

Algeria

Algeria (population 32.13 million people) is a country in Northern Africa, bordering the Mediterranean Sea that covers an area of 2,381,740 square kilometres. Its boundaries border Tunisia, Libya, Niger, Mali, Mauritania, Western Sahara and Morocco. The capital of Algeria is Algiers.

According to the United Nations human development index (HDI), Algeria is ranked 108/177 countries worldwide (value 0.704)¹ and 4/45 African countries for which an index is available. This places Algeria in the group of countries with medium human development.



PALLIATIVE CARE SERVICE PROVISION

Current services

As yet, palliative care services have not been identified in Algeria, but there is evidence of growing interest. In September 2004, the 4th Europe-Maghreb conference was held in Tabarka, Tunisia and adopted the theme *Pain and Supportive Care: Current Advances*. (The Maghreb is a region that includes Algeria, Morocco, and Tunisia).

Significantly, nurse educator Françoise Porchet (Switzerland) and three European colleagues, Gisele Schaerer (Switzerland), Philip Larkin (Ireland) and Sophie Leruth (Belgium), were invited to provide a full day of training. With the exception of Philip Larkin, all had been speakers at the previous conference in 2002.

Reporting on the conference in 2005, the address the issue of palliative care accessibility in the Maghreb and write:

Home care does not exist in the Maghreb; it is the family and/or community that provides any care. A huge distance has to be covered, sometimes as much as 1000km, to visit the specialised oncology centres – the few places where consultations on dealing with the treatment of pain are available.²

Reimbursement and funding for services

Opioid availability and consumption

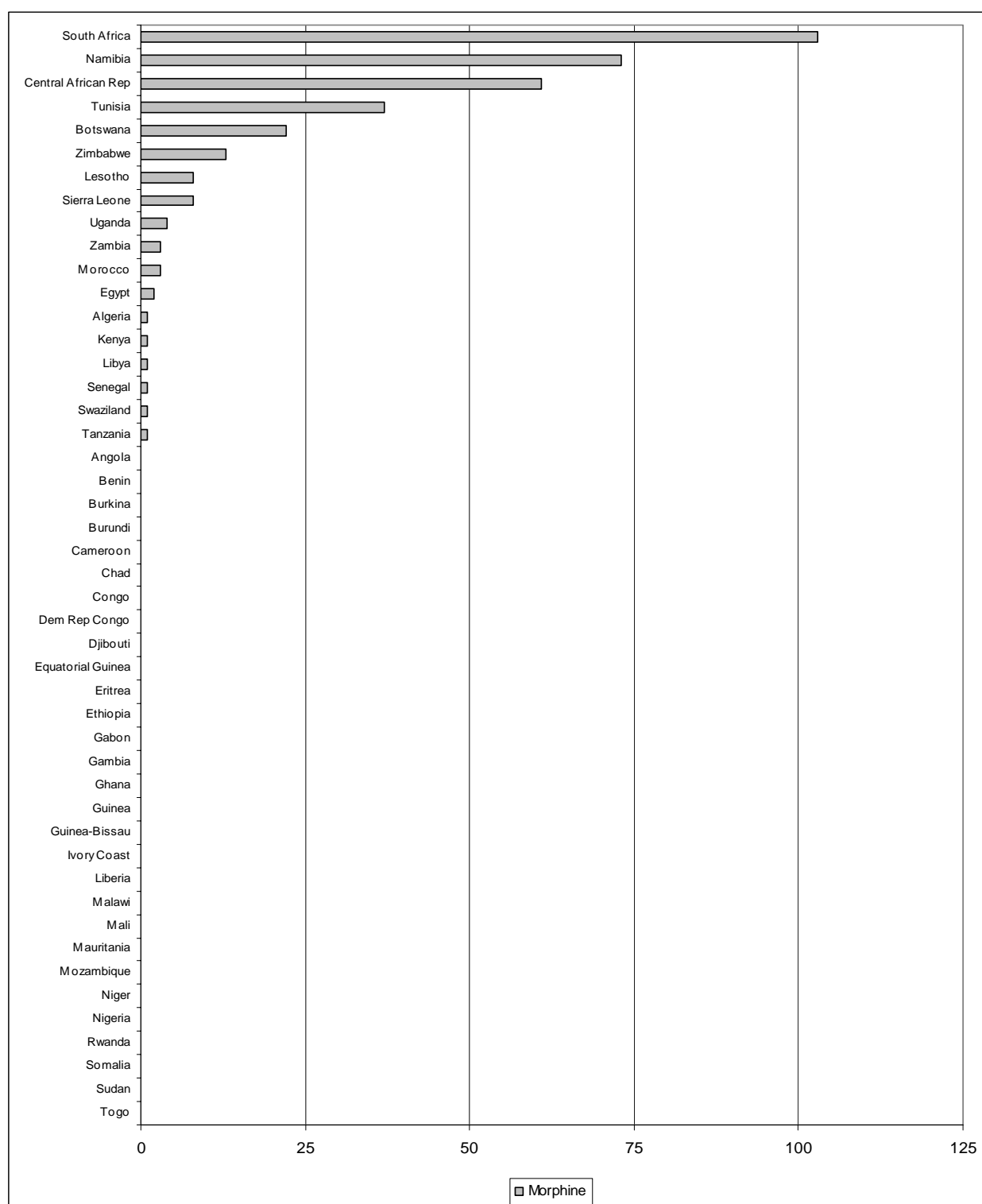
Françoise Porchet and her colleagues write:

