

THE REALITY OF MATERNAL AND CHILD HEALTH IN LIGHT OF ACHIEVING THE OBJECTIVES OF GOAL 3 OF THE 2030 SUSTAINABLE DEVELOPMENT AGENDA – ALGERIA AS A MODEL

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Abstract:

This article aims to shed light on the state of maternal and child health in Algeria by conducting a statistical observation of the maternal mortality variable and the under-five child mortality variable. It follows the evolution of their indicators and assesses the extent to which Algeria has achieved the first and second targets of Goal 3 in the 2030 Sustainable Development Agenda. Statistics have shown that Algeria succeeded in achieving the target of reducing the maternal mortality ratio to less than 70 per 100,000 live births by the year 2013, despite the existing shortcomings on the ground, which the state continues to address and improve. Algeria has also, albeit at a slow pace, managed to achieve the goal of reducing the stillbirth rate to less than 12 per 1,000 births by 2023, as well as reducing the under-five child mortality rate to below 25 per 1,000 live births by 2019.

Keywords: 2030 Sustainable Development Agenda, reproductive health, maternal mortality, child mortality.

1. Introduction: Maternal and child health was among the eight Millennium Development Goals (2000–2015), and it later became one of the targets of Goal 3 within the 2030 Sustainable Development Agenda, which focuses on the health sector. This area is considered one of the key indicators reflecting the general health status of societies and countries, as well as their prevailing economic and social conditions. For this reason, Algeria, like other countries around the world, has given great importance to achieving safe motherhood and improving child health during the early stages of life.

This study aims to shed light on the current state of maternal and child health in Algeria and to monitor the progress made in the field of reproductive health through the maternal mortality variable. The analysis focuses on four key indicators: the maternal mortality ratio, qualified medical supervision during and after pregnancy, the percentage of births attended by skilled health personnel, and the causes and timing of maternal deaths.

Furthermore, the statistical reality of under-five child mortality is examined through the stillbirth rate, the neonatal and infant mortality rates, as well as the overall under-five mortality rate.

A Conceptual Approach:

2.1 The Concept of Sustainable Development: Sustainable development was defined by the United Nations as development that meets the needs of the present without compromising the ability of future generations to meet their own needs. Sustainable development calls for concerted efforts to build an inclusive, resilient, and sustainable future for people and the planet.

Achieving sustainable development requires:

- **Balancing three core elements:** economic growth, social inclusion, and environmental protection. These elements are interconnected and all are essential for the well-being of individuals and societies.

- **Eradicating poverty in all its forms and dimensions** as an indispensable requirement for achieving sustainable development. This is done through promoting sustained, inclusive, and equitable economic growth; increasing opportunities for all; reducing inequalities; improving basic living standards; promoting equitable and inclusive social development; and ensuring integrated and sustainable management of natural resources and ecosystems.¹

2.2 The Concept of Reproductive Health: Reproductive health is defined as a state of complete physical, mental, and social well-being—not merely the absence of disease or infirmity—in all matters relating to the reproductive system, its functions, and processes. Accordingly, reproductive health implies that individuals have the ability to enjoy a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.

This definition implies the right of men and women to access information and to obtain safe, effective, affordable, and acceptable methods of family planning of their choice, as well as other methods of fertility regulation that are not against the law. It also includes the right to receive appropriate healthcare services that ensure safe pregnancy and childbirth, and provide couples with the best chance of having a healthy baby.

In line with the above definition, **reproductive healthcare** is defined as the collection of methods, techniques, and services that contribute to reproductive health and well-being by preventing and resolving reproductive health problems. The definition also encompasses **sexual health**, whose purpose is to enhance life and personal relationships, not merely to provide counseling and care related to reproduction and sexually transmitted diseases.²

2.3 The Concept of Maternal Mortality: Maternal mortality is defined as the death of a woman while pregnant or within 42 days of the termination of pregnancy, regardless of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.³

Obstetric-related deaths are classified as either direct or indirect:

- **Direct obstetric deaths** result from complications during pregnancy, delivery, or postpartum, as well as from interventions, omissions, or incorrect treatment. These typically occur due to one of the five major causes: hemorrhage, sepsis, pregnancy-induced hypertensive disorders, obstructed labor, and complications from unsafe abortion.
- **Indirect obstetric deaths** are those resulting from pre-existing diseases or diseases developed during pregnancy that are aggravated by the physiological effects of pregnancy. These are most often associated with malaria, HIV/AIDS, and cardiovascular diseases.⁴

2.4 The Concept of Child Mortality:

- **Children under the age of five:** The under-five mortality rate is one of the most important health indicators, as it concerns a vulnerable age group that heavily depends on quality healthcare, due to the high risk of death at this stage of life. This rate reflects the probability of dying between birth and the fifth birthday, per 1,000 live births. UNICEF considers this rate one of the key indicators of the general health status of a population.
- **Infants:**
 Infants are defined as children under one year of age.
- **Neonates (newborns):** Newborns are live-born infants under 28 days of age.

3. The Birth of the 2030 Sustainable Development Agenda: In September 2015, Heads of State and Government gathered at the United Nations Headquarters in New York to agree on a new generation of goals comprising 17 Sustainable Development Goals (SDGs) and 169

associated targets. These goals replaced the Millennium Development Goals (MDGs) and now guide global development efforts over the next fifteen years, up to 2030.

The SDGs officially came into effect on January 1, 2016. The goals and targets of the 2030 Agenda for Sustainable Development are universal and globally applicable. They are indivisible and are designed to inspire each government to define its own national targets, taking into account its specific national context while aligning with the overall level of global ambition.⁵

3.1 The Sustainable Development Goals (SDGs) of the 2030 Agenda:

- **Goal 1: No Poverty** – End poverty in all its forms everywhere, ensuring inclusive economic growth that creates sustainable jobs and promotes equality.
- **Goal 2: Zero Hunger** – End hunger by promoting sustainable solutions to development through the food and agriculture sectors.
- **Goal 3: Good Health and Well-being** – Ensure healthy lives and promote well-being for all at all ages.
- **Goal 4: Quality Education** – Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all, improving living conditions.
- **Goal 5: Gender Equality** – Achieve gender equality and empower all women and girls as a fundamental human right.
- **Goal 6: Clean Water and Sanitation** – Ensure availability and sustainable management of water and sanitation for all.
- **Goal 7: Affordable and Clean Energy** – Ensure access to affordable, reliable, sustainable, and modern energy for all, which is essential for agriculture, business, communications, education, healthcare, and transport.
- **Goal 8: Decent Work and Economic Growth** – Promote sustained, inclusive, and sustainable economic growth, full and productive employment, and decent work for all.
- **Goal 9: Industry, Innovation, and Infrastructure** – Build resilient infrastructure, promote inclusive and sustainable industrialization, and foster innovation.
- **Goal 10: Reduced Inequalities** – Reduce inequality within and among countries by addressing social and economic disparities.
- **Goal 11: Sustainable Cities and Communities** – Make cities and human settlements inclusive, safe, resilient, and sustainable.
- **Goal 12: Responsible Consumption and Production** – Ensure sustainable consumption and production patterns to produce more with fewer resources and at lower costs.
- **Goal 13: Climate Action** – Take urgent action to combat climate change and its impacts to safeguard progress.
- **Goal 14: Life Below Water** – Conserve and sustainably use the oceans, seas, and marine resources.
- **Goal 15: Life on Land** – Protect, restore, and promote the sustainable use of terrestrial ecosystems for human well-being.
- **Goal 16: Peace, Justice, and Strong Institutions** – Promote peaceful and inclusive societies, provide access to justice for all, and build effective, accountable, and inclusive institutions at all levels.
- **Goal 17: Partnerships for the Goals** – Strengthen the means of implementation and revitalize the global partnership for sustainable development.⁶

