

The role of health care in achieving sustainable development goals

Ghaoues Soufiane ¹ ♦, Kharroubi Nawal ²

¹ University Skikda (Algeria), s.ghaoues@univ-skikda.dz

 ORCID: <https://orcid.org/0000-0001-9002-1427>

² University Tlemcen (Ageria), kharroubinawel6@gmail.com

 ORCID: <https://orcid.org/0000-0003-1300-888X>

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Abstract:

This study analyzes healthcare services as essential for sustainable development, focusing on present-day needs and the health crisis's impact. It explores emerging concepts like telehealth, demonstrating technology's role in addressing healthcare demands. The research investigates the definition of healthcare, its inherent challenges, and its interrelation with other relevant concepts. Furthermore, it examines the historical trajectory and developmental context of healthcare. A key finding highlights Algeria's struggle with limited healthcare funding and inadequate service provision, negatively impacting development. Consequently, the study advocates for prioritizing basic healthcare resources, enhancing healthcare personnel training and capacity, and promoting research to improve healthcare services. This includes ensuring access to essential care, strengthening infrastructure, and supporting ongoing advancements within the healthcare sector to achieve sustainable development goals.

Keywords: sustainable development; Health care; health sector; Health services; Algeria.

♦ Corresponding author.



I- Introduction:

Access to health care is one of the social human rights and a fundamental component of social protection. All countries work to promote their health services for their citizens, recognizing that health holds a fundamental place in ensuring people are protected from risks when performing their duties. Health insurance has become one of the most important issues in the field of social development, as it is the essential element for achieving development in all its areas. Development cannot be achieved without improving and developing human health conditions, which is the primary source of the development process and its performance. This article attempts to understand the concept of health care, the issues raised about this concept, its relationship to sustainable development as a tool to measure the impact of sustainable development policies, and the fact that health is only available through sustainable health care, which has become an imperative in the age of epidemics, especially following the health crisis (COVID-19).

In this context, we can raise the following problem:

What is the situation of health care in Algeria in achieving the sustainable development goals?

This problem can be supported by the following sub-questions:

- What is health care?
- What are its objectives?
- What is the situation of health care in Algeria?

Objectives of the study:

This research aims to highlight the following aspects:

- Clarify information on sustainable development, its goals, and indicators;
- Understand concepts about health care and technology that meet its demands;
- Understand the level of health care in Algeria.

Methodology of the study:

The researchers rely on the inductive method in addition to using the analytical method through the available data for the dimensions of the study.

Structure of the research:

In light of the problem raised, we have divided the research into three axes besides the conclusions and recommendations.

- The first axis: Sustainable development
- The second axis: Health care
- The third axis: The health system in Algeria

Previous studies:

- 1- (Douad & EL-Badri, 2022) The Role of Enhancing Health Care and Treatment Services in Achieving Sustainable Development Goals in Egypt. This study aims to shed light on the interconnected and reciprocal relationship between achieving the Sustainable Development Goals (SDGs) 2030 and the efficiency, equity, effectiveness, and consistency of health care and treatment services as a fundamental pillar of sustainable growth. The study focuses on the supportive, planning, and implementing role of the government, especially social services and strategic goods and services for all targeted development programs and all economic and social sectors in society, and

not to rely solely on the private sector to implement the development goals of sustainable development 2030.

- 2- (Arabi, 2020) Laying the foundations for sustainable health development in Algeria in order to improve living conditions and achieve community well-being. This study indicates that Despite advancements in Algeria's sector, significant challenges persist in achieving sustainable health development. Key obstacles include limited financial resource allocated to the sector, the healthcare system's struggle to meet the population's growing needs, and a shortage of healthcare facilities coupled with their uneven distribution. Additionally, various other factors negatively impact the health status of Algerians. The study emphasizes that realizing sustainable health development requires addressing these multifaceted issues, which extend beyond the health sector itself and are linked to other directly related sectors.

