Beyond the diagnosis :Legal protection and Social inclusion of peoole living with Auto-immune diseases in Algeria after the 2020 constitutional revision

Nora TALHA*

Djillali Liabes University Sidi Bel Abbes, Algeria.
nora.talha@univ-sba.dz

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Abstract:

Auto-immune diseases raise legal issues affecting health, employment, social security, and autonomy.This article examines their legal protection under Algerian law. It shows that such protection depends mainly on the medical, functional, and social consequences of the disease.The study identifies the relevant legislation and examines difficulties relating to medical expertise, continuity of care, confidentiality, and administrative procedures. It also addresses employment protection and the continuity of rights.

Keywords: Auto-immune diseases — Right to health — Social security — Disability — Legal protection.

1. INTRODUCTION

Auto-immune diseases form a heterogeneous group of conditions in which the immune system mistakenly turns against the body's own cells, tissues or organs, and this sheer diversity carries direct legal consequences. Some conditions remain entirely compatible with a full professional life, while others bring recurrent flare-ups, persistent fatigue, functional limitations or prolonged treatment. The legal question this

* **the corresponding author..**

raises is therefore not simply whether a person is ill, but what consequences should follow from that person's actual health condition and its effects on everyday life.

In Algerian law, Auto-immune disease is not, as such, an autonomous legal category giving rise to its own comprehensive regime of protection. Instead, protection has to be pieced together from several complementary bodies of law — health legislation, social insurance, invalidity, occupational health, labour law, public-service law and, where relevant, the legislation governing persons with specific needs.

This fragmented structure is not necessarily a weakness in itself: it allows legal protection to adapt to different situations and social risks. Yet it can also create a very practical difficulty, since an individual may be medically recognised as suffering from a chronic disease without necessarily meeting the legal conditions for invalidity, disability, or recognition as a person with specific needs.

What is really at stake, then, is legal coordination: the various branches of law need to be read together in a way that preserves continuity of rights, rather than allowing administrative classifications to obscure the concrete needs of the person concerned.

The 2020 Constitutional Revision offers an important normative foundation for such an approach.[1] It reaffirms the State's responsibility for protecting health and safeguarding social rights, and its principles of equality, dignity and social protection set the frame within which ordinary legislation must operate.

This constitutional dimension matters all the more for Auto-immune diseases because their course is so often progressive

[1]Constitution of the People's Democratic Republic of Algeria rivised in 30 December 2020.

or fluctuating: a person may be fully able to work at one point and temporarily unable to at another. A purely static legal assessment therefore risks missing what is actually going on.

The central question this study sets out to answer is the following:

To what extent does Algerian law provide coherent and effective legal support for persons living with Auto-immune diseases, particularly when the disease becomes chronic, disabling or incompatible with certain working conditions?

The working hypothesis is that Algerian legislation already contains substantial protective mechanisms, but that their effectiveness is undercut by insufficient coordination between health law, social-security law, disability legislation, employment law and public-service law.

The study follows a primarily legal and analytical approach, drawing on constitutional, legislative and regulatory sources together with relevant academic literature and the international instruments concerning the right to health and the rights of persons with disabilities.

2. The normative framwork of legal protection for persons living with autoimune diseases.

2.1. Conceptual Framework: Disease, Chronic Illness, Invalidity and Disability

The first difficulty lies in separating out legal concepts that everyday language tends to lump together but that the law treats quite differently.

Disease, in a general sense, refers to an alteration of health. Chronic illness is narrower: it denotes a condition

of lasting duration that usually calls for continuing medical supervision and treatment. Invalidity, within social-security law,[1] is tied more specifically to a reduction in earning or working capacity that meets statutory requirements. Disability — and, more recently, the legal category of persons with specific needs — is concerned instead with functional limitations and their knock-on effects for participation in social life.

This distinction matters a great deal when it comes to Auto-immune diseases. A person living with lupus, rheumatoid arthritis, multiple sclerosis or another Auto-immune condition may well remain professionally active while still needing regular medical treatment and some adjustments to working conditions; a more severe or progressive condition, on the other hand, can result in substantial incapacity.

