

## Proposed Model for Assessing CSF of Crisis Management Team: Scientific Committee for COVID-19 as a model (during 2020/2021)

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**Abstract:** The study aims to assess the role of the national committee for monitoring and following up on the COVID-19 virus in managing Algeria's epidemiological crisis. A model of critical success factors consisting of five elements has been proposed and four outcomes.

The coronavirus statistics were relied on during 2020 and 2021, The study concluded that the Scientific Committee's team for monitoring and following up on the coronavirus crisis has the critical success factors to manage the crisis. The committee was able to develop potential and achieve satisfactory results. The study recommended the need to improve the quality of health services provided to citizens.

**Keywords:** critical success factors, coronavirus 19, scientific committee for monitoring and following the COVID-19 crisis.

**(JEL) Classification :** Q20, Q25

**Résumé :** L'étude vise à évaluer le rôle du comité national de surveillance et de suivi du virus COVID-19 dans la gestion de la crise épidémiologique en Algérie. Un modèle de facteurs critiques de succès composé de cinq éléments a été proposé, ainsi que quatre résultats.

Les statistiques sur le coronavirus ont été utilisées en 2020 et 2021. L'étude a conclu que l'équipe du comité scientifique chargée de la surveillance et du suivi de la crise du coronavirus dispose des facteurs de succès critiques pour gérer la crise. Le comité a su développer le potentiel et obtenir des résultats satisfaisants. L'étude a recommandé la nécessité d'améliorer la qualité des services de santé fournis aux citoyens.

**Mots-clés :** facteurs critiques de succès, coronavirus 19, comité scientifique de veille et de suivi de la crise du COVID-19.

**(JEL) Classification :** Q20, Q25

### 1. Introduction:

The emergence of the global health and biological crisis in Algeria (the COVID-19 pandemic), its economic and social repercussions, the accompanying political turmoil, the collapse in oil prices, etc., reflected on Algeria's internal situation and caused panic inside the population. With the first case in Algeria in March 2020, the President of the Republic met with all relevant sectors, including the Ministry of Health, Population, and Hospital Reform. The first decision was to establish a national scientific committee to monitor and follow up on the COVID-19 virus throughout Algeria. However, the pressures that prompted the formation of this Committee have posed a major challenge, with the first suggestion being to impose a comprehensive domestic quarantine, suspend all levels of education, and establish preventive measures and mandatory health protocols that citizens must follow, as well as impose financial and penal penalties for violators. Critical success factors were first adopted in the academic field in 1979 by "Rokart", as requirements and

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methodologies that directly affect the organization's success in achieving its strategic objectives. Under the new epidemiological crisis, these factors are reflected in providing a set of requirements related to preventive measures developed by the Scientific Committee, and the extent to which they contribute to achieving certain results set out in the general strategic objectives of Algerian government organs. These objectives indicate the extent to which the crisis team was able to handle the situation, which was nearly impossible at the beginning of the crisis, by going out to safety and without damage, as well as attempting to acquire future experience.

### **1.1. Study problem:**

The problem of the study centers around the following key question: **Does the Scientific Committee for COVID-19 Monitoring and Follow-up have the critical success factors in managing the health crisis in Algeria during 2020/2021?**

**1.2. Study model:** A model has been prepared to assess the critical success factors of the "Scientific Committee for COVID-19 Monitoring and Follow-up" team, by examining some studies by the researchers. The model is divided into: (al babli, 2020)

