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+15878858911
editorial-office@sciformat.ca

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A REVIEW OF SOME MECHANISMS AND DECISIONS ADOPTED TO MANAGE THE COVID-19 PANDEMIC IN ALGERIA

Afaf Bouras

Dr., University of Algiers 3, Faculty of Political Science and International Relations, Research Laboratory for Political Research and Studies, Algeria

ABSTRACT

The healthcare system in Algeria faces numerous challenges and crises from time to time, affecting its structure with impacts that vary according to their severity and leaving significant consequences and dimensions. Since health crises and challenges can occur at any time and in any place, particularly after the world has become closely interconnected politically, economically, culturally, and socially, any country or community may be exposed to them. The COVID-19 pandemic provides a major global example and has left important lessons for the world. It has therefore become imperative to prepare adequately, learn from previous experiences, and anticipate future challenges. A crisis requires strict and rapid measures that often go beyond routine administrative procedures because of the specificity of the situation. This study focuses on some of the mechanisms and measures adopted by Algerian decision-makers to confront the COVID-19 pandemic.

KEYWORDS

Combating The Spread of COVID-19, Organization of Public Facilities, Management

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Introduction

Like many other countries, Algeria experienced the serious threat posed by the COVID-19 pandemic in recent years. The pandemic affected even the most advanced healthcare systems and demonstrated its capacity to cross all borders and challenge established expectations. It consequently became necessary for countries to cooperate in addressing such diseases and epidemics within the framework of global public health policies, despite the difficulty of balancing two fundamental requirements: taking preventive measures and limiting the spread of the disease. This study therefore seeks to shed light on some of the mechanisms and preventive measures adopted by Algeria to limit the spread of the epidemic and control it.

The present research addresses the following problem:

What are the main mechanisms and decisions adopted by Algeria to combat the spread of the COVID-19 pandemic?

To answer this research question, the study is organized as follows:

I. Restricting certain freedoms to combat the spread of COVID-19

1. Restricting freedom of trade
2. Restricting the right of assembly
3. Restricting freedom of movement

II. Organizing public and private facilities responsible for providing public services

1. Exceptional leave
2. Organization of employee transportation
3. Encouraging remote work
4. The authorization system
5. Requisition decisions
6. Physical distancing

III. Home confinement

1. Full home confinement
2. Partial home confinement

IV. Additional measures

1. Preventive health measures
2. Mobilizing citizens to contribute to the national effort to prevent the spread of the epidemic

I. Restricting Certain Freedoms to Combat the Spread of COVID-19

Within the framework of the legal principle that necessity may permit what is otherwise prohibited, states may adopt exceptional measures designed to protect public order in all its dimensions, including public health, when it is threatened by the spread of an epidemic such as COVID-19. In Algeria, the measures announced by the Prime Minister through a series of executive decrees introduced restrictions on a number of fundamental and individual freedoms, particularly economic freedom in relation to certain commercial activities, freedom of movement through the total or partial prohibition of movement subject to specified exceptions, and the right of assembly through the prohibition of gatherings, whether social, political, sporting, cultural, or of another kind. These measures also had an impact on trade, the economy, and transportation. At the same time, the authorities were required to respect human-rights standards as part of Algeria's international obligations (Gharbi, 2017; Mohamed, 2020; Al-Siddiqi, 2020).

1. Restricting Freedom of Trade

As part of the preventive and supplementary preventive measures adopted to contain COVID-19, Executive Decree No. 20-69 provided for administrative closure and the temporary suspension of certain commercial activities. Executive Decree No. 20-70 strengthened these measures, while Executive Decree No. 20-86 extended the restrictions until April 19, 2020 (Executive Decree No. 20-86, 2020).

