients, informed consent in the recruitment process, and the compensation and or treatment in case of injury or death, pay for investigators. [2] The Ministry of Health, Population and Hospital Reform website does not discuss a national requirement for ethical review. [3] The Pasteur Institute of Algeria (IPA) website does not include any information on a national requirement for ethical review. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5]


4.7.1b
Is there an expedited process for approving clinical trials for unregistered medical countermeasures (MCM) to treat ongoing epidemics?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient information indicating whether or not Algeria has an expedited process for approving clinical trials for unregistered medical countermeasures to treat ongoing pandemics. There is publicly available evidence that Algeria has a national requirement for ethical review (e.g., from an ethics committee or via Institutional Review Board approval) before beginning a clinical trial. Article 24 of the Ministry of Health, Population and Hospital Reform’s Order No. 387 of July 31, 2006 "relating to clinical trials" cites that “any clinical trial project must be submitted by the sponsor to the prior opinion of the
ethics committee." [1] A Ministry of Health, Population and Hospital Reform document "Clinical Practice for Drug Trials," explains that researchers must follow multiple rules in submitting a clinical trial to the ethics committee. The clinical trial must consider the qualifications of the investigator, the adequacy of the protocol of the study, the quality of the written communication for patients, informed consent in the recruitment process, and the compensation and or treatment in case of injury or death, pay for investigators. [2] The Ministry of Health, Population and Hospital Reform website does not discuss an expedited process for approving clinical trials. [3] The Pasteur Institute of Algeria (IPA) website does not include any information on an expedited process for approving clinical trials. [4] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [5]


4.7.2 Regulatory process for approving medical countermeasures

4.7.2a

Is there a government agency responsible for approving new medical countermeasures (MCM) for humans?

Yes = 1 , No = 0

Current Year Score: 0

There is insufficient evidence of a government agency responsible for approving new medical countermeasures (MCM) for humans in Algeria.

Decree No 92-284 dated of 6 July 1992 relates to the registration of pharmaceutical products for human use and cites that "any request for registration must be sent to the minister responsible for health on a form established for this purpose" along with other instructions. [1]

There is a Center for National Pharmacovigilance, a subsidiary of the Ministry of Health that engages in monitoring and training activities regarding the safety of drugs and medical devices, but does not discuss approval of new medical countermeasures for humans specifically. It is described as a watchdog, designed to: "monitor adverse events during use of drugs of medical devices; to implement any survey or research program in the safety and performance of drugs, vaccines and medical devices; to realize a new drug information system on safety, efficacy, and benefit of new medical products; and to educate physicians in order to improve drug utilization." [2]

The Pasteur Institute of Algeria (IPA) website does not discuss medical countermeasures beyond vaccines. It does not discuss research and development of vaccines or clinical trials. [3] The Ministry of Higher Education and Scientific Research for Algeria website does not address these issues. [4] The National Laboratory for the Control of Pharmaceuticals (LNCP), a subsidiary of the Ministry of Health, website does not discuss this issue. [5]

Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] There are
no relevant media or academic articles on the topic.


4.7.2b

Is there an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies?

Yes = 1, No = 0

Current Year Score: 0

There is insufficient evidence of an expedited process for approving medical countermeasures (MCM) for human use during public health emergencies.

As per Decree No 92-284 dated of 6 July 1992, which relates to the registration of pharmaceutical products for human use, the decision on any approval request will be given within 120 days of submission, and may be extended for another 90 days in exceptional cases; however, there is no mention of an expedited process. [1] There also does not appear to be an expedited process in light of COVID19. [2]

The Pasteur Institute of Algeria (IPA) website does not discuss medical countermeasures beyond vaccines. It does not discuss the research and development of vaccines or clinical trials. [3] The Ministry of Higher Education and Scientific Research for Algeria website does not address these issues. [4] The National Laboratory for the Control of Pharmaceuticals (LNCPP), a subsidiary of the Ministry of Health, website does not discuss this issue. [5] Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [6] There are no relevant media or academic articles on the topic.

