

Child Healthcare in Algerian Legislation

الرعاية الصحية للطفل في التشريع الجزائري

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Abstract:

This study examined the legal framework governing child healthcare in Algeria, in alignment with international and regional standards, such as the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child. Our study highlighted the child's right to access the highest attainable standard of health, beginning with ensuring healthcare for the child before birth through maternal care, and after birth by safeguarding the child from exposure to epidemic diseases through mandatory vaccination, as well as guaranteeing their right to care and treatment. To further this endeavor, the Algerian legislature has granted children the right to social insurance and encouraged parents to adopt healthy child-rearing practices. Additionally, it has prohibited the sale of substances harmful to children's health, such as drugs, alcoholic beverages, and tobacco, to this vulnerable group.

Key words: Healthcare Access – Children – Mandatory Vaccination – Right to health – Maternal Health – Algerian Health Policies.

Introduction:

Healthcare is universally recognized as a fundamental human right, enshrined in numerous international, regional, and national legal instruments. Among the most vulnerable groups, children are particularly reliant on robust legal frameworks to ensure their access to comprehensive healthcare services. The right to healthcare for children is vital for their physical, mental, and social development, forming the foundation for their future well-being and the prosperity of societies. International frameworks, such as the United Nations Convention on the Rights of the Child (CRC) and the African Charter on the Rights and Welfare of the Child, explicitly obligate states to ensure the highest attainable standard of health for children.

In an era marked by global health crises, such as the COVID-19 pandemic and the increasing impacts of climate change, the protection of children's health rights has become more critical than ever. These challenges underscore the urgent need to evaluate and strengthen legal frameworks to ensure equitable access to healthcare for all children. Despite these commitments, significant gaps persist between the adoption of international norms and their practical implementation at the national level. These gaps are most evident in marginalized communities with limited access to healthcare. In Algeria, while legislative and policy measures have been introduced to align with international obligations, scant scholarly attention has been devoted to evaluating their efficacy in addressing these disparities. Moreover, limited scholarly focus has been directed toward understanding how cultural, religious, and socio-economic factors influence the realization of children's health rights.

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This study seeks to address the following question: *How effectively does Algeria's legal framework for children's healthcare align with international and regional standards, and what challenges hinder its comprehensive implementation?* To answer this question, the research explores two main dimensions of children's right to healthcare in Algeria. The first dimension, The Right to the Highest Attainable Standard of Health, examines the foundational aspects of maternal and prenatal healthcare and the postnatal framework for comprehensive child protection (1). The second dimension, Guarantees Contributing to the Protection and Promotion of Healthy Lifestyles for Children, analyzes broader measures supporting children's well-being, including social insurance, health education, prohibitions on harmful products, and the prevention of economic exploitation (2).

This study employs a legal and comparative analysis to evaluate Algeria's healthcare policies in light of international and regional standards, drawing on primary legal sources, including national legislation and international treaties, as well as secondary literature. By identifying systemic barriers and proposing actionable solutions, this research aims to inform policymakers, international organizations, and civil society actors working to advance children's health rights in Algeria and beyond.

1- The Right to the Highest Attainable Standard of Health

The **Committee on the Rights of the Child** has issued general comments emphasizing the significance of the right to the highest attainable standard of health, as articulated in the **Convention on the Rights of the Child**. It recognizes this right as a fundamental human entitlement, indispensable for the exercise of other rights, stating:

*"The right to the highest attainable standard of physical and mental health is a fundamental human right essential for the realization of other rights."*¹

Consequently, several international instruments, including the **International Covenant on Economic, Social, and Cultural Rights**, the **Convention on the Rights of the Child**, and the **African Charter on the Rights and Welfare of the Child**², enshrine this right. They seek to ensure that children can access the best possible health services, including facilities for treatment and rehabilitation, and comprehensive healthcare services at all levels.

These texts often use phrases such as "the highest attainable standard" or "the best achievable condition," underscoring a progressive realization of this right based on state capacity and available resources. This approach aims to ensure a child's growth and development through holistic health measures³. Achieving this involves adopting appropriate strategies, such as reducing infant and child mortality, guaranteeing access to medical assistance, combating infectious and epidemic diseases, and ensuring maternal healthcare before and after childbirth⁴.

Legislative frameworks reflect this commitment, emphasizing the importance of maternal health and prenatal care (1-1) and child health after birth (1-2).