The legal system should therefore be wary of relying on the medical diagnosis alone. The name of the disease, by itself, cannot determine what rights an individual is entitled to.

A functional approach seems better suited to the task, since it looks at what the condition actually means for the person's ability to work, study, move about, carry out ordinary activities and take part in social life — an approach that also sits comfortably with how disability is now understood in international human-rights law.

[1]Law No. 83-11 of 2 July 1983 relating to Social Insurance, as amended and supplemented.

The former Law No. 02-09 of 8 May 2002[1] took a fairly broad view of disability, referring to limitations arising from impairments of mental, motor or sensory-organic functions. It has since been repealed by Law No. 25-01 of 20 February 2025 relating to the protection and promotion of persons with specific needs,[2] a significant development in Algerian law that places much greater weight on rights, dignity and social inclusion.

This reform is particularly relevant wherever an Auto-immune disease produces lasting functional limitations. That said, it does not mean that every chronic illness automatically leads to recognition as a person with specific needs: such recognition still depends on the legal and medical criteria set out in the applicable legislation.

The right approach, then, is to look at each individual's situation on its own terms — the nature and duration of the disease, its functional consequences, its impact on professional activity, the treatment it requires, any occupational factors involved, and the need for reasonable accommodation.

It is this assessment, in the end, that determines which legal pathway applies — a reading that is itself consistent with the individualised, rights-based logic of the Convention on the Rights of Persons with Disabilities.[3]

[1]Law No. 02-09 of 8 May 2002 relating to the Protection and Promotion of Persons with Disabilities, repealed by Law No. 25-01.

[2]Law No. 25-01 of 20 February 2025 relating to the Protection and Promotion of Persons with Specific Needs.

[3]Convention on the Rights of Persons with Disabilities, adopted on 13 December 2006 and ratified by Algeria in 2009.

Recent Algerian scholarship comparing Law No. 02-09 and Law No. 25-01 traces precisely this shift, from a welfare-oriented conception of disability to one centred on rights and inclusion.[1]

2.2. The 2020 Constitutional Revision and the Right to Health Protection

The 2020 Constitutional revision provides the overarching normative framework for any analysis of how the law protects persons suffering from chronic diseases.[2]

Its recognition of social rights and health protection should not be read as merely symbolic; rather, it supplies the normative basis for legislation on healthcare, social insurance, occupational health and social inclusion.

For persons living with Auto-immune diseases, the right to health cannot be reduced to access to a medical consultation. It extends, more broadly, to access to appropriate healthcare, continuity of treatment, prevention, medical follow-up and protection against exclusion — dimensions that matter all the more given how much the management of a chronic Auto-immune condition can involve: specialist consultations, laboratory examinations, medication, hospitalisation, rehabilitation and long-term monitoring.

[1]See the comparative study of Law No. 02-09 and Law No. 25-01, tracing the shift from a welfare-based to a rights-based approach to disability in Algerian law, ASJP, available at https://asjp.cerist.dz/en/article/290780.
[2]Constitution of the People's Democratic Republic of Algeria, 30 December 2020.

Effective legal protection, in other words, requires the State to look at the individual's entire healthcare pathway rather than at isolated medical interventions.

The constitutional principle of equality plays an equally important role here. A difference in treatment can be justified where it rests on an objective difference in circumstances and pursues a legitimate protective purpose; but exclusion based solely on the existence of a chronic disease, without regard to the person's actual functional capacities, raises far more serious concerns.

The Constitution should also be read alongside Algeria's international commitments, in particular the Convention on the Rights of Persons with Disabilities, ratified by Presidential Decree No. 09-188 of 12 May 2009.[1] Built on principles of dignity, individual autonomy, non-discrimination, participation and inclusion, the Convention offers a useful interpretive lens for national legislation on chronic conditions and disability.[2]

Taken together, this constitutional framework allows Algerian law to move beyond a purely compensatory model. Legal protection should not simply compensate a person once illness has already caused a loss of capacity; it should also work to preserve autonomy, employment and social participation wherever this remains possible. Read in this light, the 2020 revision opens up a broader perspective within which the various statutory

[1]Presidential Decree No. 09-188 of 12 May 2009 ratifying the Convention on the Rights of Persons with Disabilities.