Category 5: Commitments to improving national capacity, financing plans to address gaps, and adhering to global norms

5.1 INTERNATIONAL HEALTH REGULATIONS (IHR) REPORTING COMPLIANCE AND DISASTER RISK REDUCTION

5.1.1 Official IHR reporting

5.1.1a
Has the country submitted IHR reports to the WHO for the previous calendar year?
Yes = 1 , No = 0

Current Year Score: 1

2020

World Health Organization

5.1.2 Integration of health into disaster risk reduction

5.1.2a
Are epidemics and pandemics integrated into the national risk reduction strategy or is there a standalone national disaster risk reduction strategy for epidemics and pandemics?
Yes = 1 , No = 0

Current Year Score: 0


5.2 CROSS-BORDER AGREEMENTS ON PUBLIC HEALTH AND ANIMAL HEALTH EMERGENCY RESPONSE

5.2.1 Cross-border agreements

5.2.1a

Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to public health emergencies?

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

Current Year Score: 1

There is evidence that Algeria has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to public health emergencies.

Algeria is a member of the African Union (AU) and the Africa Centre for Disease Control and Prevention (Africa CDC). The Africa CDC, “provides the overall strategic guidance to the secretariat, in accordance with AU policies and procedures.” Amongst its objectives is to “Support Member States in health emergency responses, particularly those which have been declared a public health emergency of international concern (PHEIC).” [1] As a member of the AU, Algeria is party to MOUs with the World Health Organization (WHO), which includes agreements on "strengthening collaboration between the Africa Centers for Disease Control and Prevention (Africa CDC) and WHO, with a particular focus on emergency preparedness, to build AU Member States' defenses against epidemics and other health emergencies." [2] As of 3 July 2017, African heads of state and government tasked the African CDC, African Union Commission (AUC), and the World Health Organization (WHO) with supporting the acceleration of implementing the 2005 International Health Regulations (IHR). [3] The WHO, AUC and Africa CDC have continued such initiatives, including an October 2018 draft action plan creating a "joint task force with five technical working groups will guide the efforts in the areas of partnerships and resource mobilization; monitoring the progress in implementing international health regulations; addressing the African Union Agenda 2063; public health emergency preparedness." [4]

Moreover, Algeria has in the past sent medical help to neighbouring countries during public health emergencies; however, it is unclear whether this is based on an agreement/protocol for public health emergencies. [5] The Ministry of Industry and Mines has published a list of all International Conventions and Agreements signed by Algeria between 1962 and 2015, including health-related agreements; however, there is no mention of any agreements regarding public health emergencies. [6] The Ministry of Health, Population and Hospital Reform website does not discuss any regional or cross-border agreements or memoranda of understanding (MOU). [7] The Pasteur Institute of Algeria (IPA) website also does not discuss this issue. [8] There are no relevant articles on the Food and Agriculture Organization of the United Nations (FAO) website. [9] There is no evidence of academic articles on the topic.
5.2.1b

**Does the country have cross-border agreements, protocols, or MOUs with neighboring countries, or as part of a regional group, with regards to animal health emergencies?**

Yes = 2, Yes, but there is evidence of gaps in implementation = 1, No = 0

**Current Year Score: 0**

There is insufficient evidence that Algeria has cross-border agreements, protocols or MOUs with neighbouring countries, or as part of a regional group, with regards to animal health emergencies.

According to a 2011/2012 Ministry of Agriculture and Rural Development document on the Food and Agriculture Organization of the United Nations (FAO) website, entitled "National Plan for Communication in Animal Health," Algeria is a member of a cross-border agreements with neighbouring countries to address transboundary animal diseases with Morocco, Mauritania, Tunisia, and Libya. [1] However, there are no more recent documents or sources to corroborate this agreement.

While Algeria participates in public health emergency preparedness and response activities through its membership in the African Union (AU), Africa Centres for Disease Control and Prevention (Africa CDC), and World Health Organization (WHO), there is insufficient evidence this extends to animal health emergencies. The Africa CDC, "provides the overall strategic guidance to the secretariat, in accordance with AU policies and procedures." Amongst its objectives is to "Support Member States in health emergency responses, particularly those which have been declared a public health emergency of international concern (PHEIC)." [2] As of 3 July 2017, African heads of state and government tasked the African CDC, African Union Commission (AUC), and the World Health Organization (WHO) with supporting the acceleration of implementing the 2005 International Health Regulations (IHR). [3]

The WHO, AUC and Africa CDC have continued such initiatives, including an October 2018 draft action plan creating a "joint
task force with five technical working groups will guide the efforts in the areas of partnerships and resource mobilization; monitoring the progress in implementing international health regulations; addressing the African Union Agenda 2063; public health emergency preparedness. Moreover, Algeria has in the past sent medical help to neighbouring countries during public health emergencies; however, it is unclear whether this is based on an agreement/protocol for public health emergencies. The Ministry of Industry and Mines has published a list of all International Conventions and Agreements signed by Algeria between 1962 and 2015, which mentions bilateral animal health agreements with several countries; however, there is no mention of animal health emergencies.