1.1- Maternal and Prenatal Healthcare

Healthcare for children begins at the prenatal stage and even earlier, as the fetus requires special protection through maternal care. It is widely recognized that "the foundation of a child's health begins with the care of the pregnant mother, which serves as a cornerstone for the health of both the child and society at large."⁵ Islamic law, international conventions, and national legislation affirm the necessity of safeguarding maternal and fetal health to ensure proper development during the various stages of gestation, recognizing this as the starting point of human life.

Protecting fetal health is intrinsically linked to maternal care, which includes preventing diseases, ensuring proper health management, and preserving the mother's well-being. This connection underscores the fetus's critical need for health protection during pregnancy, as neglect at this stage adversely affects the entire course of the child's life⁶.

Accordingly, international frameworks such as the **International Covenant on Economic, Social, and Cultural Rights**, the **Convention on the Rights of the Child**, and the **African Charter on the Rights and Welfare of the Child** urge states to adopt measures that guarantee maternal healthcare before and after childbirth⁷.

In line with these principles, Algeria's legislature has prioritized prenatal care in alignment with international instruments and the country's religious and cultural framework. It emphasizes implementing specialized health programs that safeguard maternal and child health through medical, psychological, social, educational, and administrative measures aimed particularly at protecting mothers during pregnancy and postpartum⁸.

These provisions demonstrate a comprehensive approach, as Algeria extends maternal protection beyond pregnancy to include pre-pregnancy phases. For instance, Article 7 bis of the **Family Code** mandates compulsory medical examinations for couples intending to marry, ensuring that they are free from diseases that could jeopardize reproductive health⁹. This requirement aims to prevent harm to the couple and their future children, fostering healthy family planning¹⁰.

To implement this, **Executive Decree No. 06-154**¹¹ outlines the conditions and procedures for enforcing Article 7 bis. It stipulates that medical certificates are issued only after thorough clinical examinations and blood tests (ABO and Rh factor). Physicians are also required to inform individuals of test results and, where necessary, conduct genetic and hereditary screenings to detect potential risks to offspring¹².

By adopting such preventive measures, the Algerian legislature ensures prospective spouses are well-informed, thereby reducing health risks for future generations and promoting healthier family structures.

The legislator has aligned with the progressive measures adopted by various legal systems in response to advancements in medical science. These developments have underscored the risks posed by genetic disorders to fetal health, including the possibility of hereditary diseases or congenital malformations. As such, mandatory premarital medical examinations have been established to identify potential health risks and protect the fetus from inheriting such conditions¹³.

To strengthen the healthcare framework for children, the legislator did not limit its interventions to safeguarding fetal health through premarital measures. It also expanded protections to include comprehensive maternal healthcare during pregnancy. These efforts are supported by guarantees aimed at ensuring successful pregnancies, minimizing the risks of hereditary and communicable diseases, and promoting the birth of healthy children.

In this regard, Algeria's **Health Law No. 18-11** devotes a specific section to the protection of maternal and child health, encompassing 15 articles as well as additional provisions dispersed throughout the law. Collectively, these regulations prioritize maternal and child health, emphasizing care before, during, and after pregnancy. The law identifies the reduction of maternal and child mortality rates and the organized regulation of childbirth as key public health priorities. To this end, healthcare institutions are tasked with implementing the necessary medical, social, educational, and awareness-raising measures¹⁴.

Under this legislative framework, healthcare professionals are required to register pregnant women from the third trimester onward at a public or private maternity clinic of their choice. The state ensures access to appropriate resources for regular, mandatory prenatal check-ups. Pregnant women facing difficulties starting in the seventh month can request specialized care, and prenatal diagnostic testing is permitted under medical orders to detect severe fetal conditions. Therapeutic termination of pregnancy is restricted to public hospitals and is permissible only in cases where the pregnancy endangers the mother's life or mental and physical well-being¹⁵.

To further safeguard maternal and fetal health, the legislator has introduced dedicated services governed by **Executive Decree No. 05-338**, which regulates prenatal and postnatal care as well as neonatal medicine. This specialized field, addressing care from conception to the sixth

day of a newborn's life, operates within public and private healthcare facilities, maternity clinics, obstetrics and gynecology units, and neonatal departments¹⁶. Each entity is assigned specific responsibilities to ensure comprehensive healthcare for mothers, fetuses, and newborns.