[2]Convention on the Rights of Persons with Disabilities, particularly Articles 3, 5, 19, 25 and 27.

mechanisms ought to be interpreted, a trajectory that Algerian constitutional scholarship traces across successive revisions leading up to 2020.[1]

2.3. Law No. 18-11 on Health: The Foundation of the Care Pathway

Law No. 18-11 of 2 July 2018 relating to health is one of the main legislative pillars of the Algerian health system,[2] setting out a comprehensive framework for health protection, prevention, healthcare, healthcare professionals, pharmaceutical products and the organisation of health services. Its provisions should be read together with Ordinance No. 20-02 of 30 August 2020, which amends and supplements it.[3]

For Auto-immune diseases, three dimensions of this framework stand out in particular: continuity of care, since chronic disease cannot be managed effectively through isolated interventions; the patient's right to information; and access to medicines and medical devices.

Because Auto-immune diseases are chronic in nature, they often call for long-term therapeutic strategies, so that any interruption of treatment can have serious consequences for a person's health and for their professional and social situation.

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[1]See the study on the constitutional protection of fundamental rights and freedoms through successive Algerian constitutions up to the 2020 revision, ASJP, available at https://asjp.cerist.dz/en/article/198022.

[2]Law No. 18-11 of 2 July 2018 relating to Health, Official Journal No. 46 of 29 July 2018.

[3]Ordinance No. 20-02 of 30 August 2020 amending and supplementing Law No. 18-11.

Ordinance No. 20-02 is worth pausing on here, as it modified certain provisions relating to pharmaceutical products and medical devices and introduced mechanisms allowing, in defined circumstances, the temporary use of medicines not yet registered in Algeria for certain serious diseases where therapeutic need justifies it. This does not amount to a specific regime for Auto-immune diseases, but it does show that health legislation is capable of responding to complex therapeutic situations.[1]

Health legislation must also be read alongside ethical requirements such as dignity, informed consent, professional confidentiality and respect for patients' rights — requirements that take on particular weight for chronic diseases, given how much sensitive medical information repeated consultations tend to generate. The protection of health data is, in this sense, inseparable from the protection of the patient.

Law No. 18-11 therefore forms an essential first layer of legal protection, but it cannot on its own resolve the occupational and social consequences of Auto-immune diseases; these necessarily call for coordination with social-security law, employment law and disability legislation. Algerian legal scholarship on the (amended) health law reaches a similar conclusion, both in mapping

[1]International Labour Organization, NATLEX database, Algeria: health legislation.

the mechanisms that protect the right to health and in flagging the gaps that remain in the current text.[1]

2.4. Social Insurance: Law No. 83-11 and Protection against the Risk of Illness

Law No. 83-11 of 2 July 1983 relating to social insurance remains one of the main pillars of the Algerian social-protection system.[2] It covers several social risks — sickness, maternity, invalidity and death — subject to the applicable statutory conditions, and although the text itself dates from the early 1980s, it has been amended and supplemented over time and continues to play a central role in social protection.

For a person living with an Auto-immune disease, sickness insurance offers a fundamental safeguard against the economic consequences of illness and the cost of healthcare, providing benefits in kind and, where the statutory conditions are met, cash benefits.

Auto-immune diseases can nonetheless create their own practical difficulties, since the person concerned may need repeated consultations, specialist care, medication, laboratory examinations and periods of medical leave — all of which means the social-security system has to interact effectively with the medical and administrative mechanisms used to establish entitlement.

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[1]See the study of وطواط محمدthe legal mechanisms protecting the right to health under (amended) Law No. 18-11, ASJP, available at https://asjp.cerist.dz/en/article/268006; andهشام مخلوف the commentary on Law No. 18-11 identifying its innovations and remaining gaps, ASJP, available at https://asjp.cerist.dz/en/article/148390.

[2]Law No. 83-11 of 2 July 1983 relating to Social Insurance, as amended and supplemented, notably by Law No. 15-05 of 1 February 2015.

It is worth noting that Law No. 83-11 does not classify insured persons primarily by the name of their disease; it focuses instead on the social risk covered and on the statutory conditions for entitlement. Two people suffering from the same Auto-immune disease may therefore find themselves in quite different legal situations, depending on their employment, their social-security affiliation, their working capacity and their healthcare needs.