The Ministry of Health, Population and Hospital Reform website does not discuss any regional or cross-border agreements or memoranda of understanding (MOU). The Pasteur Institute of Algeria (IPA) website also does not discuss this issue. The Ministry of Agriculture, Rural Development and Fisheries website does not address this issue. While Algeria is a World Organization for Animal Health (OIE) member, there are no PVS Evaluation Assessments or PVS Gap Analysis reports. While Algeria is a member of the World Organization for Animal Health (OIE), there are no relevant articles on the OIE website regarding cross-border agreements with neighbouring countries. There is no evidence of academic articles on the topic.

5.3 INTERNATIONAL COMMITMENTS

5.3.1 Participation in international agreements

5.3.1a
Does the county have signatory and ratification (or same legal effect) status to the Biological Weapons Convention?
Signed and ratified (or action having the same legal effect) = 2, Signed = 1, Non-compliant or not a member = 0

Current Year Score: 2

2021

Biological Weapons Convention

5.3.1b
Has the country submitted confidence building measures for the Biological Weapons Convention in the past three years?
Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1c
Has the state provided the required United Nations Security Council Resolution (UNSCR) 1540 report to the Security Council Committee established pursuant to resolution 1540 (1540 Committee)?
Yes = 1 , No = 0

Current Year Score: 1

2021

Biological Weapons Convention

5.3.1d
Extent of United Nations Security Council Resolution (UNSCR) 1540 implementation related to legal frameworks and enforcement for countering biological weapons:
Very good (60+ points) = 4, Good (45–59 points) = 3, Moderate (30–44 points) = 2, Weak (15–29 points) = 1, Very weak (0–14 points) or no matrix exists/country is not party to the BWC = 0

Current Year Score: 4

2021

Biological Weapons Convention
5.3.2 Voluntary memberships

5.3.2a
Does the country meet at least 2 of the following criteria?
- Membership in Global Health Security Agenda (GHSA)
- Membership in the Alliance for Country Assessments for Global Health Security and IHR Implementation (JEE Alliance)
- Membership in the Global Partnership Against the Spread of Weapons and Materials of Mass Destruction (GP)
- Membership in the Australia Group (AG)
- Membership in the Proliferation Security Initiative (PSI)

Needs to meet at least two of the criteria to be scored a 1 on this measure. Yes for five = 1, Yes for four = 1, Yes for three = 1, Yes for two = 1, Yes for one = 0, No for all = 0

Current Year Score: 0

2021

Global Health Security Agenda; JEE Alliance; Global Partnership; Australia Group; PSI

5.4 JOINT EXTERNAL EVALUATION (JEE) AND PERFORMANCE OF VETERINARY SERVICES PATHWAY (PVS)

5.4.1 Completion and publication of a Joint External Evaluation (JEE) assessment and gap analysis

5.4.1a
Has the country completed a Joint External Evaluation (JEE) or precursor external evaluation (e.g., GHSA pilot external assessment) and published a full public report in the last five years?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.4.1b
Has the country completed and published, within the last five years, either a National Action Plan for Health Security (NAPHS) to address gaps identified through the Joint External Evaluation (JEE) assessment or a national GHSA roadmap that sets milestones for achieving each of the GHSA targets?
Yes = 1, No = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda
5.4.2 Completion and publication of a Performance of Veterinary Services (PVS) assessment and gap analysis

5.4.2a
Has the country completed and published a Performance of Veterinary Services (PVS) assessment in the last five years?
Yes = 1 , No = 0
Current Year Score: 0
2021
OIE PVS assessments

5.4.2b
Has the country completed and published a Performance of Veterinary Services (PVS) gap analysis in the last five years?
Yes = 1 , No = 0
Current Year Score: 0
2021
OIE PVS assessments