II- Sustainable Development

The second half of the last century witnessed a series of events that led to the emergence of the concept of "sustainable development." Among the most notable of these events are the increasing and intensified global environmental threats, manifested in air, water, and soil pollution, the loss of biodiversity, and the exacerbation of global warming. Many development policies applied in Third World countries failed, leading to worsening social disparities and the spread of poverty and famine in many of these countries. The awareness of the importance of environmental protection increased, especially after the reports and studies issued by the Club of Rome in the 1970s, which warned of the depletion of natural resources and the need to maintain environmental balance. Sustainable development represents a balance between economic, social, and environmental dimensions and seeks to achieve long-term prosperity and global well-being. This includes reducing greenhouse gas emissions, preserving natural resources, promoting social inclusion, respecting human rights, and establishing sustainable infrastructure and institutions. This global endeavor aligns with the United Nations Sustainable Development Goals, which is a framework aimed at eradicating poverty, protecting the planet, and promoting prosperity for all.

1. Definition of Sustainable Development:

Sustainable development was defined in the Brundtland¹ Report of 1987 as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs." It seeks to reconcile economic development with the protection of social and environmental balance (EUR-Les, 2024).

Sustainable development has become the key term in contemporary development discourse since its popularization by the Brundtland Commission in 1987. It is a development process that aims to meet the needs of the present generation without compromising the ability of future generations to meet their own needs, by reconciling economic progress, environmental protection, and social well-being. It is based on the three

¹ The Brundtland Commission, formerly the World Commission on Environment and Development, was a sub-organization of the United Nations (UN) that aimed to unite countries in pursuit of sustainable development. It was founded in 1983.

pillars of sustainability, namely economic sustainability, environmental sustainability, and social sustainability, and emphasizes the careful use of natural resources to ensure their availability for future generations, while promoting equity and social justice (Mensah, J, 2019).

Regarding the 2030 Agenda for Sustainable Development, this plan is aimed at people, the planet, and prosperity (Douad & EL-Badri, 2022). It also aims to promote global peace in a spirit of freedom. This plan is directed at all countries of the world within a cooperative partnership framework to achieve the 17 goals and 169 targets.

From here, we can conclude that sustainable development is providing a better life for current generations without harming future generations while optimally utilizing human and natural resources and achieving economic prosperity while considering the environment. The United Nations Sustainable Development Goals (SDGs) are a global roadmap to achieve sustainable development by 2030, comprising 17 comprehensive goals covering various aspects of development, including poverty, hunger, education, health, gender equality, and climate change (Ilknur O, 2024).

2. Sustainable Development Goals for 2030:

The United Nations Conference in September 2015 resulted in a sustainable development plan that member states are to implement and monitor until 2030 under the name "Transforming Our World." It includes achieving 17 goals focusing on people, the planet, prosperity, peace, and partnership. The goals are:

- 1- Eradicating poverty in all its forms everywhere;
- 2- Ending hunger, achieving food security and improved nutrition, and promoting sustainable agriculture;
- 3- Ensuring healthy lives and promoting well-being for all at all ages;
- 4- Ensuring inclusive and equitable quality education and promoting lifelong learning opportunities for all;
- 5- Achieving gender equality and empowering all women and girls;
- 6- Ensuring availability and sustainable management of water and sanitation for all;
- 7- Ensuring access to affordable, reliable, sustainable, and modern energy for all;
- 8- Promoting sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all;
- 9- Building resilient infrastructure, promoting inclusive and sustainable industrialization, and fostering innovation;
- 10- Reducing inequality within and among countries;
- 11- Making cities and human settlements inclusive, safe, resilient, and sustainable;
- 12- Ensuring sustainable consumption and production patterns;
- 13- Taking urgent action to combat climate change and its impacts;
- 14- Conserving and sustainably using the oceans, seas, and marine resources;
- 15- Protecting, restoring, and promoting sustainable use of terrestrial ecosystems, managing forests sustainably, combating desertification, and halting and reversing land degradation and biodiversity loss;
- 16- Promoting peaceful and inclusive societies for sustainable development, providing access to justice for all, and building effective, accountable, and inclusive institutions at all levels;
- 17- Strengthening the means of implementation and revitalizing the Global Partnership for Sustainable Development (ILO, 2021, p. 17).