The issue, then, is not so much whether a separate insurance scheme should be created for Auto-immune diseases, but whether the existing social-insurance mechanisms are flexible and accessible enough to accommodate chronic and fluctuating health conditions. In the end, the effectiveness of social insurance should be judged not only by the existence of statutory benefits, but by how easily people can actually obtain them.

2.5. Invalidity and Incapacity: From Illness to Loss of Working Capacity

Invalidity is one of the most sensitive legal issues that Auto-immune diseases raise. A diagnosed disease does not necessarily translate into professional incapacity, while a fluctuating condition can create genuine incapacity that a single medical examination struggles to capture.

The legal concept of invalidity is therefore concerned less with the diagnosis itself than with what the illness means for working capacity — a distinction that turns out to be fundamental. The treating physician describes the medical condition, while the competent medical or

administrative body determines its legal consequences under the applicable legislation.

An overly rigid assessment can easily fail to reflect the reality of diseases marked by recurrent episodes, chronic fatigue or shifting functional limitations, which is why medical assessment should take account not just of the person's condition on the day of examination, but, where relevant, of how it has evolved over time.

Temporary incapacity should also be kept distinct from long-term invalidity. Repeated periods of sick leave do not by themselves establish legal invalidity, though recurrent incapacity may justify a reassessment once the condition becomes persistent or substantially affects earning capacity — a distinction that matters a great deal within employment relationships, since repeated but medically justified absences should not automatically be read as a sign of professional inadequacy. Algerian scholarship on the concept of incapacity as a condition for sick leave underlines just how unsettled this boundary remains in practice.[1]

Before any measure affecting employment or career progression is taken, then, the relevant legal framework deserves careful scrutiny. Academic research published through the Algerian Scientific Journal Platform has looked at invalidity insurance, incapacity and medical disputes in social security,[2] and these studies underline

[1]See Rachedi Haddehoum, D. & Mezouar, A., "A Reading of the Concept of Incapacity as a Condition for Sick Leave," ASJP, pp. 15-39, available at https://asjp.cerist.dz/en/article/105751.

[2]See, on medical expertise and the settlement of invalidity and medical disputes in Algerian social-security law, El Aggoun, R. & Nateche, K.,

just how important medical expertise and procedural guarantees are in this area.

The lawyer's role, in the end, is not to replace medical judgment but to make sure that the medical assessment is folded into a lawful, transparent and fair administrative process.

2.6. Law No. 25-01 of 2025 and the New Legal Approach to Persons with Specific Needs

Law No. 25-01 of 20 February 2025 marks a significant recent step in Algerian legislation on persons with specific needs.[1] Its stated purpose is to establish principles and rules for their protection and promotion, to consolidate their rights and to preserve their dignity while ensuring a dignified life; it repeals the former Law No. 02-09 and puts in place a renewed legal framework.

Its relevance to Auto-immune diseases becomes clear wherever a chronic condition results in substantial and lasting functional limitations — though this does not mean that every person diagnosed with an Auto-immune disease automatically acquires the status of a person with specific needs. What matters, in the end, is the individual's actual situation measured against the statutory conditions for recognition.

One of the most important shifts in this reform is towards a more inclusion-oriented conception of protection, in

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"Administrative and Judicial Settlement of Medical Disputes in Algerian Social Security Law," ASJP, pp. 1075-1090, and the further .

[1]Law No. 25-01 of 20 February 2025 relating to the Protection and Promotion of Persons with Specific Needs, Official Journal No. 12 of 23 February 2025, repealing Law No. 02-09 of 8 May 2002.

which the person is no longer seen simply as someone suffering from an impairment but as a rights-holder whose participation in social, educational and professional life the law is meant to facilitate — an approach that fits naturally with the Convention on the Rights of Persons with Disabilities.

For people with Auto-immune diseases, the practical significance of this shift lies in the possibility of addressing concrete needs: workplace adaptation, accessibility, professional inclusion, social support and the other measures the law provides for. Much will therefore depend on how Law No. 25-01 is actually implemented.