5.5 FINANCING

5.5.1 National financing for epidemic preparedness

5.5.1a
Is there evidence that the country has allocated national funds to improve capacity to address epidemic threats within the past three years?
Yes = 1 , No = 0
Current Year Score: 0

There is no publicly available evidence on whether Algeria has allocated national funds to improve capacity to address epidemic threats within the past three years. The Global Health Security Funding Tracker shows that Algeria has invested donor finances to improve domestic capacity to address epidemic threats, primarily geared towards workforce development, zoonotic diseases, immunization, and the national laboratory system. However, it does not show any allocation of national funds. [1] There are no relevant media or academic articles. There is no relevant information of the Ministry of Health, Population and Hospital Reform website. [2] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [3] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website. [4] There is no relevant information on the Ministry of Foreign Affairs website. [5] There is no published national budget with details on health expenditure or national/wilaya health budget. There is no evidence of website for the Prime Minister’s office.

5.5.2 Financing under Joint External Evaluation (JEE) and Performance of Veterinary Services (PVS) reports and gap analyses

5.5.2a
Does the Joint External Evaluation (JEE) report, National Action Plan for Health Security (NAPHS), and/or national GHSA roadmap allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1, No/country has not conducted a JEE = 0

Current Year Score: 0

2021

WHO Strategic Partnership for IHR and Health Security (SPH); Global Health Security Agenda

5.5.2b
Does the Performance of Veterinary Services (PVS) gap analysis and/or PVS assessment allocate or describe specific funding from the national budget (covering a time-period either in the future or within the past five years) to address the identified gaps?
Yes = 1, No/country has not conducted a PVS = 0

Current Year Score: 0

2021

OIE PVS assessments

5.5.3 Financing for emergency response

5.5.3a
Is there a publicly identified special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism, or other pathway identified through a public health or state of emergency act)?
Yes = 1, No = 0

Current Year Score: 0

There is insufficient publicly available evidence that Algeria has a special emergency public financing mechanism and funds which the country can access in the face of a public health emergency (such as through a dedicated national reserve fund, an established agreement with the World Bank pandemic financing facility/other multilateral emergency funding mechanism or other pathway identified through a public health or state of emergency act). Algeria is not eligible for World Bank funding
International Development Association (IDA) support and therefore is not eligible for Pandemic Emergency Financing Facility (PEF).[1,2] There is some evidence of special funding for public health particularly vaccines through United Nations International Children’s Emergency Fund (UNICEF), but not for public health emergencies specifically. The UNICEF Annual Report 2017 for Algeria states, “To strengthen the Government of Algeria’s immunization supply and delivery systems as well as its funding mechanism, UNICEF promoted the Government’s participation in the forum for vaccine procurement practitioners in Copenhagen in October and in a regional consultative review on financing in Jordan in November.”[3] There is no relevant information on the Ministry of Health Population, and Hospital Reform.[4] There are no media or academic articles on the topic.


5.5.4 Accountability for commitments made at the international stage for addressing epidemic threats

5.5.4a

Is there evidence that senior leaders (president or ministers), in the past three years, have made a public commitment either to:
- Support other countries to improve capacity to address epidemic threats by providing financing or support?
- Improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity?

Needs to meet at least one of the criteria to be scored a 1 on this measure, Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 0

There is insufficient evidence that Algerian senior leaders have in the past three years made a public commitment either to support other countries to improve capacity to address epidemic threats by providing financing or support, or to improve the country’s domestic capacity to address epidemic threats by expanding financing or requesting support to improve capacity. While there is mention in the press of cooperation between Algeria and the United Kingdom in light of the COVID19 crisis, there are no details on this cooperation and how it could enhance either country’s capacity.[1] There is no relevant information of the Ministry of Health, Population and Hospital Reform website.[2] There is no relevant information on the Pasteur Institute of Algeria (IPA) website.[3] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website.[4] There is no relevant information on the Ministry of Foreign Affairs website.[5] Algeria is not a member of the Global Health Security Agenda (GHSA). Therefore there are no relevant GHSA documents for Algeria such as a country roadmap.[6] According to Georgetown University’s Global Health Security Tracking Dashboard, committed funds to receive increased from USD 284,000 in 2017 and USD 5.16 million in 2018, while the funding actually received by Algeria decreased from USD 4.14 million in 2017 to USD 938,000 in 2018.[7]

Is there evidence that the country has, in the past three years, either:
- Provided other countries with financing or technical support to improve capacity to address epidemic threats?
- Requested financing or technical support from donors to improve the country's domestic capacity to address epidemic threats?