3.2 Differences Between the Sustainable Development Goals (SDGs) and the Millennium Development Goals (MDGs):

- The 17 Sustainable Development Goals and their 169 targets are broader in scope and go further than the Millennium Development Goals by addressing the root causes of poverty and the global need for development that benefits everyone. The SDGs encompass the three dimensions of sustainable development: economic growth, social inclusion, and environmental protection.
- Building on the success and momentum of the MDGs, the new global goals cover a wider range of areas and aim to address inequality, economic growth, decent work, cities and human settlements, industrialization, oceans, ecosystems, energy, climate change, sustainable consumption and production, peace, and justice.
- The new goals are **universal** and apply to **all countries**, whereas the MDGs were intended specifically for **developing countries**.
- A defining feature of the SDGs is their strong focus on **means of implementation**—including mobilization of financial resources, capacity-building, technology, data, and institutional development.
- The new goals recognize that addressing **climate change** is essential for achieving sustainable development and eradicating poverty. SDG 13 specifically aims to promote urgent action to combat climate change and its impacts.⁷

3.3 Health-Related Targets within the Sustainable Development Goals (SDGs):

The 2030 Sustainable Development Agenda is distinguished by its integration of the three dimensions of sustainable development—social, economic, and environmental. Health occupies a central place in this agenda, with an entire goal—**Goal 3**—dedicated explicitly to ensuring healthy lives and promoting well-being for all at all ages. This goal includes **13 specific targets** that address key health priorities and are linked to targets across several other goals.

In addition to **Goal 3**, **10 other SDGs** are connected to health-related issues. Globally, **50 indicators** were agreed upon to measure health outcomes and direct health service indicators. These health indicators can be grouped into **seven categories**:

- Reproductive, maternal, newborn, and child health
- Communicable diseases
- Non-communicable diseases and mental health
- Injuries and violence
- Universal health coverage and health systems
- Environmental risks
- Health risks and disease outbreaks

The 13 targets under Goal 3 are as follows:

- **Reduce the global maternal mortality ratio** to less than 70 per 100,000 live births by 2030.
- **End preventable deaths of newborns and children under five** by 2030, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-five mortality to at least as low as 25 per 1,000 live births.
- **End the epidemics** of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases by 2030.
- **Reduce by one-third premature mortality from non-communicable diseases** through prevention, treatment, and the promotion of mental health and well-being by 2030.
- **Strengthen the prevention and treatment of substance abuse**, including narcotic drug use and harmful use of alcohol.
- **Halve the number of global deaths and injuries from road traffic accidents** by 2020.

- **Ensure universal access** to sexual and reproductive healthcare services, including family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030.
- **Achieve universal health coverage (UHC)**, including financial risk protection, access to quality essential healthcare services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all.
- **Substantially reduce the number of deaths and illnesses** from hazardous chemicals and air, water, and soil pollution and contamination by 2030.
- **Strengthen the implementation** of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in all countries, as appropriate.
- **Support research and development** of vaccines and medicines for communicable and non-communicable diseases that primarily affect developing countries, and provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health. The declaration affirms the right of developing countries to fully use the provisions of the TRIPS Agreement regarding flexibilities to protect public health and, in particular, to ensure access to medicines for all.
- **Substantially increase health financing** and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
- **Strengthen the capacity** of all countries, particularly developing countries, for early warning, risk reduction, and management of national and global health risks.⁸

4. Monitoring Progress in Maternal and Child Mortality at the Global and Regional Levels :

4.1 Global Situation: Despite the global decline in maternal, neonatal, and child mortality rates, and a general reduction in the unmet need for family planning, **significant inequalities and gaps persist** across all aspects of development—both between and within countries—due to disparities in their social and demographic characteristics.

Statistics indicate that between **1990 and 2015, maternal mortality dropped by 44%**, yet approximately **830 women still die every day** from maternal-related causes. Nearly **99% of maternal deaths** occur in developing countries, **60%** of which are in **fragile contexts**—nations experiencing or emerging from crises. In such countries, **only 50% of women** receive the healthcare services they need, including reproductive health services.

Unmet need for family planning remains a **major challenge** due to both the **slow pace of progress** and the **increasing demand**, particularly in developing countries. An estimated **200 million women worldwide** still lack access to the contraceptive methods they need.