The official text itself ties the reform to constitutional principles and to Algeria's international obligations under the Convention on the Rights of Persons with Disabilities, which makes this reform a genuine opportunity to build a more individualised and functional model of legal protection. Recent commentary on Law No. 25-01 confirms this reading of the text and its ambitions.[1]

2.7. Ordinance No. 06-03 and the Protection of Public Servants Living with Chronic Illness

Ordinance No. 06-03 of 15 July 2006, establishing the General Civil Service Statute, matters a great deal for public servants living with Auto-immune diseases.[2] It

[1]See لوكال مريم . the commentary on Law No. 25-01 on the protection and promotion of persons with specific needs, ASJP, available at https://asjp.cerist.dz/en/article/276878.

[2]Ordinance No. 06-03 of 15 July 2006 establishing the General Civil Service Statute.

sets out the fundamental guarantees applicable to public servants and forms the legal framework governing their relationship with the administration — a relationship the official Algerian legal database confirms extends to employees across public institutions and administrations.

Its provisions on social protection, health and sick leave are especially relevant here, not least because medical leave does not, by itself, terminate the statutory relationship between the public servant and the administration — a principle that carries particular weight in cases of chronic illness.

A public servant with an Auto-immune disease may go through recurrent periods of incapacity while still being fully able to perform his or her duties during periods of remission or stability. The administration should accordingly take care to distinguish medically justified absence from professional misconduct, bearing in mind that the situation becomes more complex once the disease results in lasting incapacity — at which point the public-service framework has to be read together with social-security and invalidity legislation and, where relevant, the rules on retirement or permanent incapacity.

The principle of equality also requires that decisions affecting a public servant's career rest on objective legal and medical criteria rather than on the mere fact of a chronic disease. This is especially relevant in universities and public research institutions, where professional competence can remain entirely intact even when health conditions call for temporary adjustments. The

underlying legal objective should be to preserve professional continuity whenever the person's health and the demands of the position make that possible — a concern that comparative studies of the public-service leave system in Algeria and Tunisia likewise place at the centre of their analysis.[1]

2.8. Employment, Occupational Medicine and Retention in Work

Legal protection for persons living with Auto-immune diseases cannot be reduced to sick leave; preserving employment is itself an important social and legal objective in its own right.

Law No. 88-07 of 26 January 1988, on hygiene, safety and occupational medicine, supplies an important preventive framework for protecting workers' health,[2] and occupational medicine has a particularly useful role to play for Auto-immune diseases precisely because their effects tend to fluctuate. The aim should not automatically be to remove a worker from employment, but rather to ask whether the working environment or the organisation of work can reasonably be adapted.

Workplace accommodation should rest primarily on functional capacity rather than diagnosis. Depending on the circumstances, the adjustments involved might

[1]See مجدوب عبد المؤمن . كانش احمدthe comparative study of the leave system for public servants in Algeria and Tunisia under Ordinance No. 06-03 and its Tunisian equivalent, ASJP, available at https://asjp.cerist.dz/en/article/115653.

[2]Law No. 88-07 of 26 January 1988 relating to Hygiene, Safety and Occupational Medicine; Executive Decree No. 93-120 of 15 May 1993 relating to Occupational Medicine.

concern working hours, workload, the organisation of work, or other conditions compatible with the applicable legal framework and medical recommendations.

At the same time, the distinction between ordinary illness and occupational disease needs to be kept firmly in place: an Auto-immune disease does not become an occupational disease simply because it occurs during employment. Recognition of occupational origin requires that the specific statutory and regulatory conditions governing occupational accidents and diseases be met, and wherever occupational factors are said to have contributed to the onset or aggravation of a condition, medical and documentary evidence becomes particularly important.