[In the Maghreb], the distribution of opioids is subject to the ‘seven day law’; in other words, doctors are not allowed to issue prescriptions for periods in excess of one week. Therefore, patients or their families have to return to the physician regularly to obtain a new prescription. Morphine is very expensive and only available in sustained-release form.³

The International Narcotics Control Board⁴ has published the following figures for the consumption of narcotic drugs in Algeria (2002): codeine 93 kg; pholcodine 699 kg; dextropropoxyphene 135 kg; pethidine 2 kg.

For the years 2000-2002, the average defined daily dose consumption of morphine for statistical purposes (S-DDD)⁵ in Algeria was 1. This compares with other African countries as follows: Swaziland 1; Egypt 2; Uganda 4; Zimbabwe 13; Namibia 73; South Africa 103. Twenty nine countries reported no morphine consumption during 2000-2002 (Table 1).

Table 1 Average daily consumption of defined daily doses (for statistical purposes) of morphine per million inhabitants, 2000-2002: countries of Africa



Source: International Narcotics Control Board *Narcotic Drugs: Estimated World Requirements for 2004. Statistics for 2002*. New York: United Nations, 2004.

National and professional organisations

Palliative care coverage

Education and training

Nurse educator Françoise Porchet and her colleagues report on the training they gave in the Maghreb, 2004:

This opportunity allowed us to provide our nursing colleagues in the Maghreb with up-to-date knowledge on palliative care according to our individual specialties, while enabling them to acquire the knowledge through a process of exchange and constructive learning. It is very gratifying to note that the spirit of palliative care can transcend borders, cultures and languages. It is also important to realise all the possibilities that can arise from a training initiative put together between colleagues from three European countries and the extent to which this is a unifying event.⁶

Palliative care workforce capacity

HISTORY AND DEVELOPMENT OF PALLIATIVE CARE

Narrative history of palliative care

Hospice success stories

Life/oral histories

PUBLIC HEALTH CONTEXT

Population

Algeria's population of around 32.13 million people is made up of the following ethnic groups: Arab-Berber 99%, European less than 1%

Almost all Algerians are Berber in origin, not Arab; the minority who identify themselves as Berber live mostly in the mountainous region of Kabylie east of Algiers; the Berbers are also Muslim but identify with their Berber rather than Arab cultural heritage; Berbers have long agitated for autonomy; the government is unlikely to grant autonomy but has offered to begin sponsoring teaching Berber language in schools

Religious groups include: Sunni Muslim (state religion) 99%, Christian and Jewish 1%⁷

Epidemiology

In Algeria, the WHO World Health Report (2004) indicates an adult mortality⁸ rate per 1000 population of 170 for males and 128 for females. Life expectancy for males is 67.5; for females 71.2. Healthy life expectancy is 59.7 for males; 61.6 for females.⁹

HIV/AIDS is a huge burden for sub-Saharan Africa. Throughout the region in 2003, an estimated 23-27 million people were thought to be living with the disease which also caused up to 2.5 million deaths. This represents a huge loss and impacts significantly on health systems and social and family structures.