The following figure illustrates the Sustainable Development Goals:

Fig (01): The Sustainable Development Goals



Source: (United Nations, 2018, pp. 15-75)

The core dimensions of the Sustainable Development Goals (SDGs) are structured around three interrelated pillars : the economic dimension , which aims to achieve sustainable economic growth through enhanced productivity and efficient resource utilization; the social dimension, which focuses on reducing social disparities, promoting equity, and ensuring inclusive welfare distribution; and the environmental dimension, which seeks to protect ecosystems and guarantee the sustainable use of natural resources. Achieving a balanced integration of these dimensions is fundamental to ensuring comprehensive development that meets the needs of the present generation without compromising the rights of future generations (Kheither & Azazen, 2020, p.76).

3. Indicators of Sustainable Development:

Achieving sustainable development, which concerns a wide range of economic, environmental, human, and institutional issues, requires accurate measurement tools to assess its progress and guide decisions towards achieving its goals. Sustainable development indicators play an important role in this regard. Since the early 1990s, efforts to develop sustainable development indicators have been continuous, culminating in the United Nations Commission on Sustainable Development presenting 58 indicators divided into four main dimensions: economic, environmental, social, and institutional. These indicators are classified into three categories:

- Pressure (or driving force) indicators: Assess activities and processes affecting the path of sustainable development.
- State indicators: Show the current status of the environment, society, and economy.
- Response indicators: Provide solutions and measures taken to address challenges and achieve sustainable development goals.

III- Health Care

Health is a fundamental and one of the most important concerns in the field of development. The health sector is one of the most vital sectors affecting human life and existence, enabling people to lead socially and economically productive lives.

1. What is Health Care?

Health care requires concerted efforts, starting from the individual themselves, efforts from other sectors, and medical specializations and their support.

1.1 Definition of Health Care:

The World Health Organization defines it as "the means by which some or all of the costs of required health care for an insured patient in the system are covered when they become ill. It protects the insured from paying the high cost of treatment in case of illness" (Ben Zidan & Qatab, 2012). This concept also emphasizes the importance of community participation by identifying certain social, economic, and environmental determinants. It includes the basic services needed to meet an individual's daily health care needs, such as regular check-ups with a family doctor or visits to low-income health clinics (complete care community health center, 2020).

Health care is a health approach that integrates the entire society and aims to ensure the best possible level of health and well-being, as well as their equitable distribution, by focusing on people's needs as early as possible throughout the continuum from health promotion and disease prevention to treatment, rehabilitation, and palliative care and as close as possible to their everyday environment. It includes all accessible, acceptable, and equitable health services delivered by integrated health systems that prioritize person-centered care (World Health Organization, 2019).

Health care can be described as a comprehensive set of essential health services provided by health centers, offering advice and instructions to individuals and responding to diseases and viruses. According to the UNDP report, the Universal Health Coverage (UHC) is a cornerstone for achieving the Sustainable Development Goals, particularly Goal 3 related to health and well-being (United Nations Development Programme, 2023). The UNDP supports this goal by strengthening health governance, protecting human rights, addressing social and economic determinants of health, and building resilient health systems that reduce disparities and promote sustainable development.

2. Assumptions of Health Care:

Several assumptions make health care different from other industries. Examples include (Hamed, 2003, p. 5):

1. Scarcity of information for consumers. The consumer of health services does not know their health problem or how to treat it.
2. Uncertainty about the medical expenses the patient or government may incur.
3. Uncertainty about the outcome of treatment.
4. The dual role of the doctor as an agent for the patient and a service provider, representing both demand and supply.
5. Many non-profit medical institutions set their service prices based on cost only.
6. Entry restrictions into medical professions and the work done by various health professionals.
7. Society's desire for all its members to receive a minimum level of health care.

Although some of these assumptions exist in other sectors and industries, their combined presence in health care makes it a unique sector and industry in its own right.

3. Demands of Health Care:

Health care has several demands to meet the health needs of individuals, including health insurance and information and communication technology.