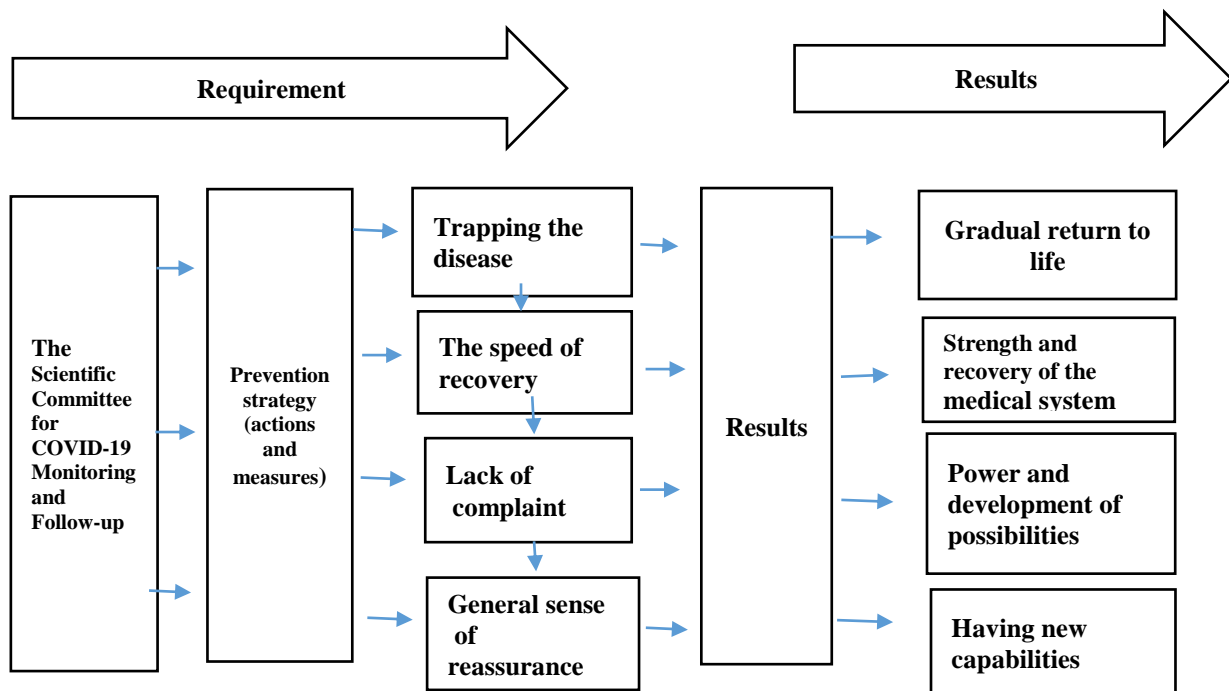
**Requirements:** which present:

- a. Trapping the disease: means limiting the increased number of infections, contacts, and deaths. Concerning the current study, it is reflected in the preventive and therapeutic procedures and measures.
- b. The speed of gradual recovery: low number of infections, low number of deaths, and an increase in the number of recovering cases. This can be identified by determining the periods of trapping the disease and analyzing the statistics of the Corona epidemic in Algeria during 2020/2021.
- c. Lack of complaint: means to reduce the rate of complaints about the health system and increase satisfaction among individuals. This can be identified by addressing the therapeutic protocol and the provision analysis and vaccine.
- d. Sustained supportive community interaction: through continuous civil society initiatives, support for affected categories, and continued community public discipline. Algerian civil society initiatives can be addressed in the current study by addressing associations, etc.
- e. General sense of reassurance and absence of panic: it means the trust of people in the performance of the state and the belief that it is ready to deal with the worst-case scenarios.

**Results:** which are represented in:

- a. Gradual return to economic life: Opening some government and private sectors according to the degree of control over the situation. In the current study, this can be achieved by addressing social entrance and continuing activities.
- b. The strength and recovery of the medical system: we mean the cohesion of the health system.
- c. The strength and development of supporting requirements: which were invested during the crisis. It consists of eight elements: supportive leadership, clear strategy, organizational structure, qualified team, policies and procedures, technology and information, available and required resources (human, financial, and non-financial), the potential of the State, the Ministry of Health, Population, and Hospital Reform.
- d. New capabilities: lessons learned and good practices that can be relied upon in the future to deal with scenarios.

**Fig No (01): Proposed model for assessing the critical success factors of the Scientific Committee's team for COVID-19 Monitoring and Follow-up**



Source: prepared by the researcher.

**1.3. Study importance:** This study is crucial by addressing Algeria's new health crisis, the COVID-19 crisis, and demonstrating the role of the Scientific Committee to monitor and follow up on the epidemic in managing the crisis, assessing it by identifying the critical success factors of the team, and dividing them into requirements outcomes.

**1.4. Study objectives:** the study aims to achieve a number of objectives, the most important of which is to know the critical success factors of the coronavirus crisis management team in Algeria and assess its efforts in 2020 and 2021, namely the Ministry of Health in general and the Scientific Committee for COVID-19 Monitoring and Follow-up in particular. This is done by attempting to identify the Ministry's efforts and the decisions and strategies it has translated, proposing a model that diagnose the supportive requirements of the preventive strategy adopted and clarifying the relationship between these methodologies and the results achieved.