Algeria is a country in Northern Africa that has been affected by the HIV/AIDS epidemic. Estimates suggest that in Algeria, approximately 0.1% of the population were living with HIV/AIDS at the end of 2003.

UNAIDS reports:

UNAIDS supports the national response to HIV/AIDS in Algeria through the UN Theme Group, composed of the UNAIDS Cosponsors present in the country, and through the Expanded Theme Group on HIV/AIDS, which also includes other international partners, national and NGO representatives. These efforts are supported by a recently established Technical Working Group, comprising the HIV/AIDS Focal Points of Cosponsors, government representatives, NGOs, and other partners. The Theme Group on HIV/AIDS has promoted a multisectoral response to the epidemic, actively supporting the development of sectoral plans, awareness raising, efforts towards the establishment of second-generation surveillance, and resource mobilization. The Theme Group will develop the UN Joint Action Plan on HIV/AIDS as part of collective support to the national strategic plan on HIV/AIDS. The UNAIDS Focal Point is assisting Theme Group efforts aiming to coordinate and enhance support to the national HIV/AIDS response. This also includes technical support to national partners, NGOs and international agencies on different priority areas of the response. UNAIDS, through Programme Acceleration Funds and other means, has supported the development of the National Strategic Plan on HIV/AIDS 2002-2006 at both national and sectoral levels. Other activities include strengthening NGOs' capacity, building partnership with religious leaders, as well as initiating innovative HIV/AIDS prevention activities among police forces and prisoners

HIV prevalence remains low in Algeria, but the existence of risk behaviours among vulnerable groups, diversity in prevalence rates across regions and other determinants requires immediate action to prevent further spread of the epidemic. Existing information, though limited, indicates a prevalence of 0.1% among the general population, with higher rates in the south of the country.

The national serosurveillance survey implemented in five sites in 2000 yielded 1% prevalence among pregnant women in the southern most part of the country, and 20% among sex workers in two sites (Oran and Tamanrasset). These rates, coupled with the socio-economic environment, mobility and a high level of unemployment, may serve to drive the epidemic in a country where young people represent 70% of its 30 million total population, and where HIV transmission is mainly through heterosexual contacts. Since 2001, the level of political commitment to fight HIV/AIDS has increased substantially, in particular following the commitment expressed by the President of Algeria during the Abuja Summit. An HIV/AIDS project proposal of Algeria was approved by the Global Fund to Fight AIDS, TB, and Malaria (GFATM), providing US\$ 10 million for a three-year period to support the implementation of HIV/AIDS prevention and care services, as well as

strengthening capacities of public and civil society organizations.¹⁰

Health care system

In 2001, the total per capita expenditure on health care was Intl \$169 (4.1% of GDP).¹¹ Among the countries of Africa, this figure falls within a spending range of Intl \$652 in South Africa (8.6% of GDP) and Intl \$12 in the Democratic Republic of Congo (3.5% of GDP). At 2.0% the smallest spending as a percentage of GDP is in Equatorial Guinea (Tables 2 and 3).

The WHO overall health system performance score places Algeria 81/191 countries. This composite measure of overall health system attainment¹² is based on a country's goals relating to health, responsiveness, and fairness in financing. The measure varies widely across countries and is highly correlated with general levels of human development as captured in the human development index.