3.1 Health Insurance:

Health insurance is based on the insured party paying a regular subscription to an administrative institution, which is the general health insurance authority responsible for managing these payments within a system that covers treatment costs when the insured party becomes ill. It can be defined as a contract between two parties, where one party bears the costs related to therapeutic services, where:

- The first party (the insurer): is responsible for covering the damages for the insured, usually the insurance company or institution.
- The second party (the insured): is the person who pays the premiums.
- Health insurance has several important objectives, including:
 - Reducing the cost of treatment for the patient and obtaining medical services;
 - Increasing social security levels for individuals;
 - Reducing physical suffering for the person when financial burdens are manageable;
 - Removing some concerns that preoccupy the patient, such as resorting to borrowing or selling possessions or even resorting to theft to cover treatment costs, as this service helps them overcome this stage;
- Giving confidence to workers and employees to perform their duties and continue working, as increased confidence generates a sense of the worker's value and status among colleagues by collaborating to bear the burden of treating one of them;
- Contributing to providing financial resources to fund the high-cost health sector, thereby easing the burden on the budget for governments, institutions, companies, or individuals responsible for treating their employees. It has been shown from the experiences of wealthy countries that no state, regardless of its economic power, can fully bear the high costs of the health sector without contributions from individuals benefiting from these services.

3.2 Technology as a Demand for Health Care:

Technology significantly improves health care, especially by changing how information related to health problems is sought. This is referred to as telehealth. During the 2019 health crisis (COVID-19), many people used telehealth services, and they continue to do so. The following telehealth methods were used during the pandemic and continue to be used, which helped in providing health care (Mayo Clinic Team, 2022):

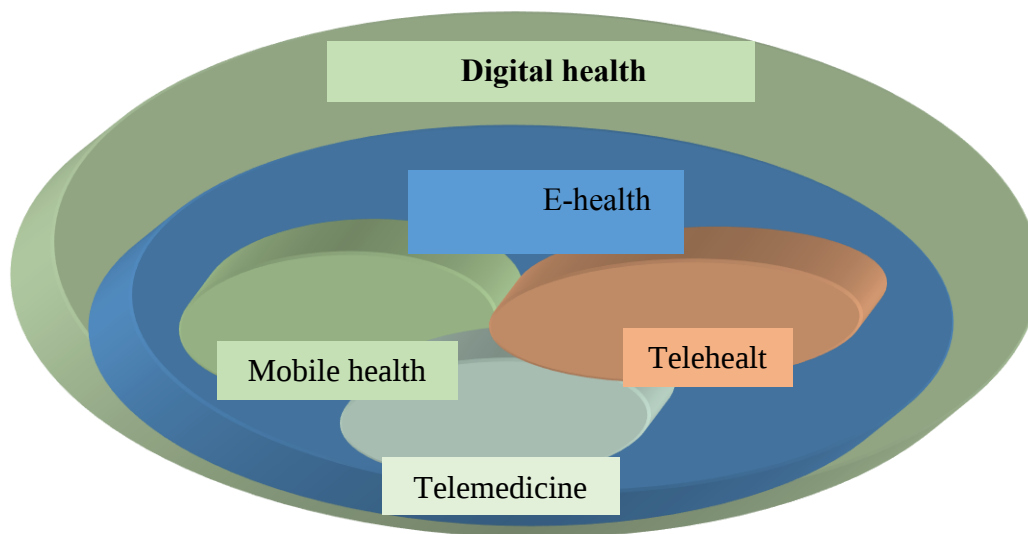
- **Virtual visits:** Clinics can offer virtual visits, allowing you to see a doctor, mental health consultant, or nurse via online video calls or phone.
- **Remote monitoring:** Medical conditions are checked remotely using various techniques, such as home monitoring devices for the elderly or those with dementia, which can detect changes in daily activities like falls.
- **Physician communication:** Doctors can use technology to provide better care to those in need, obtaining initial diagnosis and information from specialists elsewhere.
- **Patient portals:** Many applications have been designed to organize medical information better in one secure place.

- **Personal health records:** Personal health records provide vital information to emergency staff quickly.

In general, telehealth provides ways to make health care more efficient, coordinated, and closer to home, thanks to technology. However, it also entails the potential for gaps in care, overuse of medical care, or unnecessary care, possibly leading to improper medication use and difficulty in conducting a direct physical examination, affecting diagnostic accuracy.