Needs to meet at least one of the criteria to be scored a 1 on this measure. Yes for both = 1, Yes for one = 1, No for both = 0

Current Year Score: 1

There is evidence Algeria that has requested finances (from donors or national budget) or technical support to improve its capacity to address epidemic threats in the past three years.

This is reflected in the Global Health Security Funding Tracker, under Algeria’s Recipient profile. The tracker notes that Algeria has received funding from multiple donors to improve health capacity, including funding from the World Health Organization to establish processes for long-term poliovirus risk management, including containment of all residual polioviruses, and the certification of polio eradication globally. There is no evidence that Algeria has provided finances or technical support to other countries to improve their capacity to address epidemic threats in the past three years, as reflected in Algeria’s Funder profile. [1] There are no relevant media or academic articles. There is no relevant information of the Ministry of Health, Population and Hospital Reform website. [2] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [3] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website. [4] There is no relevant information on the Ministry of Foreign Affairs website. [5]


Is there evidence that the country has fulfilled its full contribution to the WHO within the past two years?
Yes = 1, No = 0
2021

Economist Impact analyst qualitative assessment based on official national sources, which vary by country

5.6 COMMITMENT TO SHARING OF GENETIC AND BIOLOGICAL DATA AND SPECIMENS

5.6.1 Commitment to sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) in both emergency and nonemergency research

5.6.1a

Is there a publicly available plan or policy for sharing genetic data, clinical specimens, and/or isolated specimens (biological materials) along with the associated epidemiological data with international organizations and/or other countries that goes beyond influenza?

Yes = 1, No = 0

Current Year Score: 0

There is no publicly available evidence of a plan or policy for sharing genetic data, epidemiological data, clinical specimens, and/or isolated specimens (biological materials) with international organizations and/or other countries that goes beyond influenza. There is no relevant information on the Ministry of Health, Population and Hospital Reform website. [1] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [2] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website. [3] The Ministry of Higher Education and Scientific Research for Algeria website does not address this issue. [4] The Thematic Focus of Research in Nature and Life Science Research Agency of the Ministry of Higher Education and Scientific Research does not address this issue. [5] There are no relevant media or academic articles on the topic.


5.6.1b

Is there public evidence that the country has not shared samples in accordance with the Pandemic Influenza Preparedness (PIP) framework in the past two years?

Yes = 0, No = 1

Current Year Score: 1
There is no publicly available information that Algeria has not shared samples in accordance with the PIP framework in the past two years. There is no relevant information on the Ministry of Health, Population and Hospital Reform website. [1] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [2] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website. [3] The Ministry of Higher Education and Scientific Research for Algeria website does not address this issue. [4] The Thematic Focus of Research in Nature and Life Science Research Agency of the Ministry of Higher Education and Scientific Research does not address this issue. [5] There are no relevant media or academic articles on the topic.


5.6.1c
Is there public evidence that the country has not shared pandemic pathogen samples during an outbreak in the past two years?
Yes = 0 , No = 1
Current Year Score: 1

There is no publicly available information indicating that Algeria has not shared pandemic pathogen samples during an outbreak in the past two years, including during the COVID19 pandemic. There is evidence that Algeria has shared pathogen samples during the COVID19 outbreak. [1] There is no relevant information on the Ministry of Health, Population and Hospital Reform website. [2] There is no relevant information on the Pasteur Institute of Algeria (IPA) website. [3] There is no relevant information on the Ministry of Agriculture, Rural Development and Fisheries website. [4] The Ministry of Higher Education and Scientific Research for Algeria website does not address this issue. [5] The Thematic Focus of Research in Nature and Life Science Research Agency of the Ministry of Higher Education and Scientific Research does not address this issue. [6] There are no relevant media or academic articles on the topic.