If women had access to the family planning tools they need, and if all women and children received the services recommended by global health standards, this would lead to:

- A **70% reduction in unplanned pregnancies**,
- A **67% drop in maternal deaths** compared to 2014 levels, and
- A **77% reduction in neonatal deaths**.

Globally, **over 6 million children die before reaching the age of five**. Although this represents a **58% decrease** compared to 1990 levels, **four out of five under-five deaths** still occur in **developing and low-income countries**.

Children born into **poor households** face a much higher risk of death compared to those born into wealthier families. Likewise, children of mothers with **basic education** have a **better chance of survival** than those whose mothers are illiterate.⁹

Between **2000 and 2023**, the **global maternal mortality rate** declined by **40%**, decreasing from **443,000 maternal deaths in 2000** (a rate of **328 deaths per 100,000 live births**) to **260,000 deaths in 2023**, with a rate of **197 per 100,000 live births**—equivalent to approximately **one maternal death every two minutes**. The global maternal mortality ratio dropped from **12.6% in 2000** to **8.9% in 2023**.¹⁰

According to United Nations agencies, **child mortality** has declined by **more than half** since 2000, and **stillbirths** by more than a third. In **2022**, a historic milestone was reached when **child mortality fell below 5 million for the first time**, and by **2023**, the number of children dying before their fifth birthday was estimated at **4.8 million**. Meanwhile, stillbirths declined slightly to about **1.9 million cases**.

However, **progress has slowed**, and many children still die from **preventable causes**. Nearly **half of all under-five deaths occur within the first month of life**, mostly due to **premature birth** and **complications during labor**. Additionally, **infectious diseases** such as **acute respiratory infections** (including pneumonia), **malaria**, and **diarrhea** remain leading preventable causes of child mortality.

At the same time, about **45% of late stillbirths** occur **during labor**, often due to **maternal infections, prolonged or obstructed labor, and lack of timely medical intervention**.

UN reports also highlight that a child born in **Sub-Saharan Africa** is, on average, **18 times more likely to die before the age of five** compared to a child born in **Australia or New Zealand**.

Additionally, **approximately 80% of stillbirths** occur in **Sub-Saharan Africa and South Asia**, where women are **six to eight times more likely** to experience a stillbirth compared to women in **Europe or North America**.¹¹

4-2 The Situation in the Arab World:

The Arab region stretches from the Atlantic Ocean to the Indian Ocean and includes 22 countries across Africa and Western Asia. The population of the region is approximately 350 million people, with more than 50% of the population under the age of 25.

A World Bank report issued in February 2018 on maternal and child health in the Middle East and North Africa revealed that the average child mortality rate in the Arab region decreased by 63%, while the average maternal mortality rate declined by 56% between 1990 and 2015.

The infant mortality rate (during the first year of life) was recorded at 24 deaths per 1,000 live births, which is lower than the global average of 35 deaths per 1,000 live births. In the Arab region, 83% of births received antenatal care, which equals the global average but remains lower than in other regions with similar income levels, where antenatal care exceeds 90%.

Births attended by skilled health personnel in the Arab region were estimated at 79%, surpassing the global average of 68%. The region also achieved a vaccination coverage rate of 89% for diphtheria, pertussis, and tetanus (DPT), according to UNICEF 2014, exceeding the global average of 84% and approaching the levels seen in developed regions.

The report also noted that countries with higher per capita GDP and lower birth rates tend to experience significant reductions in maternal and child mortality rates. Despite the notable improvements over time in the Arab region, one out of every 40 children still dies within the first year of life from preventable causes.¹²

According to statistics issued by the Arab Observatory for Sustainable Development Goals:

- A 3% decrease in the maternal mortality rate was recorded compared to the year 2000, with the rate estimated at 139.3 deaths per 100,000 live births in 2020.
- The infant mortality rate in 2022 was estimated at 24 deaths per 1,000 live births (26.2 for males and 21.7 for females).
- The under-five mortality rate in the Arab world in 2022 was 31.3 deaths per 1,000 live births (28.8 for females and 33.7 for males).