Occupational medicine therefore serves both a preventive and an advisory function, and greater coordination between occupational medicine and social-security institutions could go some way towards preserving employment while still ensuring appropriate social protection. A modern approach, in short, should favour retention in employment wherever this is medically and legally possible — precisely the concern at the heart of Algerian research on the occupational physician's role in preserving an injured worker's job and on the legal guarantees protecting that job after sick leave following an occupational hazard.[1]

[1]See the study of أحمد بن العارية . Akir Hania . الشيخ ساوس . سميرة فاندي the occupational physician's role in preserving the job of an injured worker, ASJP, available at https://asjp.cerist.dz/en/article/97171; and Rachedi Haddehoum, D. & Mezouar, A., "Legal Guarantees for Job Protection

3. PRACTICAL CHALLENGES AND TOWARDS AN INTEGRATED MODEL OF LEGAL SUPPORT

3.1. Auto-immune Diseases and the Border between Ordinary Illness and Occupational Disease

Classifying an Auto-immune disease as occupational calls for particular caution, since these conditions can have multiple and complex causes and their occurrence during employment does not, by itself, establish a causal link with professional activity. Law No. 83-13 of 2 July 1983, on occupational accidents and diseases, sets out a specific legal framework for occupational risks,[1] but applying it here requires three separate questions to be kept apart:

1. Does the disease exist?
2. What effect does it have on working capacity?
3. Can it legally be attributed to occupational activity?

Confusing these three questions can weaken a legal claim considerably. Wherever working conditions are said to have contributed to the onset or aggravation of an Auto-immune condition, evidence becomes essential — occupational-medicine records, employment history, exposure information, medical records and expert assessments can all play a part here.

Legal assistance should therefore preserve the distinction between a medical hypothesis and a legally established occupational cause, without losing sight of the possibility

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after Sick Leave Following an Occupational Hazard," ASJP, available at https://asjp.cerist.dz/en/article/214542.

[1]Law No. 83-13 of 2 July 1983 relating to Occupational Accidents and Diseases.

that causation may be multifactorial. For complex diseases, multidisciplinary medical expertise can offer a more accurate picture of how occupational exposure relates to the development or aggravation of the condition — which is really to say that the legal system needs to combine scientific caution with effective protection of workers' rights. This is also the direction taken by Algerian research on the occupational physician's role in keeping the official list of recognised occupational diseases up to date.[1]

3.2. Social-Security Litigation: Procedural Guarantees for Insured Persons

Legal protection remains incomplete without an effective remedy. Law No. 08-08 of 23 February 2008, on social-security litigation, sets out the procedural framework governing disputes between insured persons and social-security institutions,[2] and Auto-immune diseases can give rise to disputes of exactly this kind — over entitlement to benefits, medical assessments, incapacity, invalidity or other social-security rights.

Given how technical these disputes tend to be, medical expertise plays a central role throughout. The first step in any dispute is to identify precisely the legal nature of the challenged decision and the procedure that applies to it, respecting the relevant time limits and preliminary

[1]See the study of معراف أسماء : the occupational physician's role in updating the list of recognised occupational diseases, مجلة قانون العمل و التشغيلVolume 8, Numéro 1, Pages 88-109 ;2023-02-13 ASJP, available at https://asjp.cerist.dz/en/article/214545.

[2]Law No. 08-08 of 23 February 2008 relating to Social-Security Litigation.

remedies along the way — an incorrectly formulated challenge can easily result in delay or inadmissibility.

The role of the judge matters just as much. Judicial review does not necessarily require the court to substitute its own medical diagnosis for that of the competent expert, but it must be able to examine procedural legality, the reasoning behind the decision, and the evidentiary value of the medical assessment; medical expertise, in turn, needs to be sufficiently independent, objective and reasoned.

The insured person should also be able to understand why a benefit was refused and what remedies remain open to them, since effective access to justice depends not only on formal judicial procedures but on clear information and accessible administrative decisions. Seen in this light, social-security litigation is best understood as an extension of social protection, not as an exceptional avenue of last resort — a view borne out by Algerian research on how medical disputes are settled internally under Law No. 08-08, before a case ever reaches a judge.[1]

3.3. Confidentiality, Health Data and Administrative Support

Auto-immune diseases typically generate a great deal of medical information — diagnoses, laboratory results, prescriptions, specialist reports, sick-leave certificates, medical-expert assessments — and this information is highly sensitive. Its processing must therefore be limited

[1]See the internal settlement of medical disputes in social security under Law No. 08-08, ASJP, available at https://asjp.cerist.dz/en/article/161320.

to legitimate purposes and carried out in line with the applicable legal safeguards.