**1.5. Research Methodology:** This study relied on the analytical descriptive approach because appropriate to the nature of the topic, as well as a range of references: journals, forums, theses, and memoirs, as well as websites to enrich the subject.

## **2. Presenting the conceptual framework for critical success factors and the Scientific Committee for COVID-19 Monitoring and Follow-up**

### **2.1. Critical success factors:**

**2.1.1. Definition of critical success factors (CSFs):** These factors are linked to the system's objectives, structure, processes, and personnel, which, when properly available, success is realized. Through these factors, the work and requirements needed by the organization for its success are

determined in addition to identifying the priorities of these requirements (hani al-samrani, 2008, p. 99). It is defined according to the Sheffield Quality Model as: "Success requirements that extend to the different systems of the Organization, where they are a motive and an engine for quality, a process-supporting tool, which must be defined according to the approved and environmentally friendly model. The model must be able to analyze the environment and industry, ensures the support of senior management, and includes the achievement of its objectives." (hashem al-nessour, 2019, p. 98) Furthermore, they are "a set of key specific elements: information technology, support for senior management, employee empowerment, and a strategy that assures the Organization achieves satisfactory outcomes that support an individual's, management's, and the Organization's competitive performance. It focuses on the importance of doing business well to emphasize the success of the Organization and its planned change programs, contributing to achieving higher levels of performance and helping the Organization to fulfill its mission, thereby maintaining its competitive advantage." (faraj al-dardasawi, 2010, p. 06)

### **2.1.2. The importance of critical success factors:**

Critical success factors are important in diagnosing how they affect the ability to achieve goals, contribute to predicting the future, and create added value. 20% of critical factors can identify and reflect 80% of the organization's performance by diagnosing challenges and prioritizing management attention to factors contributing to the achievement of these goals. (mohammed khader al-sabawi, 2019, p. 68)

## **2.2. Presentation of the Scientific Committee for COVID-19 Monitoring and Follow-up:**

**2.2.1. Definition of the Coronavirus (Covid-19):** it is defined as "a new strain of viruses causing COVID-19 disease." (shailiya, 2020, p. 27) It is a new virus that was first detected in Wuhan in China, in December 2019. This emerging virus was linked to a 2-3% severe human respiratory disease, originally generated in the "Huanan Seafood" wholesale market in Wuhan on 7 January 2020, which the Chinese health authorities have confirmed. This gathering has been linked to a new coronavirus called "ncov-2019." (felack, 2020, p. 32) This English name for the disease is derived from: (CO) the first letters of the word "corona", (VI) the first letters of the word "virus", and (D), the first letter of the word "DISEASE." (shailiya, 2020, p. 27) The virus was later renamed "SARS-Cov-2" because it resembles the coronavirus responsible for severe acute respiratory syndrome (SARS-CoV) (felack, 2020, p. 33). The name "COVID-19" is the name given by the World Health Organization (WHO) on 11 February 2020. It is a disease caused by the coronavirus. Figure 19 was added as a reference to the year 2019 in which the first case of the virus was detected. (shailiya, 2020, p. 27)

### **2.2.2. The Scientific Committee for COVID-19 Monitoring and Follow-up:**

The scientific committee was established on 21/03/2020 to monitor and follow up on the developments of the virus. Its priorities were as follows: (khaled, 2020, p. 05)

- a. Developing a coronavirus treatment and health protocol.
- b. Recording the number of infected people, deaths, and hospitalizations across the entire country and presenting it daily by the chairman of the committee, Djamal Fourar.
- c. Strengthening the national strategy to combat the epidemic.

d. Raising the level of the stock of protective supplies and protection (diagnostic reagents, treatment medicine, masks... Etc.).

The members of The Scientific Committee for COVID-19 Monitoring and Follow-up are: (Ihayani , 2020)

- Abderrahmane Benbouzid, Minister of Health.
- Ammar Belhimer, Minister of Communication and the official Spokesman of the Government.
- Abderrahmane Lotfi Djamal Bahamed, Minister Delegate in charge of the pharmaceutical industry.
- Djamal Fourar, Director General of Prevention at the Ministry of Health.
- Mohammed Bakat Berkani, Chairman of the Board of Doctors Deanship.
- Abdelkarim Tawahria, Chairman of the Board of Pharmacists Deanship.