In recognition of the overcrowding in public maternity wards, the legislator has established mechanisms to facilitate free childbirth services in private healthcare institutions for insured women. This initiative, outlined in **Executive Decree No. 20-60**¹⁷, sets forth a standard agreement between social security agencies and private hospitals. Insured women must submit a request for approval at least one month before the expected delivery date, accompanied by proof of insurance, a medical report indicating the expected delivery date, and, in the case of cesarean sections, a justification provided by the attending physician. All procedures must adhere to international health standards, and social security agencies are obligated to settle costs within one month of receiving invoices and supporting documents. Importantly, private maternity services must operate under the supervision of a full-time specialist in obstetrics and gynecology, and all personnel involved must possess the requisite qualifications¹⁸.

The legislator's commitment to maternal health is evident in its focus on preventive measures, optimal medical care before and during pregnancy, early fetal diagnostics, and the prevention of health complications. Moreover, the framework facilitates free childbirth services in private institutions and addresses health issues arising from pregnancy-related complications¹⁹.

However, this protection framework places a dual responsibility on pregnant women to preserve their own health and that of their unborn child. Positive obligations include adhering to medical advice on nutrition, hygiene, and rest, while negative obligations involve avoiding harmful substances such as alcohol, tobacco, and certain foods. Neglecting these obligations can lead to low birth weight, congenital malformations, or, in severe cases, fetal death. Regular prenatal check-ups and adherence to medical recommendations are essential for monitoring maternal and fetal health²⁰.

Healthcare institutions, media outlets, and civil society organizations play a pivotal role in raising awareness among mothers, particularly in rural areas where educational levels may be limited. Spouses also contribute to maternal health by fulfilling financial obligations during pregnancy. In cases of divorce, alimony for the pregnancy period remains obligatory. Under **Article 330/2 of the Penal Code**, husbands who abandon their pregnant wives without valid reason for more than two months face imprisonment ranging from two months to one year and a fine of 25,000 to 100,000 Algerian dinars²¹.

Despite these advancements, the legal framework lacks provisions for penalizing pregnant women who neglect their positive obligations, such as maintaining proper nutrition or abstaining from harmful substances. Additionally, the law fails to criminalize other forms of fetal harm, such as intrauterine assaults or acts causing fetal deformities, except for deliberate actions resulting in fetal death or abortion²².

The legislator's efforts to enhance maternal and child health protections are commendable, encompassing comprehensive healthcare measures, specialized services, and free access to private maternity care. Nevertheless, achieving holistic protection for fetal health requires addressing legislative gaps, promoting maternal accountability, and reinforcing social and legal measures to ensure the well-being of mothers and their unborn children.

1.2- Postnatal Child Health Care: A Framework for Comprehensive Protection

Postnatal healthcare for children holds paramount importance in protecting them from diseases. Therefore, newborns must undergo mandatory vaccinations against life-threatening and contagious diseases, to which they are highly vulnerable after birth, given their immature immune systems²³. In recognition of this, the constitutional framework assigns the state the responsibility of ensuring access to healthcare for all citizens, particularly for the underprivileged. This includes the prevention and control of infectious and epidemic diseases²⁴.

In alignment with this mandate, health legislation guarantees free mandatory vaccination for newborns and children. Healthcare institutions and facilities are required to provide medical care for children using both human and material resources at the expense of the state²⁵. In this regard, Decree No. 85-282, amending Decree No. 69-88 on mandatory vaccination types, underscores that child health protection is ensured through vaccinations against tuberculosis, diphtheria, tetanus, pertussis, poliomyelitis, and measles. These vaccinations are obligatory and must be documented in the child's health record or certified by a medical certificate confirming their proper administration²⁶.

To ensure universal vaccination, the law mandates the establishment of vaccination centers and facilities that meet technical specifications tailored to population density, enabling all families to fulfill this obligation. Additionally, catch-up vaccination campaigns are periodically organized to address any delays²⁷. It is worth noting that the legislator has specified appropriate vaccinations for children at various growth stages, starting from birth and continuing at two months, four months, eleven months, twelve months, eighteen months, six years, eleven to thirteen years, and sixteen to eighteen years²⁸.

Parents, guardians, heads of institutions, and public or private entities bear personal responsibility for implementing these obligations. Any violation entails criminal liability, with penalties ranging from fines of 30 to 500 DZD. However²⁹, such minimal penalties are disproportionate to the potential harm caused by a lack of necessary vaccinations, necessitating a revision of this provision to ensure comprehensive protection for all children³⁰.