A. Administrative Closure

Administrative closure is an administrative measure issued by the competent administration in response to activities considered to constitute a threat to public order. It is temporary in nature. In the context of the pandemic, the closure of commercial premises was not intended as a punishment or sanction but as a preventive measure. Article 5 of Executive Decree No. 20-69 provided for administrative closure for a period of 14 days, renewable for the same period, particularly for establishments selling beverages, including cafés, as well as entertainment and leisure facilities and venues where people gather. Restaurants, places of worship, universities, schools, institutes, and other locations involving gatherings were also affected. However, the initial measure did not apply uniformly to all cities; it focused on major cities and exempted restaurants providing delivery services. The purpose was to reduce physical contact between citizens in public spaces and commercial establishments and consequently limit transmission of the virus (Cherad, 2019; Executive Decree No. 20-69, 2020).

Article 5 also gave the competent wali discretionary authority to extend closure to other activities and cities where they were considered a risk to public health because they could facilitate the spread of the epidemic. Executive Decree No. 20-70 subsequently extended closure measures nationwide and to commercial activities generally, while exempting establishments essential for supplying the population with food and basic

necessities, such as bakeries, dairies, grocery stores, fruit and vegetable shops, butcher shops, maintenance and cleaning services, pharmacies, and para-pharmaceutical outlets. Street vendors were permitted to operate on a rotating basis in residential neighborhoods to ensure access to food, provided that physical-distancing measures were respected (Executive Decree No. 20-70, 2020).

The same decree required exempted commercial activities to continue providing services to citizens during the specified period, initially ten days beginning March 24, 2020, with the possibility of extension. These activities were regarded as necessary for the continuity of daily life, and violations could result in administrative and criminal sanctions. Essential sectors were also required to remain operational, including public sanitation, drinking-water supply, electricity and gas, telecommunications, postal services, banks, insurance companies, and certain private health institutions, clinics, and medical-imaging laboratories. Activities involving pharmaceutical products, medical supplies, fuel distribution, energy products, and other vital activities such as wholesale markets were likewise maintained (Executive Decree No. 20-70, 2020).

B. Temporary Suspension of Commercial Activities

Article 3 of Executive Decree No. 20-69 provided for the suspension of certain activities for 14 days. These included land and air transportation: domestic flights were suspended, as were railway services and urban, suburban, intermunicipal, and inter-wilaya land transportation, including collective taxi services. Employee transportation was exempted, subject to compliance with health-protection measures. Article 14 of Executive Decree No. 20-70 reaffirmed the measure and extended it to taxis. The objective was to reduce physical contact among citizens in vehicles and transportation stations and thereby prevent transmission of COVID-19 (Executive Decree No. 20-69, 2020; Executive Decree No. 20-70, 2020).

The study notes, however, that the authorities were somewhat delayed in adopting such measures, particularly the suspension of flights to European countries, especially France and Italy, which were among the areas severely affected by the epidemic at that time.

2. Restricting the Right of Assembly

The final paragraph of Article 10 of Executive Decree No. 20-70 prohibited gatherings of people. During curfew periods, gatherings of more than two persons were prohibited in the wilayas subject to partial home confinement. The measure initially concerned Algiers and was subsequently extended to additional wilayas, including Batna, Tizi Ouzou, Sétif, Constantine, Médéa, Oran, Boumerdes, El Oued, and Tipaza. Four further wilayas—Béjaïa, Mostaganem, Bordj Bou Arréridj, and Aïn Defla—were subsequently added by Executive Decree No. 20-86. The restriction was later generalized to all wilayas for a period of 14 days beginning April 5, 2020, and was subsequently extended by Executive Decree No. 20-92 (Executive Decree No. 20-70, 2020; Executive Decree No. 20-72, 2020; Executive Decree No. 20-86, 2020; Executive Decree No. 20-92, 2020).

The study argues that restricting gatherings only during nighttime hours while leaving daytime movement relatively unrestricted reduced the practical effectiveness of the measure, particularly because crowded queues formed during the day to obtain food and especially semolina. From this perspective, the authorities could have considered preventing such concentrations in all wilayas while developing alternative ways of distributing essential supplies. The concentration of citizens to obtain food or salaries could conflict with the underlying objective of preventing physical contact and therefore limit the effectiveness of the measures.