In addition to a number of specialists in anesthesia, recovery, epidemiology, preventive medicine, and infectious diseases.

### 3. Analysis of the proposed model to assess the critical success factors of the crisis management team “Scientific Committee for COVID-19 Monitoring and Follow-up”

**3.1. Analysis of requirements:** represented in preventive and remedial action within the following factors: (al babli, 2020)

**3.1.1. Trapping the disease:** The Scientific Committee has developed several of measures, as outlined below:

- a. **Quarantine:** Quarantine is the first measure taken on March 23, 2020. A decree on partial quarantine was issued in Algiers and 09 other cities, while Blida state was placed under total quarantine after becoming a national epicenter of the epidemic. (khaled, 2020, p. 03)
- b. **Distance education:** Under the global coronavirus crisis, most educational institutions have moved towards distance education as a compelling alternative to the educational process. The use of online video chat apps such as Zoom, Google, Meeting, Webex Meet, and others has increased markedly. (buis, 2020, p. 28)

#### 3.1.2. Speed of gradual recovery:

We will present the following monthly cases from the beginning of the pandemic in March 2020 until December 2021, focusing on monthly infections, deaths, and peaks, which have taken an upward and downward trend during this period to demonstrate the effectiveness of the preventive measures taken by the Coronavirus Monitoring Committee.

- a. **Coronavirus Statistics in 2020:** We will present the following monthly cases from the beginning of the pandemic in March 2020 to December 2020, focusing on monthly infections, deaths, and peaks by showing the results of the table below:

**Table (01): coronavirus statistics of 2020.**

The month	jan	feb	march	april	may	june	july	aug	sept	oct	nov	dec
Total infections	00	00	716	4006	9394	13709	30394	44494	51530	57942	83199	99610
monthly	00	00	716	3290	5388	4513	16487	14100	7036	6412	25257	16711
Deaths	00	00	58	392	203	259	298	300	266	228	467	325

Source: prepared by researchers based on: <https://www.coronavirus-statistiques.com>

We note from the above table data and according to the statements provided by the Scientific Committee that the pandemic began in March with 716 infections and 58 deaths, while the number of cases in January and February was (00). In April, there were (4006) infections and (392) deaths, i.e. between March and April, there were (3290) infections in a month, which is a significant and considered a high outcome compared to the duration of the epidemic. It took an upward trend with high infections per month, reaching (5388) infections and (203) deaths in May, dropping in June to (4513) infections and (259) deaths, and then the number of cases doubled due to Eid al-Adha in July with a total toll of (16487) infections and (259) deaths. It then gradually decreases in August, September, and October with a slow decline of infections estimated at (14100) infections and (300) deaths, then (7036) infections and (266) deaths, followed by (6412) infections and (288) deaths, respectively. The toll rose in November and achieved its peak in 2020 with a total of (25257) infections and (467) deaths due to the negligence of citizens in following preventive measures, only to fall back in December with a toll of (16411) infections and (325) deaths. As for reading the death toll, we will address it in the results.

- b. **Coronavirus Statistics in 2021:** We will present the following monthly cases from the beginning of January 2021 until December 2021, focusing on monthly infections, deaths, and peak by showing the results of the table below.

**Table (02): corona virus statistics of 2021.**

The month	jan	feb	march	april	may	june	july	aug	sept	oct	nov	dec
Total infections	107339	113092	117129	122108	128913	139626	171392	196080	203359	203359	210531	218432
monthly	7729	5753	4100	4916	6805	10713	31766	24688	6832	3093	4079	7901
Deaths	135	92	110	160	219	244	538	1015	543	108	100	205

**Source:** prepared by researchers based on: <https://www.coronavirus-statistiques.com>

From the above table data and according to statements submitted by the Scientific Committee, the total number of infections was (7729) infections and (135) deaths in January, (5753) infections and (110) deaths in February, and (4916) infections and (160) deaths in April, while May's infections were estimated at (6805) and (219) deaths. The upward rise started in June with (1013) infections and (244) deaths, which is the beginning of the peak in July with (31766) infections and (538) deaths since the beginning of the pandemic due to the emergence of the "Delta" variant and the decline in the implementation of preventive measures by citizens due to Eid al-Adha. Moreover, the infection toll declined gradually in August with (24688) infections but (1015) deaths; the highest death toll since the beginning of the pandemic due to the complications of the "Delta" variant, the crisis of oxygen vials, ventilators, and bed shortages.