The following figure illustrates the areas of health in the digital age:

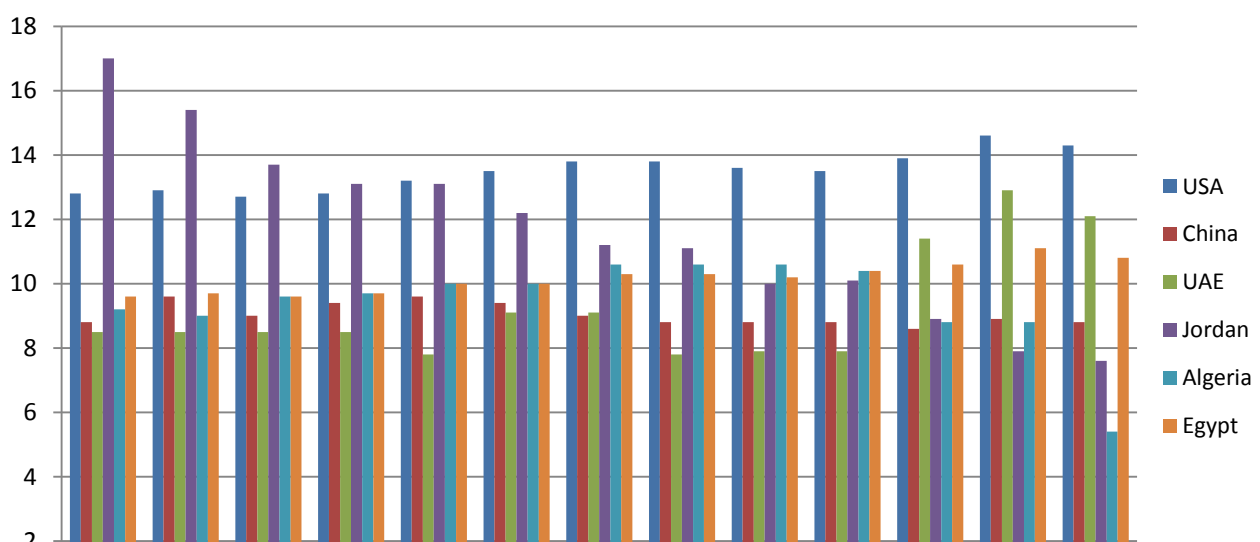
Fig (02) : The areas of health in the digital age



Source : (Sultan, 2021, p. 14)

The following figure illustrates the areas of health in the Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%):

Fig (03): Domestic general government health expenditure (GGHE-D) Per cent (%)



Source: (World Health Organization, 2025)

From the above, it is clear that health care is no longer limited to the doctor-patient relationship or the discovery of drugs and treatments. The information and technology revolution has significantly supported and provided it, playing an essential role in many aspects of the health care system. It offers new, optimal ways to solve basic health problems and improve health care delivery and planning in the new century. The importance of electronic health lies in providing clinical value and supporting the health sector's needs.

The analysis of the figure illustrates the evolution of government health expenditure as a proportion of total public spending across the depicted countries from 2010 to 2022, revealing a pronounced disparity between developing and developed nations, reflective of underlying economic and political divergences. The United Arab Emirates recorded the highest increase, with health expenditure rising from 8.8% to 12.1% by 2022, propelled by robust oil revenues and strategic investments in advanced healthcare infrastructure to bolster medical tourism. Similarly, China capitalized on comprehensive health sector reforms aimed at achieving universal coverage. In contrast, Algeria maintained a moderate expenditure level, supported by state-funded free healthcare, yet faced fiscal constraints due to volatile oil prices. Egypt and Jordan exhibited the lowest proportions, constrained by financial pressures, inadequate infrastructure, and a reliance on private expenditure. Developed nations, such as the United States (with health spending ranging from 12% to 14%), outperform others due to resilient tax systems and sustained investments in health insurance frameworks. Conversely, developing countries grapple with budgetary limitations and elevated public expenditure demands. This disparity became particularly evident during the COVID-19 pandemic, wherein advanced economies, such as the UAE and China, adopted agile fiscal policies, significantly increasing health sector allocations to enhance medical infrastructure and system resilience. In contrast, developing nations like Algeria and Jordan experienced a relative decline in health expenditure allocations, driven by fiscal constraints stemming from limited resources and fluctuating public revenues. This divergence in fiscal capacity has exacerbated structural disparities in healthcare systems, underscoring the imperative for sustained, long-term investment policies in the health sector to ensure resilient healthcare services and promote global health equity.