- The neonatal mortality rate for the same year reached 15.4 deaths per 1,000 live births, representing a 2% decrease compared to the year 2000.
- In 2023, births attended by skilled health personnel in the Arab region were estimated at 98.8%, which is significantly higher than the global average of 68.3% for the same year.¹³

5- The Reality of Maternal and Child Health in Algeria:

As of January 1, 2024, Algeria's population reached 46.7 million. The year 2023 was marked by a continued decline in the number of births, which, for the first time since 2010, dropped below the threshold of 900,000 live births. Algeria also experienced a noticeable decrease in the number of deaths and recorded marriages.

There was stability in the infant mortality rate, accompanied by a decline in both the number and rate of stillbirths. On the other hand, an unprecedented rise was recorded in life expectancy at birth, following the decline observed during 2020 and 2021. For the first time, female life expectancy exceeded 80 years in 2022, reaching 81 years in 2023.¹⁴

5-1 The Evolution of Maternal Mortality Rate:

The quality of maternal and child healthcare can be assessed by monitoring changes in maternal and under-five mortality rates, as these two indicators are widely used to measure progress in the social, economic, and health sectors of any country. In alignment with the Sustainable Development Goals (SDGs) for 2030, Algeria has set a number of targets to reduce maternal and child mortality, particularly in the early stages of life, in line with Goal 3, which aims to reduce the maternal mortality rate to fewer than 70 deaths per 100,000 live births by 2030. It also seeks to reduce neonatal mortality to fewer than 12 deaths per 1,000 live births and under-five mortality to fewer than 25 deaths per 1,000 live births.

Despite the significant scarcity of statistics related to maternal mortality in Algeria, the most recent estimates issued by the Ministry of Health indicate a continuous decline. The maternal mortality rate was recorded at 48.5 deaths per 100,000 live births in 2019, compared to 117.4 per 100,000 live births in 1999, as shown in the following table:

Table (01): Maternal Mortality Rate in Algeria (per 100,000 live births), 1999–2019

Year	1999	2009	2012	2013	2014	2019
Maternal Mortality Rate	117.4	81.4	70.3	66.9	63.6	48.5(*)

Source:

- *Gouvernement Algérien, Objectifs du millénaire pour le développement – Rapport National 2000-2015, juin 2016, p.80.*
- (*) *Conseil National Économique, Social et Environnemental, Développement Social et Humain – Principales Réalisations et Enjeux 2019–2023, mai 2024, Algérie, p.35.*

This recorded decline in the maternal mortality rate is the result of efforts made by the Algerian authorities in the field of maternal healthcare through the following:

5-1-1 Programs to Improve Maternal and Child Health:

In an effort to improve public health in general, and maternal health in particular, a maternal mortality surveillance system was established, along with the development of a National Plan to Accelerate the Reduction of Maternal Mortality (2015–2019). This plan was built around five strategic pillars: evidence-based interventions, access to qualified personnel during pregnancy and childbirth, improving the quality of healthcare services, strengthening the role of individuals, families, and communities, and the political and legislative framework.

In order to ensure broad support for maternal and child health—particularly during the COVID-19 pandemic—the Algerian state established a coordination mechanism with the private sector to facilitate the management of childbirth care for women insured by social security or spouses of insured persons, within private healthcare institutions. (15)

5-1-4 Causes and Timing of Maternal Deaths:

According to statistics published by the National Economic, Social and Environmental Council, hemorrhage is the primary cause of 90% of maternal deaths occurring in hospital settings. This is further confirmed by the findings of the **MICS6** survey, which highlights that hemorrhage accounts for the largest share of health complications experienced by mothers during childbirth, compared to other complications. (16)

As for the timing of maternal deaths, data from the Ministry of Health—as presented in the 2018 report on the demographic and health situation of the population—indicates that **47.5% of maternal deaths in 2017 occurred immediately after childbirth**, compared to **44.7% in 2015**. The second most common period is within **42 days following childbirth**, accounting for **21.2% of maternal deaths in 2017**. (17)

5-2 Evolution of Child Mortality Rate :

5-2-1 Neonatal and Infant Mortality Rate:

Infant mortality (under one year of age) has declined significantly between **2019 and 2023**, after a period of stagnation between **2017 and 2019**, when the rate held steady at around **21%**. According to estimates from the Ministry of Health, the **infant mortality rate reached 19.9% in 2023**, with a total of **17,797 deaths** of children under one year of age. This represents a decrease from **21% in 2019** and **20% in 2021**.