In the following months of September, October, and November, the toll reached (6832) infections and (543) deaths, (3093) infections and (108) deaths, and (4079) infections and (100) deaths, respectively, to gradually rise to (7901) infections and (205) deaths in December. These were the signs of the emergence of the "Omicron" variant. As for reading the death toll, we will address it in the results.

However, despite these results of the 2020 and 2021 monthly infections and the adoption of the preventive and therapeutic protocol established by the Scientific Committee, we can say that the

Scientific Committee has been very successful in achieving its preventive strategy, maintaining a stable status, realizing the gradual recovery, and overcoming the first and second waves.

**3.1.3. Lack of complaint:** It involves lowering the percentage of complaints from the health system and increasing individual satisfaction.

**a. Provision of therapeutic protocol:** The Scientific Committee has developed a health protocol: (khalas, 2021)

- The use of antibodies was raised from 6 days to 10 days.
- The use of “Chloroquine” and “Azithromycin”.
- The use of Anticoagulant: “Enoxaparin”, “Lovenox”, and “Varenox” for patients as proven by their analyses and according to areas of use if preventive or therapeutic.
- Take dietary supplement that promote immunity such as vitamin C, zinc, magnesium, and vitamin D.

**b. Provision of analysis:** The Ministry of Health, Population, and Hospital Reform has adopted three types of analysis in Algeria: (soleimani, 2021)

- **Polymerase chain reaction (PCR).**
- **Antigen Tests.**
- **Blood analysis “Serology”.**

**c. Vaccine Provision:** The Government and the Scientific Committee have approved three choices for coronavirus vaccines: (al-shorouk online, 2021) Russian Sputnik vaccine, The Chinese Sinovac, AstraZeneca.

**3.1.4. Sustained supportive community interaction:** Algerian civil society, including associative movements, public institutions, and national bodies, is working on several initiatives, especially in raising awareness of the seriousness of the epidemic, engaging in disinfection and sterilization campaigns, especially the associative movement at the beginning of the crisis, where it has initiated the distribution of food items during the quarantine period and the crisis, as well as donating funds. (sahli, 2020, p. 151)

Many associations inside and outside the country, such as the Wafa Association for National Solidarity, Kafil Al-Yateem Association, the Algerian Medical Network in Europe, the Algerian Association for Solidarity, and the Coordination of the Algerian Community abroad, have contributed with large donations of oxygen condensers, provided public service places and centers, food subsidies, masks, sanitizers, and acquired oxygen plants. (ben odeh, 2021, p. 22)

**3.1.5. General sense of reassurance and absence of panic:** It refers to people’s trust in the state’s performance and procedures, as well as their perception that the state is prepared to deal with worst-case scenarios. On October 18, 2021, the total quarantine was lifted and life returned to normal in 23 states, where the Algerian government had previously lifted the quarantine from 35 states and kept it in 23 states earlier.

## **3.2. Results analysis:**

### **3.2.1. The gradual return of economic life:**

Some government and private sectors have been opened depending on the degree of control over the situation. The Algerian authorities have officially set a date for school and university entry based on two phases after the quarantine since there were two consecutive postponements due to the



coronavirus pandemic. The Algerian Council of Ministers also set 15 November as the date for university entry and 22 of the same month for the entry of vocational training students. Due to the health situation caused by the Corona pandemic.

The Ministry of Education has developed a special health protocol for the entry of pupils into schools after approval by the Scientific Council of the Ministry of Health, highlighting the provision of “mini- cohorts of no more than 20 pupils in each school classroom.”

**3.2.2. Strength and recovery of the medical system:** In the face of the Corona crisis, the “Scientific Committee for the Monitoring and Follow-up of the Covid-19” became concerned with managing the crisis and developing various appropriate strategies and measures to reduce or eliminate the epidemic. It sought to improve the health status of citizens. Its organizational structure has been changed from the Ministry of Public Health to the Ministry of Health, Population, and hospital reform. Moreover, a sectoral committee working in the health field has been set up alongside the Ministry of National Solidarity. The health sector has been able to have many capacities to cope with the epidemic, namely: (khaled, 2020, p. 05)

- Twenty-six testing and diagnostic centers were opened in various regions of the country in the first periods of the epidemic (600 analyses per day in March), and funds were granted to the private sector for the virus tests.
- 2500 beds were allocated to infected patients out of a total of 71682 beds at the level of 64 infectious diseases departments, 247 internal medicine departments, 79 lung diseases departments, 100 departments for other specialties, and 24 resuscitation departments. And The sector has 5787 Ventilators, anesthesia, and resuscitation devices.