Regarding treatment, the legislator affirms the right of every individual to receive medical care and support tailored to their health needs at all stages of life and in all locations, without discrimination based on age, gender, or other factors. No justification, regardless of its nature, may hinder access to healthcare within health institutions and facilities. These institutions are obligated to ensure medical care for children using state-provided resources³¹.

To achieve comprehensive child health protection, the legislator has implemented six maternal and child health programs aimed at disease prevention and risk mitigation. These programs are overseen by program managers under the supervision of technical bodies. For this purpose, three staff members are trained for each health sector in the country: one from the Department of Epidemiology and Preventive Medicine, one from the Department of Pediatrics, and one from the Department of Gynecology³².

The programs include a vaccination program, a program to combat diarrheal diseases in children, a program to address acute respiratory infections in children, a program to fight malnutrition, a program aimed at reducing morbidity and mortality rates related to maternal and child health, and a program to combat acute rheumatic fever³³.

It should be noted that treating children requires the accompaniment of their parents, except in emergency cases. Parents must be informed of their child's health condition, the required treatment, and any associated risks³⁴. Moreover, their consent is required for treatments that could affect the child's physical well-being. This raises potential conflicts if the child's opinion diverges from that of their parents regarding certain medical interventions. In such cases, the child's best interest serves as the determining criterion in deciding whether to proceed with the treatment. The child's opinions and actions are considered valid if they benefit them, but invalid if they are detrimental³⁵.

2- Guarantees Contributing to the Protection and Promotion of Healthy Lifestyles for Children

Ensuring a child's right to achieve the highest attainable standard of health is only possible through a set of legal guarantees that directly or indirectly contribute to the full realization of this right. These include social insurance (1), promoting healthy upbringing practices (2), measures to

reduce risks to the child's health, such as prohibiting the sale of alcoholic beverages, narcotics, and all tobacco products to children (3), and banning their economic exploitation (4).

2.1- Social Insurance for Children

One of the most significant achievements in safeguarding children's health is ensuring their right to medical care and treatment through access to social insurance. Social insurance provides coverage for various costs under the insurance system. The Convention on the Rights of the Child calls on member states to recognize this right and to adopt appropriate measures for its full realization. Similarly, the Covenant on the Rights of the Child in Islam emphasizes this recognition³⁶, unlike the African Charter on the Rights and Welfare of the Child, which overlooks its regulation, focusing instead on providing assistance to parents and caregivers.

In response, the legislator has established that children, including fostered children under the guardianship of individuals insured by social security, are entitled to receive in-kind insurance benefits. These benefits cover a wide range of medical services such as illness treatment, surgery, medication, hospitalization, diagnostic examinations, dental care, and more. Additionally, the legislator has recognized maternity insurance, particularly expenses related to pregnancy, childbirth, and their aftermath, provided that the delivery is supervised by a physician or medical assistants, except in cases of force majeure³⁷.

This reflects the legislator's alignment with the Convention, recognizing the provision of special assistance and protection for children. This is achieved either directly through access to in-kind insurance benefits or indirectly through support for maternity across various stages of pregnancy, childbirth, and postpartum care. These measures aim primarily to ensure comprehensive social care for the child, including the fetus and maternity.

2.2- Promoting Healthy Lifestyles in Child Education

Health education for children is an integral part of both preventive and therapeutic healthcare. It involves encouraging children to adopt positive health behaviors based on awareness and aimed at elevating their health to the highest possible standards. This is particularly achieved through monitoring healthy nutrition and physical education—both of which have been given special attention by the legislator. These aspects are addressed in dedicated subsections of the Health Law, which emphasizes that the state promotes balanced and healthy nutrition, establishes and enforces nutritional standards, and implements educational, awareness, and sensitization programs. The state also takes all necessary measures to prevent obesity, especially among children³⁸.

To achieve this goal, a national program for monitoring children's nutritional health has been established. This program focuses on tracking the biological growth of children, including monthly check-ups to monitor height and age, and providing the legal framework for creating and equipping centers to monitor children's normal growth. It also includes addressing health issues related to discrepancies between age, weight, and height, as well as supplementing children's diets with essential nutrients, such as vitamin D, to support their development³⁹.