In terms of gender, **infant mortality is higher among males**, which is a well-known demographic pattern, and the rate tends to decline more rapidly among females.

It is worth noting that **more than three-quarters ($\frac{3}{4}$) of infant deaths occur within the first 28 days of life**. The **neonatal mortality rate** was estimated at **16% in 2019**, decreasing slightly to **15.7% in 2023**. Despite the efforts made to improve childbirth conditions and the quality of care in hospitals, the phenomenon of **neonatal deaths remains a concern**.

5-2-2 Under-Five Mortality Rate:

The **under-five mortality rate** remained stable between **2021 and 2023**, holding at approximately **22%**. However, gender-based disparities persist, with a rate of **24.7% among boys** compared to **20.4% among girls** in 2023.

5-2-3 Stillbirth Rate

The number of **stillbirths** recorded by civil registration offices in Algeria **increased during 2020 and 2021**, before resuming a **downward trend from 2022 onward**. Specifically, the number of stillbirths rose from **10,586 in 2020** to **14,342 in 2023**, but the **stillbirth rate declined from 14.3% to 11.7%** between those two years.

On another note, **perinatal mortality** was estimated at **24.4% among males** and **22% among females**. (18)

Table (03): Evolution of Stillbirth Rate, Infant Mortality Rate, and Under-Five Mortality Rate in Algeria (2000–2023) (%)

Year	Stillbirth Rate (%)	Infant Mortality Rate (%)	Under-Five Mortality Rate (%)
2000	-	36.9	43
2010	18.2	23.7	27.5
2014	14.6	22.0	25.6
2019	12.0	21.0	24.2
2023	11.7	19.9	22.6

Sources:

- Gouvernement Algérien, *Objectifs du Millénaire pour le Développement – Rapport National 2000–2015*, juin 2016, pp. 74–75.
- ONS, *Démographie Algérienne 2020 à 2023*, N°1030, p. 25.

6. Conclusion :

In this scientific paper, we have attempted to conduct a statistical observation of the reality of maternal and under-five child health in Algeria, as well as the country's progress in achieving

the targets of the third goal of the 2030 Sustainable Development Agenda related to maternal and child health.

We concluded that, despite the significant progress achieved by the Algerian state in its steady and accelerated efforts to reduce maternal mortality rates—especially through programs aimed at strengthening health sector services by establishing new healthcare facilities to enhance the health infrastructure and eliminate geographical disparities in the distribution of health institutions (which reached 235 public health institutions by 2021, in addition to 91 specialized health institutions)—the state also reinforced national health coverage by increasing the number of medical staff (both specialists and general practitioners), with the ratio reaching nearly one specialist physician per 1,150 inhabitants in 2022 and one general practitioner per 1,181 inhabitants.

Although Algeria succeeded in reaching the target of reducing maternal mortality to fewer than 70 deaths per 100,000 live births by 2013 (19), the situation could be improved further. This could be achieved by intensifying state efforts to enhance the quality of services directed at mothers before, during, and after childbirth. Specifically, this includes increasing the number of prenatal medical visits, making them mandatory for all pregnant women to improve fetal health; improving safe delivery services during childbirth; and providing postpartum support, especially for new mothers, to raise awareness and educate them on how to properly handle and promptly treat newborn health issues. Such measures would further reduce stillbirths and infant mortality rates.

Algeria has also succeeded in achieving the goal of reducing the stillbirth rate to fewer than 12 cases per 1,000 live births in 2023, and the under-five mortality rate to below 25 cases per 1,000 live births by 2019. Although the rate of decline has been slow, this success is attributable to targeted child and infant health strategies, including the Expanded Program on Immunization against communicable and non-communicable diseases, the National Program for Combating Childhood Diarrheal Diseases, the Program for Combating Acute Respiratory Diseases, and the Maternal and Child Health Care Program for the period 2006–2009, which was relaunched from 2016 through 2020.

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