Health legislation protects the confidentiality of the relationship between patients and healthcare professionals, even though social-security institutions and employers may legitimately need certain information to carry out their own legal responsibilities. This does not mean, however, that the complete medical record should circulate freely among administrative actors: a principle of proportionality should govern how medical information is disclosed.

An employer, for instance, may need to know whether an employee is medically fit for a particular position, or whether workplace adjustments are called for — but does not necessarily need access to that employee's complete diagnosis or medical history. This distinction matters especially in public institutions and large organisations, and Law No. 18-07 of 10 June 2018, on the protection of personal data, should be read alongside health legislation in this respect.[1]

The digitalisation of health and social-security systems may well improve administrative efficiency, but it also raises the stakes around unauthorised access, disclosure and secondary use of sensitive information. For persons living with chronic illnesses, confidentiality is not merely an abstract legal principle: it contributes directly to their dignity, their professional security and their social

[1]Law No. 18-07 of 10 June 2018 relating to the Protection of Individuals in the Processing of Personal Data.

participation, which is why the development of digital health services should go hand in hand with strong safeguards on access, storage, processing and accountability. Algerian legal scholarship on the principle of medical confidentiality reaches the same conclusion, treating it as a core safeguard of patients' dignity rather than a mere formality.[1]

3.4. Continuity of Rights: From Hospital Care to Employment

One of the main challenges facing Algerian social law lies in how different legal regimes interact with one another. A person living with an Auto-immune disease may end up dealing with hospitals, physicians, CNAS, medical commissions, occupational medicine, employers, social services and courts, each of which may ask for different documents — and this fragmentation can both increase the administrative burden and produce inconsistent decisions.

An individual may therefore be medically recognised as suffering from a chronic illness while still being uncertain about the procedures needed to obtain social benefits or workplace accommodation. Legal support should be understood broadly enough to cover this gap: information about rights, help identifying the competent institution, the preparation of evidence, procedural assistance and guidance on the remedies available — none of which necessarily requires litigation.

[1]See the study of the legal protection of medical confidentiality in the Algerian legal system, ASJP, available at https://asjp.cerist.dz/en/article/210507.

An integrated social and legal information service within major hospitals, universities and public institutions could go a long way towards helping people navigate these different systems, and digitalisation, provided confidentiality and data-protection requirements are respected, could help cut down on repetitive administrative procedures.

The fundamental principle at stake here is continuity of rights: illness should not automatically lead to exclusion from employment, temporary incapacity should not automatically mean the loss of professional identity, and recognition as a person with specific needs should facilitate inclusion rather than reinforce marginalisation.

3.5. Practical Difficulties and Limits of Positive Law

A closer look at Algerian legislation reveals several limitations. The first is the absence of any transversal legal framework specifically addressing complex chronic conditions; the second is the way protective mechanisms are scattered across several branches of law; the third has to do with how hard it is to evaluate diseases that fluctuate over time.

Auto-immune conditions raise a particular problem of visibility: a person may appear fully capable of working while actually experiencing severe fatigue, pain or recurrent symptoms that significantly affect everyday functioning. A legal system built exclusively around static medical criteria risks underestimating just how much the disease actually affects that person's life.

A related difficulty concerns the line between diagnosis and incapacity. Administrations understandably need objective criteria, but those criteria should not end up producing an overly quantitative assessment that ignores the person's occupation, treatment requirements, the frequency of episodes and their working environment.

Procedural complexity is another obstacle in its own right: chronic illness can require repeated medical examinations and administrative submissions at precisely the moment when the person's own health makes mobility and administrative procedures most difficult. The existence of a legal right, in other words, does not automatically guarantee effective access to it — which is exactly why information, procedural simplification and institutional coordination matter as much as the substantive rules themselves.

3.6. Towards an Individualised Model of Legal Support

An effective legal-support strategy might usefully be organised around five stages. First, the legal situation needs to be classified properly, since disease, incapacity, invalidity, disability, specific needs and occupational disease should not be run together. Second, the competent institution has to be identified. Third, the necessary medical and administrative evidence must be assembled. Fourth, the appropriate administrative or judicial remedies should be pursued within the applicable time limits. Fifth, wherever possible, the search should be for a solution that preserves employment and autonomy.