In this regard, the members of the Scientific Committee stated that the total number of daily, monthly, or annual deaths reflects the extent to which the epidemiological situation is controlled. Some of the findings were concluded based on a reading in the coronavirus deaths statistics for 2020/2021 from the results of table N (01) (02).

- ❖ **Mortality Statistics of 2020:** the epidemiological situation is stable because the monthly death toll is very close to its monthly results since April and remained stable until the high infections in November and the high peak of 467 deaths. Despite these results, and despite following the preventive and therapeutic protocol, we can say that the scientific committee has largely succeeded in achieving the success of its preventive strategy and maintaining a stable situation, with the highest toll being (25257) infected and 467 deaths.
- ❖ **Mortality Statistics of 2021:** According to the table (02), the peak of deaths appeared in July with (31766) cases; the highest since the beginning of the pandemic. The deaths toll was (538) due to the emergence of the Delta variant and a decrease in discipline concerning preventive measures because of Eid al-Adha, only to decrease again in August with a toll of (24688) infections, but with a heavy death toll of (1015), which is the highest death toll since the pandemic due to Delta variant complications, the crisis of oxygen bottles and ventilators, as well as the lack of hospital beds.

In the following months of September, October, and November, the toll waw (6832) infections and (543) deaths, (3093) infections and (108) deaths, and (4079) infections and (100) deaths, respectively, to gradually rise to (7901) infections and (205) deaths in December, which were the signs of the emergence of the “Omicron” variant.



From the previous results, we can say that the epidemiological situation is stable because the monthly death toll has stabilized since January, up to a rise in infections in July with (31766) infections, and a peak of 1015 deaths in August compared to neighboring, Arab, European, American, and Asian countries.

### **3.2.3. The Strength and development of supporting potential:**

**a. Supporting leadership:** The strategic leadership played a significant role in managing the coronavirus crisis. It is represented by the President of the Republic, the Algerian Government, and the Ministry of Health and Hospital Reform, which divided the crisis management into three levels: Presidential level, National level and the Local level. (adoum, 2021, p. 53)

- **Clear strategy:** Algeria has adopted a preventive strategy embodied in a therapeutic and diagnostic health protocol since the beginning of the epidemic, which consisted of preventive measures provided by the Scientific Committee and strict instructions to curb and contain the spread of the epidemic, focusing on adopting a preventive strategy: (ben hlima, 2021, p. 22)
- **Preventive measures that have been mentioned in the requirements at the state level.**
- **Preventive measures at the level of health institutions:** Preventing vacations for workers and raising the level of readiness, increasing the manpower in quarantine departments, continuous sterilization, training, equipping isolation sections, providing protective clothing (gloves, masks, thermostats, sterilization materials), providing scanners and ventilators, allocating additional beds with intensive care, providing oxygen vials, health vigilance, physical and moral stimulation of medical and semi-medical staff, professional workers, and ambulances.
- **Preventive measures taken toward the patient:** detection of cases, reporting to the monitoring committee, isolation, confirmation of diagnosis, treatment and follow-up, disinfection, health survey, registration.

**b. Qualified Team:** The Crisis Management Team operates at three different levels: (al babli, 2020)

**Level I (Strategic):** Five possible scenarios are developed (very weak - weak - medium - strong - very strong), as well as organizational orientations, frameworks, the overall vision of the strategy.

**Level II (Executive):** It is within the Ministry of Health, containing the work team in the back and front offices that put the strategy into practice

experience, science, skill, ability, and discipline for the success of the strategy.

**Level III (operational):** It is based on the basic medical teams and assistance as well as the local relevant support agencies.