IV- The Health System in Algeria

The Algerian health system developed based on social security, which itself has undergone several changes (Bendahma, 2014, p. 75), primarily due to political and structural reasons, particularly after the implementation of free medical care. The health system in Algeria is based on several resources, the most important of which are: the state, social security, and households.

1. Sources of Health Insurance Funding in Algeria:

Health expenditures in Algeria are continuously increasing, especially with demographic growth and the rise in diseases requiring intensive care, particularly during sudden health crises like the COVID-19 pandemic. Algeria has relied on various funding sources during different stages. After independence, between 1962 and 1973, it relied on mixed funding represented by (advances, reimbursement revenues, special revenues), between 1974 and 1992, it relied on public and semi-public funding represented by (state

contributions, local community contributions, social security funds contributions, occupational health contributions), and since 1992 to date, the health system has relied on multiple funding sources from three main entities:

- The state;
- Social security;
- Households.

The following table illustrates the sources of health funding in Algeria:

Tab (02): Sources of Health Funding in Algeria

Their Tasks	Financing Entities
State	Ensuring social justice Promoting preventive and therapeutic care Improving the health status of the population
Social Security Funds (Cnas-casnos-cacobath-cnr-onaaph-fnpos)	Ensuring function and income redistribution Reducing instability and insecurity
Households	Covering a significant portion of health expenditures

Source: Prepared by the researchers based on:(Khalasi, 2017, p. 204)

1.1 State Funding:

The previous system for funding health expenditures relied on public contributions from the state and local communities, amounting to 60% of total health expenditures. However, the state's decision to implement free medical care in 1974 and cancel the flat-rate pricing led to significant contributions from the state and social security in funding. The majority of coverage comes through state budget appropriations, which are divided into:

- Appropriations covering operating expenses, representing the highest percentage of health expenditures (staff expenses, medication expenses).
- Appropriations expenses covering operating are fully covered by the state (Tiloult, 2020,p.15)

The following table illustrates the state's contribution to health sector funding in Algeria:

Tab (03): State Contribution to Health Sector Funding (Unit: Million Dinars)

Years	2015	2016	2017	2018	2019	2020	2021	2022
Health Support	325204	330168	331710	330168	336873	338262	340645	361116

Source : (DGPP, 2025)

The table illustrates the state's contribution to health sector funding in Algeria (2015–2022), showing a general upward trend in expenditure from 325,204 million dinars in 2015 to 361,116 million dinars in 2022, with a compound annual growth rate of approximately 1.5%. A slight decline in 2018 can be attributed to the reallocation of financial resources to other social transfer priorities, such as housing and education,

compounded by budgetary constraints due to declining oil revenues amid economic fluctuations. This was followed by a notable increase in 2022, reflecting the state's response to the COVID-19 pandemic (Chablaoui, 2023,p.289), which necessitated additional investments in healthcare infrastructure and medical equipment. However, the modest growth rate remains inadequate to address demographic pressures (Mourad, 2021, p. 76). the rising prevalence of chronic diseases, and health crises, highlighting challenges in the efficiency of health sector expenditure. This underscores the need for sustained structural reforms to enhance service delivery and inclusivity, thereby promoting health equity.

1.2 Social Security Funding:

Contributions are among the primary sources of funding for social security funds, being the largest funding source. Algeria relies on a contribution rate of 35% of wages, shared between workers and employers as shown in the following table:

Tab (04): Distribution of Contributions

Branches	Employers	Workers	Social Welfares	Total
Social Insurance	12.5 %	1.50 %	-	14.00 %
El and PD	1.25%	-	-	1.25 %
Pensions	10.00 %	6.75 %	0.50 %	17.25 %
Unemployment insurance	1.00 %	0.50 %	-	1.50 %
Ant retirement	0.25 %	0.25 %	-	0.50 %
Social housing	-	-	0.50 %	0.50 %
Total	25.00 %	9.00 %	1.00 %	35.00 %

Source: (Sleiss, 2025)

The table shows that contributions are distributed between workers and employers, divided into installments to fund social security services (social insurance, work accidents, and occupational diseases, retirement, unemployment insurance, early retirement, social housing). The contribution rate has been set at 35% of income since January 1, 2013, divided as follows:

- 9% of the worker's income, 25% paid by the employer, 1% for other transfers (National Fund for Social Services) (Bendahma, 2014, p. 108).