Category 6: Overall risk environment and vulnerability to biological threats

6.1 POLITICAL AND SECURITY RISK

6.1.1 Government effectiveness

6.1.1a
Policy formation (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 1
2020
Economist Intelligence

6.1.1b
Quality of bureaucracy (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 0
2020
Economist Intelligence

6.1.1c
Excessive bureaucracy/red tape (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 0
2020
Economist Intelligence

6.1.1d
Vested interests/cronyism (Economist Intelligence score; 0-4, where 4=best)
Input number
Current Year Score: 0
2020
Economist Intelligence
6.1.1e
Country score on Corruption Perception Index (0-100, where 100=best)
Input number
  Current Year Score: 36

2020
Transparency International

6.1.1f
Accountability of public officials (Economist Intelligence score; 0-4, where 4=best)
Input number
  Current Year Score: 1

2020
Economist Intelligence

6.1.1g
Human rights risk (Economist Intelligence score; 0-4, where 4=best)
Input number
  Current Year Score: 1

2020
Economist Intelligence

6.1.2 Orderly transfers of power

6.1.2a
How clear, established, and accepted are constitutional mechanisms for the orderly transfer of power from one government to another?
Very clear, established and accepted = 4, Clear, established and accepted = 3, One of the three criteria (clear, established, accepted) is missing = 2, Two of the three criteria (clear, established, accepted) are missing = 1, Not clear, not established, not accepted = 0
  Current Year Score: 0

2021
Economist Intelligence
6.1.3 Risk of social unrest

6.1.3a
What is the risk of disruptive social unrest?
Very low: Social unrest is very unlikely = 4, Low: There is some prospect of social unrest, but disruption would be very limited = 3, Moderate: There is a considerable chance of social unrest, but disruption would be limited = 2, High: Major social unrest is likely, and would cause considerable disruption = 1, Very high: Large-scale social unrest on such a level as to seriously challenge government control of the country is very likely = 0

Current Year Score: 0

2021
Economist Intelligence

6.1.4 Illicit activities by non-state actors

6.1.4a
How likely is it that domestic or foreign terrorists will attack with a frequency or severity that causes substantial disruption?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021
Economist Intelligence

6.1.4b
What is the level of illicit arms flows within the country?
4 = Very high, 3 = High, 2 = Moderate, 1 = Low, 0 = Very low

Current Year Score: 2

2020
UN Office of Drugs and Crime (UNODC)

6.1.4c
How high is the risk of organized criminal activity to the government or businesses in the country?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021
Economist Intelligence
6.1.5 Armed conflict

6.1.5a
Is this country presently subject to an armed conflict, or is there at least a moderate risk of such conflict in the future?
No armed conflict exists = 4, Yes; sporadic conflict = 3, Yes; incursional conflict = 2, Yes, low-level insurgency = 1, Yes; territorial conflict = 0

Current Year Score: 3

2021

Economist Intelligence

6.1.6 Government territorial control

6.1.6a
Does the government’s authority extend over the full territory of the country?
Yes = 1, No = 0

Current Year Score: 1

2021

Economist Intelligence

6.1.7 International tensions

6.1.7a
Is there a threat that international disputes/tensions could have a negative effect?
No threat = 4, Low threat = 3, Moderate threat = 2, High threat = 1, Very high threat = 0

Current Year Score: 2

2021

Economist Intelligence

6.2 SOCIO-ECONOMIC RESILIENCE

6.2.1 Literacy

6.2.1a
Adult literacy rate, population 15+ years, both sexes (%)
Input number

Current Year Score: 81.41

2018
6.2.2 Gender equality

6.2.2a
United Nations Development Programme (UNDP) Gender Inequality Index score
Input number
Current Year Score: 0.56

2018

United Nations Development Programme (UNDP); The Economist Intelligence Unit

6.2.3 Social inclusion

6.2.3a
Poverty headcount ratio at $1.90 a day (2011 PPP) (% of population)
Input number
Current Year Score: 0.2

2011

World Bank; Economist Impact

6.2.3b
Share of employment in the informal sector
Greater than 50% = 2, Between 25-50% = 1, Less than 25% = 0
Current Year Score: 1

The share of employment in the informal sector in Algeria is less than 50%. According to a country report by the European Union Neighbors in 2018, the informal economy in Algeria is estimated to be at approximately 45.6% [1].