This approach places the individual at the centre of the legal process. The lawyer or legal adviser does not replace the physician; rather, legal assistance ensures that the medical facts are properly translated into the relevant legal category and that the individual's procedural rights are respected.

The same logic could equally be applied at an institutional level. Universities, hospitals and public administrations could develop confidential support units for persons facing chronic illnesses, providing information and helping coordinate between health services, social security and administrative departments — an approach that would sit comfortably with the constitutional principles of dignity and equality and with the inclusion-oriented spirit of Law No. 25-01.

3.7.From Social Protection to Integrated Legal Support

Taken as a whole, the analysis points to a central conclusion: Algerian law already provides substantial protection for many aspects of the lives of persons living with Auto-immune diseases, but these protections have not yet been organised into a clearly identifiable and integrated legal pathway.

The 2020 Constitution supplies the normative foundation. Health legislation organises access to healthcare. Social-insurance law protects against sickness and provides mechanisms relating to invalidity. Law No. 08-08 establishes remedies in social-security disputes. Occupational-health and labour legislation offer

protection in the workplace. Ordinance No. 06-03 governs the situation of public servants. And Law No. 25-01, finally, introduces a renewed, inclusion-oriented framework for persons with specific needs.

The legal framework, in short, is substantial — its principal difficulty lies not in any gap in the law but in its institutional fragmentation. The individual has to move from one legal regime to another, often without any single institution offering a comprehensive overview of his or her rights, and it is precisely here that the concept of integrated legal support becomes useful.

The person should be considered primarily as a rights-holder, not merely as a beneficiary of medical or social assistance, and the shift from a compensatory model to a preventive, inclusion-oriented one matters a great deal in this respect: wherever a person can remain professionally active with reasonable adjustments, the law should facilitate that continuity rather than encourage premature exclusion.

This is entirely consistent with how Algerian legislation on persons with specific needs has been evolving. The adoption of Law No. 25-01 in February 2025 represents a real opportunity to strengthen the inclusion of persons whose health conditions create lasting functional limitations, and the official text itself places the protection of dignity and the consolidation of rights at the very centre of the new framework.[1]

[1]Official Journal of the People's Democratic Republic of Algeria, No. 12 of 23 February 2025 (Law No. 25-01).

The next challenge, then, is implementation. Algeria has already built a substantial normative framework; what remains is to make it more coherent, more accessible, and more responsive to the lived realities of chronic illness. For Auto-immune diseases in particular, the most appropriate legal model appears to be graduated and functional: legal rights should respond first and foremost to the actual consequences of the disease, rather than to the diagnostic label alone.

Conclusion

Auto-immune diseases reveal both the strengths and the limitations of Algerian social and health law. Their sheer diversity shows that legal protection cannot reasonably rest on diagnosis alone — it has to take account of functional consequences, continuity of healthcare, working capacity, social participation and individual autonomy.

Since the 2020 Constitutional Revision, the principles of dignity, equality, health protection and social solidarity have supplied a strong normative foundation for interpreting the relevant legislation. Law No. 18-11 on health, Law No. 83-11 on social insurance, Law No. 08-08 on social-security litigation and Ordinance No. 06-03 on the General Civil Service Statute together form important pillars of protection, while Law No. 25-01 of 20 February 2025 adds a further, more contemporary dimension by reinforcing the rights and dignity of persons with specific needs — a purpose the Official

Journal of the People's Democratic Republic of Algeria expressly confirms.

The principal weakness, then, is not an absence of legal protection but insufficient coordination between the different protective regimes. A more integrated approach should focus on continuity of care, the quality of medical expertise, the protection of health data, simplified administrative procedures, effective remedies and retention in employment.

The ultimate objective should not be to multiply legal categories, but to make the existing system clearer, more coordinated and more responsive to the individual realities of chronic illness. Seen in this light, the Algerian legal framework is well placed to evolve from a predominantly compensatory model towards one centred on dignity, inclusion, autonomy and continuity of rights — an evolution that would offer more effective protection for people living with Auto-immune diseases while remaining fully consistent with Algeria's constitutional and international commitments.

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