The total contribution rate for the self-employed is 15% of the taxable income, calculated based on the annual taxable income, turnover, or in some cases, the guaranteed national minimum annual wage.

This percentage is distributed as 7.5% between social insurance and retirement. For non-active special categories, the contribution rate borne by the state budget ranges between 0.5% and 7% of the guaranteed national minimum annual wage.

1.3 Funding by Households:

Funding by households occurs through both public and private institutions or individuals:

- Private and public institutions aim to establish health centers to bring services closer to their workers and control expenses provided by other external sources for management.
- For individuals, after free treatment services were entirely shared even with foreigners, a 1984 decision imposed citizens' contribution to medical examination and treatment costs. Despite this directive, several administrative hurdles hindered its implementation (Mrizeg, 2006, p.74) . health expenses borne by households average 22% annually, higher than in high-income countries.

2. Analysis of the Health Sector Situation in Algeria:

The economic and social changes in Algerian society highlight the problem of individuals' needs for health services and spending on them. Health expenditures aim to prevent and combat diseases to maintain and develop human resources, thus increasing individual productivity and gross domestic product. Therefore, spending on health is not only a humanitarian necessity but also an economic necessity. The following table illustrates the expenditure and demographic indicators in Algeria:

Tab (05): Expenditure and Demographic Indicators in Algeria

Years	Population	Health Expenditure	Life Expectancy	Dependency Ratio
2010	36188236	4.64001417	74.14	47.8236351
2011	36903376	4.8256750	74.38	47.9979968
2012	37646166	5.63628708	74.60	48.49542836
2013	38414171	5.64542007	74.80	49.4268366
2014	39205031	6.01485014	74.99	50.69559579
2015	40019529	6.3343544	75.15	52.0627486
2016	40850721	6.00079727	75.31	53.4355011
2017	41689299	5.94846106	75.43	54.8295659
2018	42505035	5.93238592	75.55	56.1500858
2019	43294546	5.41731071	75.68	57.2678086
2020	44042091	5.63831711	73.25	58.0691549
2021	44761099	5.0110569	75.20	58.5563473
2022	45477389	3.6230433	76.12	58.8011272

Source: Prepared by the researchers based on (World Bank Group, 2025).

The data shows that Algeria suffers from a continuous increase in health expenditures. The government allocates significant funds to this sector, making health care one of the top priorities after family and housing support. Despite this, health services remain weak and sometimes absent, pushing the poor towards expensive private treatment (Mourad, 2021, p. 76).

Life expectancy is an important variable that creates an imbalance, adding additional burdens to the health system. The data shows that life expectancy has steadily increased over the study period, except in 2020, directly related to the global health crisis. Overall, the slow rise in life expectancy indicates a relatively moderate level of health development compared to previous years. The COVID-19 pandemic revealed many gaps and issues within the Algerian health system, prompting the state to pay greater attention to this sector. The dependency ratio indicates the burden of dependents (young and elderly) compared to the working population, averaging between 47-58%, with a continuous rise due to population growth. The state must focus on age groups and better utilize human resources.

The Algerian public health system comprises six (6) types of public health institutions, which jointly provide health services to beneficiaries. The following table shows the development of basic health facilities in Algeria:

Tab (06): Development of Basic Health Facilities in Algeria

Year	The development of the number of public institution in Algeria						Total
	MP	ESH	*ECH	*CHU	*EH	EPH*	
2010	97	64	01	13	04	194	373
2011	101	63	01	14	04	192	375
2012	105	66	01	14	05	193	384
2013	107	68	01	14	05	194	389
2014	97	71	01	14	05	196	384
2015	114	75	01	15	09	200	414
2016	123	75	01	15	09	200	423
2017	127	77	01	15	09	205	434
2018	135	81	01	15	09	206	447

CHU*: University Hospital Centers,

ECH*: University Hospital Establishments,

ESH*: Specialized Hospital Establishments,

MP*: Private Maternity Homes

Source: (ONS, 2025)

The table shows a slight improvement in basic health facilities. In 2010, there were 373 health institutions, increasing over the years to 447 in 2018. This increase is mainly due to the rise in specialized health institutions and private maternity homes. The public health sector's inability to provide necessary medical care to the population has led to the growth of the private health sector. Uneven distribution of health facilities across the country has prompted the private sector to expand. The weak infrastructure of the health sector suffers from geographical diversification issues among different regions.

