

**People’s Democratic Republic of Algeria**

**Ministry of Public Health and Hospital Reform**

**MINISTERIAL INSTRUCTION No. 10 OF DEC 4, 2014 CONCERNING  
THE BAN ON THE USE OF TOBACCO IN HEALTH CARE INSTITUTIONS:  
“TOBACCO-FREE HOSPITALS”**

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	<ul style="list-style-type: none"><li>• Administrators</li><li>• Inspector General</li><li>• General and Central Directors</li><li>• General Directors of Supervisory Institutions: INSP, IPA, PCH, ANS, CNT, ENMAS, CNPMV, INFPPF</li><li>• Directors of Health and Population: Addressed to:<ul style="list-style-type: none"><li>• Directors of Specialized Hospital Establishments</li><li>• Directors of Public Hospital Establishments</li><li>• Directors of Local Public Health Establishments</li><li>• Directors of Private Health Establishments</li></ul></li><li>• General Directors of the EHU of Oran and the CHU’s</li></ul>	For information For information For execution For execution  For execution and follow-up  For execution
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**REFERENCES**

- Law No. 85-05 concerning the protection and promotion of health
- Executive Decree No. 01-285 of September 24, 2001, determining the public places where the use of tobacco is prohibited, and the procedures for implementation of this decree
- Presidential Decree No. 06-120 of March 12, 2006, concerning ratification of the Framework Convention for Tobacco Control of the WHO
- Instruction No. 1035 DP/MSPRH of June 2, 2007, concerning the implementation of Executive Decree No. 01-285 of September 24, 2001, determining the public places where the use of tobacco is prohibited, and the procedures for implementation of this ban, pursuant to Ministerial Circular 020 of May 23, 2007

The epidemic of tobacco use in the world as in Algeria constitutes a major menace to health, with major socio-economic repercussions, particularly since tobacco is the essential cause of the recrudescence of non-transmissible diseases (cardio-vascular diseases, cancers, chronic respiratory ailments...) which currently constitutes a public health problem in our country.

In light of this threat, Algeria is resolutely committed to tobacco control, and ratified the Framework Convention for Tobacco Control of the WHO in March of 2006, by Presidential Decree No. 06-120 of March 12, 2006, since it had already undertaken to implement the provisions of Executive Decree No. 01-285 of September 24, 2001, determining the public places where tobacco is prohibited.

In this regard, health institutions play an essential role in the control of tobacco and its harmful effects on health, while previous directives already insisted on the duty of health institutions to set an example. They prohibited smoking in all health care facilities and all places accorded hospital priority by the public, and have called for actions addressed to health professionals, patients and visitors that are geared towards raising awareness, providing information and instilling prevention.

Various inspections conducted by my office show that this ban is not being sufficiently respected by health professionals, by patients, by the public, and by visitors. This lack of respect of instructions is unacceptable since hospitals today, more than ever, have a major role to play in tobacco control, and thus it is especially important to emphasize the following:

- "Hospitals" (all health care institutions both public and private) must be exemplary places when it comes to upholding the regulatory provisions of tobacco control,
- A hospital is a place for treating diseases associated with tobacco that are often serious and that imperatively require quitting tobacco,
- As a result of illness, treatment and the environment, hospitalization may encourage patients to start quitting tobacco.
- In the eyes of the public, the credibility of health messages is dependent on the public's respect for the very people who devise these messages, and therefore, it is not acceptable for any health personnel, irrespective of rank, to fail to live up to the standards of tobacco control measures.

Accordingly, I remind you that all public and private health institutions are subject to a total ban on smoking. This involves:

- All facilities of the central administration, decentralized offices, as well as all dependent institutions
  - All places in the vicinity of all health care institutions (public and private), including their administrative, technical and recreational facilities.
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The following is also to be undertaken:

- To get rid of areas reserved for smokers if there are any,
- To integrate into the internal regulations of health care institutions Articles 8, 9 and 10 of Executive Decree No. 01-285 of September 24, 2001, in tandem with administrative and disciplinary sanctions to be incurred if these rules are not upheld.

It is with this objective, and in the context of "TOBACCO-FREE HOSPITALS" requiring the participation of all actors (administrative staff, caregivers, technical and support personnel, patients and visitors), that I instruct you swiftly to undertake the following actions on an ongoing basis:

### **1. Reinvigorate the Committee for Tobacco Control**

In reference to Note No. 1035 of June 2, 2007, concerning the setting up of a Committee for Tobacco Control in health care institutions, which must be re-invigorated, I ask you to take measures seeking to implement the following actions:

- In strict application of tobacco control regulations involving health care professionals, patients and their families,
- Preparation of a program of action to raise awareness, including "shock images" addressed to health care and public employees on the harmful effects of active and passive tobacco use,
- Regular evaluation of implementation

### **2. Put in place appropriate signs and suppress all encouragement to smoke**

These signs are mandatory and should have the following characteristics:

- Be prominently visible and legible in both languages (Arabic and French)
- Be posted at the entrance and in different places and common areas
- Clearly state the prohibition of smoking
- Be accompanied by health messages on prevention concerning the harmful effects of tobacco

### **3. Organize with a structured plan, and under the supervision of the Committee on Tobacco Control, actions to inform and raise awareness of staff, patients and visitors.**

This communication should:

- Seek to provide information on the need to uphold regulations concerning the ban on smoking in public places, as well as specific measures taken by the institution
- Form part of a regular program

- Include messages on the harmful effects of tobacco consumption, the risks of passive smoking and the means for quitting smoking
- Target patients and their families, but also all categories of personnel, including doctors;
- Make use of different vectors: pictograms, posters, leaflets, brochures, automated phone messages, videos, internal newspapers, Intranet and Internet sites

**4. Draw up and put into practice a program for staff training**

The tobacco-free hospital strategy is not viable without staff training the purpose of which is to:

- Train staff on approaching smokers to provide counseling that should be made a part of multiple encounters for those seeking care
- Provide contacts in offices for implementation and management of a “tobacco-free hospital,” and expedite execution of a program to be defined by the Committee for Tobacco Control.

To this end, you are instructed to see to the drawing up and implementation of a training program under the aegis of your Committee for Tobacco Control, and to ensure the availability of the necessary instructional materials.

**5. Commence setting up consultations for assistance with quitting tobacco**

Setting up consultations for assistance with quitting tobacco must be undertaken at health care institutions, and this in accordance with Note No. 6 MSPRH / DGPPS of February 18, 2014, which calls for the setting up of consultation offices for assistance with quitting tobacco for such purpose, initially in these numbers: i) One (01) consultation office per CHU and per EHU, and one (01) consultation office per EPSP in *wilaya* district administrative centers.

I attach particular importance to the strict application and follow-up of the measures set forth in this instruction.

The Minister of Health, Population  
and Hospital Reform  
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