3. Restricting Freedom of Movement

Executive Decree No. 20-69 restricted freedom of movement indirectly through the suspension of land and air transportation, whereas Executive Decree No. 20-70 imposed a more explicit restriction on movement. Article 5 prohibited the movement of persons during confinement periods within, toward, or outside the affected wilayas, subject to specified exceptions. These included obtaining food supplies, urgent medical treatment, and carrying out an authorized professional activity. Individuals could also receive exceptional authorization to travel for commercial activities that were exempted from closure, subject to approval by the relevant wilaya committee responsible for coordinating sectoral measures to prevent the spread of COVID-19 (Executive Decree No. 20-70, 2020).

The suspension of transportation was intended to prevent infection through close contact between passengers, particularly because vehicles and urban transportation could involve crowding and insufficient physical distance. The measure was therefore designed to reduce opportunities for person-to-person transmission.

II. Organizing Public and Private Facilities Responsible for Providing Public Services

The executive decrees issued by the Prime Minister as part of the preventive measures against COVID-19 also aimed to reorganize public institutions and facilities through a set of decisions concerning exceptional leave, employee transportation, remote work, administrative authorizations, requisition decisions, and physical distancing.

1. Exceptional Leave

The preventive measures provided for paid exceptional leave for more than 50% of the employees of each public institution or administration for a period of 14 days. Article 15 of Executive Decree No. 20-70 extended the measure to the public and private economic sectors and recognized the state's responsibility for compensating potential damage resulting from the preventive measures. This was presented as administrative liability based on risk, in which compensation may be due for damage caused by the application of laws and regulations without requiring proof of administrative fault. The study relates this principle to French administrative jurisprudence (Al-Zaher, 2009; Lombard, n.d.; Executive Decree No. 20-69, 2020).

Employees in the sectors expressly listed in Article 7 of Executive Decree No. 20-69 were initially excluded from exceptional leave. Nevertheless, the same provision allowed the competent authorities to authorize exceptional leave for some employees in those sectors while retaining the employees necessary to maintain vital public services. Priority for exceptional leave was given to persons with chronic diseases and health vulnerabilities, followed by pregnant women and women responsible for raising children (Executive Decree No. 20-69, 2020).

2. Organization of Employee Transportation

The suspension of collective transportation created difficulties for employees and workers who were not covered by exceptional leave and still had to travel to their workplaces. An exception was therefore made for employee transportation. Article 3 of Executive Decree No. 20-69 excluded employee transportation from the suspension, while Article 4 empowered the Minister of Transport and the competent wali, each within their respective jurisdiction, to organize transportation for employees who were not on exceptional leave and who worked in public administrations and institutions responsible for maintaining public services. The same arrangements applied to employees of exempted sectors, economic bodies, and financial services (Executive Decree No. 20-69, 2020).

Employee transportation was required to comply strictly with health measures established by the public health authorities. Nevertheless, the study points out the practical difficulty of guaranteeing the absence of physical contact and transmission of infection, particularly when several employees were transported in the same bus (Rachi, 2020).

3. Encouraging Remote Work

Remote work refers to work performed away from the office, either full-time, part-time, on specified days, or according to another arrangement, with communication conducted electronically rather than through physical travel to the workplace (Ben Youssef, 2020). Article 9 of Executive Decree No. 20-69 introduced remote work as a mechanism capable of contributing simultaneously to limiting the spread of the epidemic and maintaining service delivery in sectors where the legal and organizational framework allowed such arrangements.

Education and higher education were among the sectors concerned, particularly through online teaching. The Ministry and universities began implementing various technical forms of distance education before the end of the official spring vacation, anticipating its extension. Lessons were also broadcast on the national television channel for final-year pupils at different educational levels (Lakzouli, 2020).

4. The Authorization System

An administrative authorization is a legal act through which the competent administrative authorities permit a person to carry out an activity or exercise a particular freedom. It constitutes an administrative control mechanism and is among the more restrictive forms of regulation of freedom because a person cannot lawfully undertake an activity subject to authorization without obtaining permission from the competent authority (Azzaoui, 2007).