Additionally, the legislator has underscored the state's commitment to adopting appropriate programs to promote individual and collective practices in physical education and sports. These programs, recognized as essential factors for protecting and enhancing public health, are designed to consider age, gender, health status, and living conditions⁴⁰.

Given the critical role of schools in educating and preparing children, sports have been integrated into the educational system as an independent pedagogical framework. This framework aims to enhance children's health by improving their physical fitness and sharpening their intellectual and cognitive abilities. It is a holistic program that addresses all dimensions of health—not limited to physical or organic aspects, but encompassing a balance between psychological, physical, and social well-being, which can only be achieved through engagement in physical activities⁴¹.

2.3- Prohibition of Selling Products Harmful to Children's Health

All forms of tobacco, alcoholic beverages, and narcotic substances pose significant health risks to humans, particularly to children. In recognition of this, both international and national instruments have established numerous provisions aimed at implementing measures to prohibit the sale of tobacco products to children (2-3-1) and measures to prevent the misuse of alcohol and narcotic substances among children (2-3-2).

2.3-1- Measures Prohibiting the Sale of Tobacco Products to Children

The consumption of tobacco products is a widespread social issue in many societies, despite its well-documented risks to public health. As such, international and national efforts have introduced numerous conventions and regulations aimed at curbing addiction and prohibiting the sale of tobacco to children as part of broader measures to reduce its consumption.

These efforts culminated in the adoption of the **World Health Organization Framework Convention on Tobacco Control (WHO FCTC)** in 2003. This convention recognized the global tobacco epidemic as a serious public health issue with devastating health, social, economic, and environmental consequences, necessitating extensive international cooperation and a comprehensive, appropriate global response⁴².

The convention emphasizes scientific evidence proving that tobacco smoke is a public health hazard, causing disability and death. It obliges member states to adopt measures protecting individuals from exposure to tobacco smoke in indoor workplaces, public transport, and public spaces. It also prohibits misleading packaging and labeling of tobacco products that could falsely suggest reduced harm. Tobacco packaging must include health warnings that clearly describe the harmful effects of smoking. Moreover, the convention mandates a comprehensive ban on all forms of tobacco advertising, promotion, and sponsorship⁴³.

Specifically, the WHO FCTC calls for measures to ban the sale of tobacco products to minors. It requires vendors to display prominent signs indicating the prohibition of selling tobacco products to minors, verify customers' age when in doubt, and ensure tobacco products are not easily accessible to children. The sale of candy, toys, or snacks that mimic tobacco products and attract children is strictly prohibited. Likewise, vending machines that dispense tobacco products must not be accessible to minors, and free distribution of tobacco, especially to minors, is banned⁴⁴.

In Algeria, Law No. 18-11 on public health dedicates a section with 10 provisions addressing tobacco addiction, with the aim of protecting citizens' health, especially children and youth, in line with the country's international commitments. This includes preventive programs and anti-addiction measures developed in collaboration with relevant sectors. The law incorporates key provisions from the WHO FCTC, such as banning tobacco advertising, requiring prominent health warnings on tobacco packaging, detailing the harmful substances contained, and prohibiting smoking in public spaces and shared facilities⁴⁵.

The law also establishes criminal liability for non-compliance, such as failing to include health warnings, not disclosing the composition of tobacco products to authorities, or promoting tobacco products. Violators face imprisonment for six months to one year, along with fines ranging from 500,000 to 1,000,000 Algerian dinars, which are doubled in case of repeat offenses. Smoking in public places is punishable by fines ranging from 200,000 to 500,000 Algerian dinars⁴⁶.

Moreover, the law explicitly prohibits the sale of tobacco products to minors and imposes financial penalties for violations⁴⁷. The fines range from 200,000 to 400,000 Algerian dinars, with repeat offenses leading to doubled penalties. These stringent fines are designed to deter violations effectively⁴⁸.

To further enforce this prohibition, several government ministries—such as the Ministry of the Interior, the Ministry of Health, and the Ministry of Commerce—have issued a joint ministerial directive banning the sale of tobacco to minors, its use in public spaces, and its advertisement⁴⁹. This directive is part of a national strategy to combat tobacco addiction, which includes multi-sectoral awareness campaigns, health support for those wishing to quit smoking, and strict monitoring of compliance with these laws⁵⁰.