Tables 2 and 3 Total health expenditure (Intl \$) per capita and as a percentage of GDP: countries of Africa, 2001

Table 2 Health expenditure (Intl \$) per capita: Africa		Table 3 Health expenditure (Intl \$) as a percentage of GDP: Africa	
Country	Per capita	Country	%GPD
South Africa	652	South Africa	8.6
Tunisia	463	Kenya	7.8
Botswana	381	Malawi	7.8
Namibia	342	Namibia	7.0
Libya	239	Djibouti	7.0
Morocco	199	Botswana	6.6
Gabon	197	Tunisia	6.4
Algeria	169	Gambia	6.4
Swaziland	167	Zimbabwe	6.2
Egypt	153	Côte d'Ivoire	6.2
Zimbabwe	142	Mozambique	5.9
Côte d'Ivoire	127	Uganda	5.9
Liberia	127	Guinea-Bissau	5.9
Kenya	114	Zambia	5.7
Equatorial Guinea	106	Eritrea	5.7
Lesotho	101	Lesotho	5.5
Djibouti	90	Rwanda	5.5
Gambia	78	Morocco	5.1
Angola	70	Senegal	4.8
Senegal	63	Ghana	4.7
Guinea	61	Sudan	4.5
Ghana	60	Central African Republic	4.5
Central African Republic	58	Utd Rep of Tanzania	4.4
Uganda	57	Angola	4.4
Zambia	52	Benin	4.4
Mozambique	47	Mali	4.3
Mauritania	45	Sierra Leone	4.3
Togo	45	Liberia	4.3
Rwanda	44	Algeria	4.1
Cameroon	42	Egypt	3.9
Sudan	39	Niger	3.7
Malawi	39	Ethiopia	3.6
Benin	39	Mauritania	3.6
Guinea-Bissau	37	Burundi	3.6
Eritrea	36	Gabon	3.6
Nigeria	31	Guinea	3.5
Mali	30	Dem Rep of the Congo	3.5
Burkina Faso	27	Nigeria	3.4
Sierra Leone	26	Cameroon	3.3
Utd Rep of Tanzania	26	Swaziland	3.3
Congo	22	Burkina Faso	3.0
Niger	22	Libya	2.9
Burundi	19	Togo	2.8
Chad	17	Chad	2.6
Ethiopia	14	Somalia	2.6
Dem Rep of the Congo	12	Congo	2.1
Somalia		Equatorial Guinea	2.0

Source WHO World Health Report 2004

Political economy

After more than a century of rule by France, Algerians fought through much of the 1950s to achieve independence in 1962. Algeria's primary political party, the National Liberation Front (FLN), has dominated politics ever since. Many Algerians in the subsequent generation were not satisfied, however, and moved to counter the FLN's centrality in Algerian politics. The surprising first round success of the Islamic Salvation Front (FIS) in the December 1991 balloting spurred the Algerian army to intervene and postpone the second round of elections to prevent what the secular elite feared would be an extremist-led government from assuming power. The government gained the upper hand by the late-1990s and FIS's armed wing, the Islamic Salvation Army, disbanded in January 2000. The army placed Abdelaziz Bouteflika in the presidency in 1999 but claimed neutrality in his 2004 landslide re-election victory. A number of longstanding problems continue to face Bouteflika in his second term, including the ethnic minority Berbers' ongoing autonomy campaign, large-scale unemployment, a shortage of housing, unreliable electrical and water supplies, and government inefficiencies. Algeria must also diversify its petroleum-based economy, which has yielded a large cash reserve but which has not been used to redress Algeria's many social and infrastructure problems. Algeria assumed a two-year seat on the UN Security Council in January 2004.¹³

Algeria's political and geographical divisions are reflected by the respective economic outputs - and problems - of the different regions. The north is densely populated, with high levels of unemployment. The centre of the country has relatively low levels of industrial, services and manufacturing output. The south is rich in oil and natural gas, the exploitation of which is dominated by the state-owned company, Sonatrach, which has been for decades the foremost generator of government revenue.¹⁴

GDP per capita is Intl \$4104. This falls within the range of \$8,272 (Libya) and \$346 (Democratic Republic of the Congo) in the countries of Africa (Table 4).