The Algerian health system has enormous human resources but struggles with technology and digitization, especially in crisis management. The demographic growth will increase the strain on age groups and dependency ratios, leading to population migration to areas with health care services. The number of health institutions does not match population growth.

3. Challenges in promoting sustainable health development in Algeria:

The Algerian health system faces multiple challenges in organization and management from public authorities, which continuously endeavor to develop this sector by renewing funding systems and seeking more profitable and efficient sources without neglecting the human aspect for optimal health service delivery. The severe deterioration in health institutions in Algeria, both in terms of patient care and formal and informal relationships among workers within institutions (Kherroubi B, 2011, p. 95).

indicates these issues in Algerian society in all fields compel the authorities to address these changes and combat the negative repercussions. Population growth and the emergence of new diseases, such as chronic diseases and sudden health crises like COVID-

19, increase health spending. These changes force the government to seek new and more effective ways to manage the health sector, including passing laws that align with the social and economic conditions of all workers. Focusing on building health structures without enabling the ordinary worker, who may not have the social and economic conditions to access or benefit from these services, will not solve health issues in Algeria. It is essential to address all aspects to ensure that everyone benefits equally, regardless of class, region, or economic status. The rising number of diseases and poverty, caused by unemployment due to economic conditions, significantly impacts the health system.

Despite the promising potential of digital health in improving healthcare access and efficiency in developing countries, several challenges hinder its implementation. These include the lack of robust technological infrastructure, limited availability of trained healthcare personnel, persistent concerns over data privacy and security, and significant financial constraints that affect the sustainability of digital health initiatives (Labrique, A. B and all, 2024, p. 95). Addressing these barriers is essential to fully leverage digital health for achieving the Sustainable Development Goals.

The Algerian health system still faces several constraints preventing its development and achieving sustainable health development. These constraints are linked to the increasing health expenditures and the challenge of providing necessary financial resources to cover the continuous rise in health expenses, the problem of the financial sustainability of social security funds remains challenged by the lack of an alternative source of funding, which makes the financial balance adversely affected in the long term (BERBER, 2019, p.111).

At the macroeconomic level, states recognize that good individual health contributes to increased production and productivity. This requires the need to promote the sustainable development of the health sector, as the latter requires the participation of all stakeholders in the planning process (Arabi, 2020, p.15), the establishment of a health system, the development of programmes to improve the health level of Algerians and the strengthening of partnerships and responsibilities in all health-related sectors.

Conclusion:

Public services are among the most important indicators of a country's progress, especially health services. Interest in this field has become crucial for analysts and planners due to the widespread and significant spatial expansion of these services. Many countries have achieved significant gains in their health systems, reflected in improved health coverage and primary health indicators. These improvements demonstrate the state's commitment to its citizens and play a crucial role in determining the security and stability of individuals by providing well-functioning health insurance services. With technological advancements, the state, including Algeria, has sought to exploit these advantages to improve services and offer conveniences to insured individuals, saving them effort. Several programs have been initiated to develop the health sector. Despite these achievements, the system still faces many problems and obstacles that weaken its efficiency and effectiveness.

Based on the results reached, a set of recommendations can be presented:

1. Developing the entire health system by focusing on scientific standards and linking health care institutions with research centers.
2. Creating a flexible health data and information system that responds to health crises, coordinating among the various entities responsible for issuing data for timely utilization.
3. Encouraging partnerships between the public and private sectors in information technology and digitizing the health sector to develop a national digital health strategy in Algeria.

In summary, this research field is fertile ground for further study and in-depth analysis, encompassing many issues that require thorough investigation, especially regarding the rapid advancements in health sector technologies.

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