The directive also enhances restrictions on tobacco sales to minors by imposing requirements on vendors, such as prohibiting the sale of tobacco products within 500 meters of facilities frequented by children and youth, such as schools, sports centers, and cultural institutions. It mandates that commercial license applicants provide a certificate from the local municipality verifying the exact location of their business relative to these facilities. Additionally, promotional posters for tobacco products are banned inside and outside retail outlets⁵¹. To ensure compliance, joint monitoring committees, led by provincial inspectors, are established to oversee and enforce anti-tobacco legislation.

The aforementioned provisions highlight Algeria's awareness of the dangers of tobacco, particularly among children, prompting the integration of the WHO Framework Convention's guidelines into its legal system. Algeria has also issued regulatory measures to facilitate the implementation and monitoring of these provisions. This robust legal framework aims to reduce tobacco consumption and prevent its accessibility to children. However, the success of these measures depends on broad awareness campaigns and the strong will of regulatory bodies to ensure their effective enforcement on the ground.

2.3-2- Measures to Prevent the Abuse of Alcohol and Narcotics Among Children

Scientific studies have established that alcohol and narcotics significantly harm human health, causing numerous illnesses such as mental disorders, hallucinations, seizures, and damage to liver and lung cells. These health problems often lead to a slow and painful demise. Despite the serious risks posed by these substances, their prevalence in society has grown, particularly among children and adolescents.

Children are especially vulnerable to being exploited by drug dealers who prey on their innocence and susceptibility, enticing them to try and consume these substances. This initiates a cycle of addiction, particularly as adolescents tend to be more curious and willing to experiment. The initial euphoria induced by these substances makes manipulation easier, turning children into instruments for distributing these harmful drugs⁵².

The Convention on the Rights of the Child and the subsequent African Charter on the Rights and Welfare of the Child addressed this issue, stipulating:

*"States Parties shall take all appropriate measures, including legislative, administrative, social, and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties and to prevent the use of children in the production and trafficking of such substances."*⁵³

Following the directives of international instruments for protecting children from abuse involving alcohol and narcotics, the Algerian legislator has incorporated multiple provisions to address and prohibit such harmful practices. For example, health legislation explicitly states: *"The sale of alcoholic beverages to minors is prohibited."*⁵⁴ Violators of this prohibition face criminal liability, including imprisonment of six months to two years and fines ranging from 50,000 DZD to 100,000 DZD. In cases of repeat offenses, the penalties are doubled⁵⁵.

Additionally, the penalties under the *Public Health Act* are stricter than those outlined in Ordinance No. 75-26, concerning the suppression of public drunkenness and the protection of minors from alcohol. The latter imposes fines ranging from 2,000 DZD to 4,000 DZD, which can increase to 40,000 DZD for repeat violations within five years. Imprisonment ranging from two months to a year may also be imposed, with the maximum penalty applicable if supplying alcohol to minors results in visible drunkenness. Furthermore, parental authority may be revoked if the offender is a parent⁵⁶. These provisions indicate the need to update this ordinance to align with modern legal standards and expectations.

Meanwhile, legislation on the prevention of narcotics and psychotropic substances and the suppression of their illicit use and trafficking is stricter regarding the protection of children. Article 13(2) of this legislation stipulates that anyone who unlawfully supplies or offers drugs or psychotropic substances to a minor shall face the maximum penalty, which includes imprisonment

of two to twenty years and fines ranging from 100,000 DZD to 1,000,000 DZD. The same penalty applies if these substances are distributed in educational, training, healthcare, or public institutions⁵⁷. Co-conspirators and instigators of such offenses are equally liable.

A closer examination of Article 13 reveals that the legislator uses the term "supplies or offers unlawfully," in contrast to the term "prohibits sale," used for alcohol and tobacco. This broader phrasing criminalizes not only the sale but also the free distribution of narcotics, particularly when targeted at vulnerable groups like children or in institutions serving minors.

Regarding children's consumption of narcotics and psychotropic substances, the legislator has not established specific provisions for minors but has instead subjected them to general rules governing juvenile delinquency. These rules exempt children under the age of 10 from criminal responsibility, while those aged 10 to 13 are subject only to protective and rehabilitative measures. Minors aged 13 to 18 may face protective and rehabilitative measures or reduced sentences amounting to half the penalty applicable to adults⁵⁸.