The International Labor Organization Statistics database does not have information on the share of informal employment. [2] The World Bank also does not provide any data points on informal employment in Algeria. [3]

According to a study conducted by Algerian National Statistics Offer, the informal sector employed 3.9 million people in 2012 (45.6% of the total non-agricultural workforce) distributed as follows: trade and services (45.3%), construction (37%) and manufacturing activities (17.7 %). [4]

The Ministry of Labor, Employment and Social Security does not provide any information on informal unemployment. [5] The Ministry of Health, Population and Hospital Reform or the Ministry of Agriculture, Rural Development and Fisheries websites do not address this issue. [6, 7] The Pasteur Institute of Algeria and Algerian National Institute of Public Health websites do not address this issue. [8, 9]
Algeria does not have a World Health Organization (WHO) Joint External Evaluation of IHR Core Capacities (JEE). [10]


6.2.3c
Coverage of social insurance programs (% of population)
Scored in quartiles (0-3, where 3=best)
Current Year Score: 2

2016, or latest available

World Bank; Economist Impact calculations

6.2.4 Public confidence in government

6.2.4a
Level of confidence in public institutions
Input number
Current Year Score: 0

2021

Economist Intelligence Democracy Index
6.2.5 Local media and reporting

6.2.5a
Is media coverage robust? Is there open and free discussion of public issues, with a reasonable diversity of opinions?
Input number

Current Year Score: 1

2021

Economist Intelligence Democracy Index

6.2.6 Inequality

6.2.6a
Gini coefficient
Scored 0-1, where 0=best

Current Year Score: 0.28

Latest available.

World Bank; Economist Impact calculations

6.3 INFRASTRUCTURE ADEQUACY

6.3.1 Adequacy of road network

6.3.1a
What is the risk that the road network will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 1

2021

Economist Intelligence

6.3.2 Adequacy of airports

6.3.2a
What is the risk that air transport will prove inadequate to meet needs?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021
6.3.3 Adequacy of power network

6.3.3a

What is the risk that power shortages could be disruptive?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 2

2021

Economist Intelligence

6.4 ENVIRONMENTAL RISKS

6.4.1 Urbanization

6.4.1a

Urban population (% of total population)
Input number

Current Year Score: 73.19

2019

World Bank

6.4.2 Land use

6.4.2a

Percentage point change in forest area between 2006-2016
Input number

Current Year Score: 0.03

2008-2018

World Bank; Economist Impact

6.4.3 Natural disaster risk

6.4.3a

What is the risk that the economy will suffer a major disruption owing to a natural disaster?
Very low = 4, Low = 3, Moderate = 2, High = 1, Very high = 0

Current Year Score: 3
2021

Economist Intelligence

6.5 PUBLIC HEALTH VULNERABILITIES

6.5.1 Access to quality healthcare

6.5.1a
Total life expectancy (years)
Input number
   Current Year Score: 76.69

2018

United Nations; World Bank, UNICEF; Institute for Health Metrics and Evaluation (IHME); Central Intelligence Agency (CIA)
World Factbook

6.5.1b
Age-standardized NCD mortality rate (per 100 000 population)
Input number
   Current Year Score: 445.8

2019

WHO

6.5.1c
Population ages 65 and above (% of total population)
Input number
   Current Year Score: 6.55

2019

World Bank

6.5.1d
Prevalence of current tobacco use (% of adults)
Input number
   Current Year Score: 18.8

2018
6.5.1e
Prevalence of obesity among adults
Input number
Current Year Score: 27.4
2016
WHO

6.5.2 Access to potable water and sanitation
6.5.2a
Percentage of homes with access to at least basic water infrastructure
Input number
Current Year Score: 93.56
2017
UNICEF; Economist Impact

6.5.2b
Percentage of homes with access to at least basic sanitation facilities
Input number
Current Year Score: 87.59
2017
UNICEF; Economist Impact

6.5.3 Public healthcare spending levels per capita
6.5.3a
Domestic general government health expenditure per capita, PPP (current international $)
Input number
Current Year Score: 633.8
2018
WHO Global Health Expenditure database
6.5.4 Trust in medical and health advice

6.5.4a
Trust medical and health advice from the government
Share of population that trust medical and health advice from the government, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 0

2018

Wellcome Trust Global Monitor 2018

6.5.4b
Trust medical and health advice from medical workers
Share of population that trust medical and health advice from health professionals, More than 80% = 2, Between 60-80%, or no data available = 1, Less than 60% = 0

Current Year Score: 1

2018

Wellcome Trust Global Monitor 2018