During the pandemic, the authorization system was used as part of the preventive measures to organize administrations, institutions, and service facilities under exceptional circumstances. It was intended to reduce the impact of restrictions on citizens' rights and freedoms while maintaining the objectives of epidemic control.

Authorization was required, among other cases, for employees in sectors exempted from exceptional leave, for persons seeking to travel for food supplies or urgent medical treatment, and for persons undertaking activities that remained exempted from administrative closure. Street vendors selling food could also be authorized to operate on a rotating basis in residential neighborhoods, provided that physical-distancing measures were respected (Executive Decree No. 20-70, 2020).

5. Requisition Decisions

Executive Decree No. 20-69 also provided for requisition measures. Article 10 empowered the wali to requisition health personnel and experts working in public and private health institutions, security and civil-protection personnel, public sanitation workers, and other persons whose profession or expertise could contribute to prevention and control of the epidemic. Accommodation facilities such as hotels or other public or private facilities suitable for housing persons subject to quarantine could also be requisitioned. Public or private transportation vehicles could be requisitioned for medical transportation, and public or private facilities could be used to guarantee a minimum level of essential services (Executive Decree No. 20-69, 2020).

The study concludes that requisition decisions could concern both persons and property. They applied to the public and private sectors, reflecting the idea that both sectors had to contribute to the success of preventive measures rather than placing the entire burden on public institutions.

6. Physical Distancing

This measure was established to protect individuals against the risk of transmission of infectious diseases. Article 1 of Executive Decree No. 20-69 identified social-distancing measures as part of the response to COVID-19. The study notes that the expression 'physical distancing' is more precise than 'social distancing' because social communication within the community does not cease.

Article 13 of Executive Decree No. 20-70 required a minimum distance of one meter between two persons and made the measure mandatory in institutions and sectors providing essential public services, including sanitation, water, electricity, gas, postal services, banks, and other services listed in Article 12. It also applied to public and private institutions receiving members of the public. Where necessary, public authorities could enforce the measure through public-force mechanisms. Article 17 provided for sanctions under the Penal Code for violations of the distancing rules (Executive Decree No. 20-70, 2020).

III. Home Confinement

Because the measures adopted under Executive Decree No. 20-69 were considered insufficient to contain the spread of COVID-19, home-confinement arrangements were introduced through the supplementary measures contained in Executive Decree No. 20-70. These measures were more restrictive and were applied in wilayas or municipalities officially identified by the health authorities as epidemic hotspots. The decree established two forms of home confinement: full and partial confinement (Executive Decree No. 20-70, 2020).

1. Full Home Confinement

Full home confinement means requiring persons not to leave their homes or places of residence during the specified period except in legally established cases. Article 9 of Executive Decree No. 20-70 declared the wilaya of Blida an epidemic hotspot requiring full home confinement for ten days beginning March 24, 2020, renewable as necessary. The same procedure could be applied to other wilayas if the epidemic spread there, through an executive decree issued by the Prime Minister after the competent national health authority had declared the area an epidemic hotspot.

The study nevertheless argues that the authorities did not always apply this measure promptly to certain wilayas experiencing substantial transmission.

2. Partial Home Confinement

Partial home confinement requires persons not to leave their homes or places of residence during the period or periods determined by the public authorities. Article 10 of Executive Decree No. 20-70 initially placed Algiers under partial confinement from 7:00 p.m. to 7:00 a.m. for ten renewable days beginning March 24, 2020. Executive Decree No. 20-72 extended the measure to nine additional wilayas, while Executive Decree No. 20-86 extended it to four further wilayas. Executive Decree No. 20-92 subsequently generalized partial confinement to all wilayas beginning April 5, 2020, for a renewable period of 14 days (Executive Decree No. 20-72, 2020; Executive Decree No. 20-86, 2020; Executive Decree No. 20-92, 2020).

The hours of confinement varied among wilayas and were subsequently amended. In some areas, confinement extended from 3:00 p.m. to 7:00 a.m., while in others it extended from 7:00 p.m. to 7:00 a.m. Later amendments established confinement from 5:00 p.m. to 7:00 a.m. in 14 wilayas and modified the arrangements applicable to Blida, which had previously been subject to full confinement. The remaining wilayas retained the applicable schedule under the relevant decree.