Table 4 GDP per capita (Intl \$): countries of Africa, 2001

Country	GDP per capita (Intl \$)
Libya	8272
South Africa	7538
Tunisia	7183
Botswana	5747
Gabon	5514
Equatorial Guinea	5239
Swaziland	5029
Namibia	4918
Algeria	4104
Egypt	3901
Morocco	3887
Liberia	2965
Zimbabwe	2271
Côte d'Ivoire	2045
Congo	1936
Lesotho	1844
Guinea	1752
Togo	1608
Angola	1578
Kenya	1452
Senegal	1323
Central African Republic	1289
Djibouti	1288
Ghana	1272
Cameroon	1269
Mauritania	1257
Gambia	1214
Sudan	1112
Uganda	964
Nigeria	915
Zambia	906
Benin	888
Burkina Faso	886
Mozambique	805
Rwanda	799
Mali	700
Chad	656
Guinea-Bissau	630
Eritrea	629
Sierra Leone	606
Niger	604
Utd Rep of Tanzania	599
Burundi	529
Malawi	501
Ethiopia	382
Dem Rep of the Congo	346
Somalia	

Source WHO

ETHICAL ISSUES

FURTHER READING

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¹ Report of the United Nations Development Programme 2004 (HDI 2002). Launched by the United Nations in 1990, the Human Development Index measures a country's achievements in three aspects of human development: longevity, knowledge, and a decent standard of living. It was created to re-emphasize that people and their lives should be the ultimate criteria for assessing the development of a country, not economic growth. Current values range from 0.956 (Norway, 1/177 countries) to 0.273 (Sierra Leone, 177/177 countries). Countries fall into one of three groups: countries 1-55=high development; 56-141=medium development; 142-177=low development. See: http://hdr.undp.org/statistics/data/indic/indic_8_1_1.html

² Porchet F, Schaerer G, Larkin P, Leruth S. Intercultural experiences of training in the Maghreb. *Eur J Palliat Care* 2005;12(1):37.

³ Porchet F, Schaerer G, Larkin P, Leruth S. Intercultural experiences of training in the Maghreb. *Eur J Palliat Care* 2005;12(1):37.

⁴ International Narcotics Control Board. *Narcotic Drugs: estimated world requirements for 2004. Statistics for 2002*. New York: United Nations, 2004.

⁵ 'The term *defined daily doses for statistical purposes* (S-DDD) replaces the term *defined daily doses* previously used by the Board. The S-DDDs are technical units of measurement for the purposes of statistical analysis and are not recommended prescription doses. Certain narcotic drugs may be used in certain countries for different treatments or in accordance with different medical practices, and therefore a different daily dose could be more appropriate.' International Narcotics Control Board. *Narcotic Drugs: estimated world requirements for 2004. Statistics for 2002*.

⁶ Porchet F, Schaerer G, Larkin P, Leruth S. Intercultural experiences of training in the Maghreb. *Eur J Palliat Care* 2005;12(1):37.

⁷ See: <http://www.cia.gov/cia/publications/factbook/geos/ag.html>

⁸ This refers to adult mortality risk, which is defined as the probability of dying between 15 and 59 years.

⁹ See: WHO statistics for Algeria at: <http://www.who.int/countries/dza/en/>

¹⁰ <http://www.unaids.org/en/geographical+area/by+country/algeria.asp>

¹¹ Total health expenditure per capita is the per capita amount of the sum of Public Health Expenditure (PHE) and Private Expenditure on Health (PvtHE). The international dollar is a common currency unit that takes into account differences in the relative purchasing power of various currencies. Figures expressed in international dollars are calculated using purchasing power parities (PPP), which are rates of currency conversion constructed to account for differences in price level between countries.

<http://www3.who.int/whosis/country/compare.cfm?country=s&indicator=strPcTotEOHinIntD2000&language=english>

¹² Tandon A, Murray CLJ, Lauer JA, Evans, DB. Measuring overall health system performance for 191 Countries. GPE Discussion Paper Series: No 30; WHO.

¹³ <http://www.cia.gov/cia/publications/factbook/geos/ag.html>

¹⁴ World of Information, Business Intelligence Report., 2001. Algeria: Economy, Politics, and Government. *Business Intelligence Report* 2001;1(1): 1-37.