Juvenile judges may also order drug-addicted minors to undergo detoxification treatment, demonstrating the legislator's intent to rehabilitate rather than punish child offenders. Furthermore, criminal proceedings against minors can be dropped if they are placed in specialized addiction treatment facilities, accompanied by medical monitoring. If these measures prove insufficient, lenient penalties may be imposed as an exception⁵⁹. This reflects the legislator's emphasis on prioritizing preventive and rehabilitative measures over punitive actions for minors addicted to narcotics and psychotropic substances⁶⁰.

2.4- Prohibition of Economic Exploitation of Children

Economic exploitation of children is defined as "*Any act that takes advantage of a child's vulnerability, treating them merely as a tool for obtaining benefits, regardless of the form of gain. Such exploitation constitutes a severe violation of children's rights*"⁶¹.

One of the most dangerous forms of economic exploitation is **child labor**, which, despite appearing beneficial for economic welfare, has detrimental effects on children's growth and health. These harms stem from the nature and environment of the work, which can negatively impact a child's physical development and expose them to occupational hazards and injuries⁶². Consequently, international instruments and national legislations have unanimously prohibited such exploitation.

The **Declaration of the Rights of the Child (1959)** underscores a child's right to protection against all forms of neglect, cruelty, and exploitation. It prohibits employing children before they reach the appropriate minimum age and forbids any occupation that would harm their health, education, or physical, mental, or moral development⁶³.

The **Convention on the Rights of the Child (CRC)** expanded on this right, recognizing a child's entitlement to protection from economic exploitation and from undertaking work that is hazardous or likely to interfere with their education or health. The CRC mandates states parties to implement measures ensuring the enforcement of this right, including establishing a minimum age for employment, regulating working hours and conditions, and imposing appropriate penalties for violations⁶⁴.

On a regional level, the **African Charter on the Rights and Welfare of the Child** reflects the CRC's provisions with broader protections. It extends the implementation of these provisions to both formal and informal sectors, establishes minimum wage requirements, and promotes awareness of the dangers of child labor across all sectors⁶⁵. Similarly, the **Arab Charter on the Rights of the Child** protects children from exploitation, regulates child labor according to age requirements, and ensures that children are not engaged in work that harms their health, safety, education, or development⁶⁶.

As one of the oldest specialized UN agencies, the **International Labour Organization (ILO)** has long championed children's economic rights. Its **Convention No. 138 (1973)** on the minimum age for employment⁶⁷ aimed to eliminate child labor progressively and raised the

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minimum age for employment to align with the age of compulsory education. It established a baseline minimum employment age of 15, which increases to 18 for hazardous work, with some exceptions under specific conditions, such as comprehensive training and safeguards for children aged 16 to 17⁶⁸.

The ILO's efforts culminated in **Convention No. 182 (1999)**, concerning the prohibition and immediate elimination of the worst forms of child labor. It urged member states to take urgent and effective measures to eliminate practices such as slavery-like conditions, child trafficking, and engagement in illegal activities like drug production or hazardous work⁶⁹. Together, these two conventions establish fundamental international standards against exploitative labor practices harmful to children's health, education, and development⁷⁰.

Despite these international agreements, critiques highlight their **flexibility**, as they mainly outline the minimum age for employment and describe certain exploitative practices without offering a comprehensive definition of economic exploitation.

In Algeria, the **Constitution** grants explicit protection to children against economic exploitation. It mandates penalties for child labor⁷¹ and other forms of violence and exploitation⁷². The **Child Protection Law** further classifies economic exploitation among conditions warranting intervention by relevant authorities. This includes tasks that deprive children of education or harm their health or safety⁷³, imposing penalties of imprisonment (1–3 years) and fines (50,000–100,000 DZD) for violators, with harsher penalties for family members or guardians exploiting children⁷⁴.

However, labor regulations in Algeria reveal discrepancies. While the **Civil Service Law** prohibits employing individuals under 18⁷⁵, the **Labor Law** permits employing minors aged 16 and above with parental consent, provided the work is neither hazardous nor harmful to their health, morals, or education. Additionally, apprenticeship contracts allow children under 16 to enter the workforce for skill development⁷⁶.

These provisions suggest that the Algerian legislator accommodates child labor under regulated conditions, recognizing its potential benefits in skill acquisition, independence, and self-confidence⁷⁷. Nevertheless, child labor, if improperly managed, poses significant risks. Hence, the authorities must ensure the practical enforcement of legal protections, particularly as many school-aged children remain unregistered in educational institutions and instead engage in unregulated labor sectors⁷⁸.