Full and partial home confinement produced several consequences: persons were prohibited from leaving their homes during the prescribed periods; the measures applied to anyone present in the affected wilaya or municipality, whether resident there or temporarily present; gatherings were prohibited, with the applicable scope depending on the type of confinement; and movement was allowed only under specified exceptions, including food supplies, urgent medical treatment, authorized professions, and commercial activities not subject to closure (Executive Decree No. 20-70, 2020).

IV. Additional Measures

Article 10 of Executive Decree No. 20-69 empowered the wali, during the 14-day period specified by the decree, to adopt any measure falling within the framework of preventing the spread of COVID-19. Article 6 of Executive Decree No. 20-70 also authorized the wilaya committee to adapt the measures adopted and introduce additional preventive measures according to the specific circumstances of each wilaya and the evolution of its health situation. Epidemic control therefore required not only regulatory and security measures but also health precautions and, in some circumstances, the mobilization of citizens.

1. Preventive Health Measures

Although preventive health measures were not expressly presented as security measures in Executive Decrees No. 20-69 and 20-70, they were grounded in a constitutional principle. Article 66 of the Constitution provides that the state is responsible for preventing epidemic and infectious diseases and combating them. Law No. 18-11 on health likewise establishes prevention as a fundamental component of health policy. Preventive measures seek to reduce the effects of disease determinants, prevent disease, interrupt transmission, and reduce

its consequences by protecting individuals against infectious diseases (Law No. 18-11, 2018; Law No. 16-01, 2016).

Public-health prevention programs rely on surveillance networks for communicable and infectious diseases, particularly epidemics, and on early warning systems designed to enable rapid detection and response. Protecting public health is therefore a major state priority because widespread epidemics can threaten public order as well as individual health (Slimani, 2012–2013).

Health measures also include quarantine for persons infected with the virus or persons who have had close physical contact with infected individuals and may therefore constitute sources of transmission. Physicians are required to report confirmed or suspected cases promptly under the applicable rules. Because COVID-19 constitutes a disease with international spread, its control must also be considered in light of the International Health Regulations of the World Health Organization. These regulations call on states to develop capacities that protect individual and community health while preventing international disease spread and responding proportionately to public-health risks, with due regard for international traffic and trade (Presidential Decree No. 13-293, 2013).

2. Mobilizing Citizens to Contribute to the National Effort to Prevent the Spread of the Epidemic

Article 18 of Executive Decree No. 20-70 required the national and local public authorities responsible for combating COVID-19 to identify all available human and material resources, whether public or private, and mobilize them when urgently required. Health institutions were also required to establish lists of volunteers willing to provide medical or paramedical assistance, particularly private physicians, and to update these lists regularly. Volunteer activities were to be organized and supervised by the wilaya committee (Executive Decree No. 20-70, 2020).

Citizen participation was therefore incorporated into the implementation of the measures. However, the study emphasizes that the most important voluntary contribution expected from individuals was strict compliance with home confinement, avoidance of gatherings, particularly crowded queues for semolina, and observance of the required minimum one-meter distance whenever movement was necessary. Compliance could subsequently be enforced through compulsory measures where necessary.

Conclusions

In conclusion, combating the spread of epidemics, particularly COVID-19, requires strict procedures and measures, generally taking the form of regulatory instruments designed to protect public health. Such measures are characterized by general application and abstraction in social life, but they can also impose significant restrictions on constitutionally protected rights and freedoms in order to limit the spread of COVID-19.

The measures adopted by Algeria to contain the epidemic included restrictions on certain freedoms, the organization of public facilities responsible for providing public services, home confinement, and health quarantine for infected or suspected persons. The authorities could also adopt additional measures considered appropriate for preventing and combating the epidemic in a manner intended to protect public health and public order. The experience highlights the need to combine rapid decision-making, continuity of essential public services, public-health protection, and appropriate safeguards for rights and freedoms.

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