Given these challenges, there is a pressing need to **eradicate early child labor** and its associated economic exploitation. Aligning labor laws with constitutional provisions by raising the minimum employment age to 18 years would strengthen Algeria's commitment to safeguarding children's rights, as enshrined in its Constitution.

Conclusion:

This research demonstrates that Algeria has made significant strides in aligning its legal framework with international standards for children's right to healthcare, particularly through its adherence to the **Convention on the Rights of the Child (CRC)** and the **African Charter on the Rights and Welfare of the Child**. The country has incorporated key principles, such as ensuring "the highest attainable standard of health," into its national legislation, reflecting a strong commitment to safeguarding children's health rights. A notable achievement is the emphasis on maternal and prenatal healthcare, with mandatory premarital medical examinations and comprehensive health programs designed to reduce maternal and child mortality rates. These programs provide free healthcare services during pregnancy and postpartum, ensuring that both mothers and children receive essential medical attention.

In addition to maternal care, Algeria has established an effective mandatory vaccination system to protect children from infectious diseases such as tuberculosis, measles, and polio. While this system has been largely successful, the penalties for non-compliance with vaccination requirements remain insufficient, potentially undermining its overall effectiveness. Furthermore,

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Algeria has taken robust measures to protect children from harmful products, including the prohibition of tobacco, alcohol, and narcotics sales to minors. The country has also implemented strict regulations to combat smoking in public places and ban tobacco advertising, in line with the **WHO Framework Convention on Tobacco Control**. These efforts highlight Algeria's commitment to creating a healthier environment for children.

Despite these advancements, the research reveals significant challenges in the practical implementation of these laws, particularly in rural and marginalized areas. Limited access to healthcare services, coupled with a lack of awareness among families about the importance of child healthcare, has hindered the full realization of children's health rights. Moreover, while Algerian legislation prohibits the economic exploitation of children, particularly in hazardous work, loopholes in the law allow children to engage in non-hazardous labor with parental consent. This creates opportunities for exploitation in unsuitable working conditions, underscoring the need for stronger legal protections.

To address these challenges, and enhance the realization of children's right to health, the following recommendations are proposed:

- 1- **Strengthening Implementation Mechanisms:** Algerian legislator should prioritize the enforcement of existing laws by enhancing monitoring and evaluation systems. This includes establishing independent bodies to oversee the implementation of child health policies and ensuring accountability for non-compliance.
- 2- **Enhancing Legal Protections:** The legal framework should be updated to address gaps, such as penalizing pregnant women who neglect their health obligations and criminalizing intrauterine harm. Additionally, penalties for violations related to child labor and the sale of harmful substances should be revised to ensure they are proportionate and deterrent.
- 3- **Promoting Awareness and Education:** Public awareness campaigns should be launched to educate families, especially in rural areas, about the importance of maternal and child health, vaccinations, and healthy lifestyles. Schools and media can play a pivotal role in disseminating this information.
- 4- **Invest in Healthcare Infrastructure:** Prioritize the development of healthcare facilities in underserved areas, ensuring that all children have access to essential services.
- 5- **Addressing Socio-Economic Disparities:** Targeted interventions are needed to improve healthcare access in rural and underserved areas. This can be achieved through increased investment in healthcare infrastructure, mobile clinics, and community health programs.
- 6- **Expand Social Insurance Coverage:** Ensure comprehensive coverage for all children, regardless of socio-economic status, to reduce financial barriers to accessing healthcare.
- 7- **Foster Multi-Sectoral Collaboration:** Encourage cooperation between government, civil society, and international organizations to address systemic barriers and share best practices.
- 8- **Fostering International Collaboration:** Algerian authorities should continue to engage with international organizations and adopt best practices from other countries to strengthen its child health policies. This includes leveraging technical and financial support to improve healthcare systems.
- 9- **Encouraging Research and Data Collection:** Further research is needed to assess the impact of existing policies and identify emerging challenges. Reliable data collection systems should be established to inform evidence-based policymaking.

In conclusion, while Algeria has made commendable progress in aligning its legal framework with international standards, there is a pressing need to address implementation challenges and ensure that all children, regardless of their socio-economic background, can enjoy their right to the highest attainable standard of health. By adopting these recommendations, Algeria can move closer to fulfilling its commitments under international conventions and securing a healthier future for its children.

This research contributes to the global discourse on children's health rights and offers actionable insights for policymakers, international organizations, and civil society actors working to advance child welfare.

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