**3.2.4. New capabilities:** acquired from lessons learned and good practices that can be relied upon in the future.

**a. Success in dealing with the coronavirus variants scenario: Delta, Omicron:** the most famous variants in Algerian society, which have caused significant deaths among Algerian families, we find: (brahimi, 2022, p. 1010)

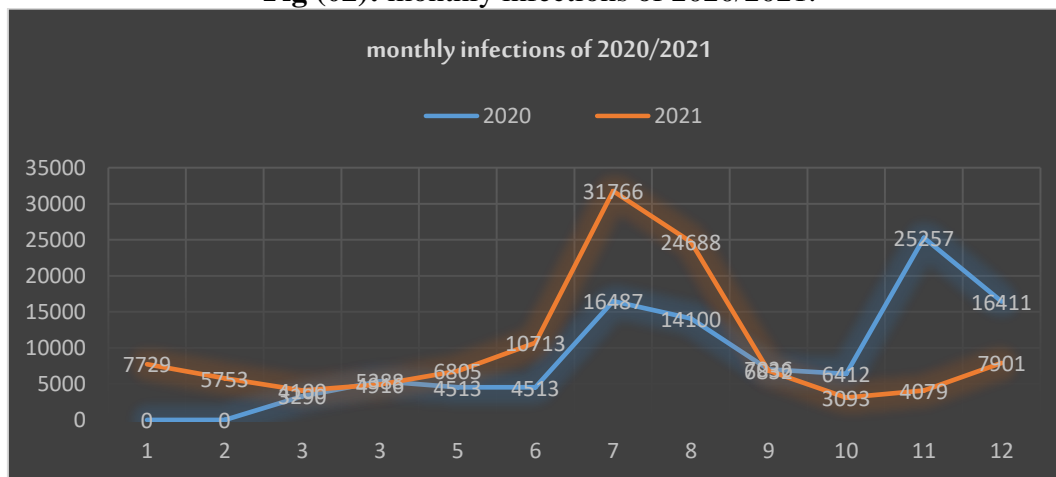
✓ **The Delta variant:** The Pasteur Institute revealed the “Delta strain” spread in the first week of July 2021 by 71% of the viruses. Therefore, the scientific committee decided to tighten

quarantine procedures. Still, it generated a major crisis, namely the emergence of the scarcity of oxygen vials at the level of Algerian hospitals dedicated to the patients of Covid 19.

- ✓ **The Omicron variant:** The first case in Algeria of the Omicron variant appeared on 14/12/2021 through the entry of a foreign subject who arrived in Algeria on 10/12/2021 when undergoing a genetic test at the Houari Boumediene International Airport in the capital. The Scientific Committee has therefore accelerated the closure of schools for 10 days with tighter penalties for violators to tackle the spread of the Omicron variant, maintaining preventive measures in public facilities and commercial spaces, including wearing a mask, social distancing, keeping hands clean, and get vaccinated.

The Delta and Omicron variants statistics after the wave are discussed, with the decrease in the number of infections. in the figure below:

**Fig (02):** monthly infections of 2020/2021.



Source: prepared by researchers based on: <https://www.coronavirus-statistiques.com>.

- b. **The ability to visualize and diagnose scenarios of the coronavirus crisis:** The Scientific Committee has focused on developing a comprehensive scenario for diagnosing predicted scenarios through the notion that recovery from the pandemic is based on two key factors:

- ✓ Combining quarantine and preventive measures.
- ✓ Having a vaccine ends the risk of spreading the virus again.

- c. **Know how to deal with the social and economic repercussions and try to recover a balanced situation:** The coronavirus pandemic has exacerbated Algeria's economic situation in the face of falling oil prices, forcing the government to reduce planned spending and investments in 2020. The economic situation has been characterized by: (bonhas & zouari farhat, 14-15-nov 2020, p. 46)

- ✓ The economy contracted by about 2.6% in 2020 after a growth of 0.8% in 2019.
- ✓ Reducing public spending by mainly 50% and postponing planned investments in several sectors.
- ✓ The value of oil and gas exports, which constitute about 92.40% of total overseas sales, reached \$7.04 billion, recording a decline of \$9.48 billion in the first months of 2019.
- ✓ Imports fell by 19.52% to \$9.12 billion in the first three months of 2020.

**4. Conclusion:** Assessing Algeria's epidemiological situation is very important, which can be done by diagnosing strengths and weaknesses (potential), as well as identifying the threats posed by the crisis and the opportunities to be acquired at all levels (health, social, economic, etc.). Knowing how to deal with this pandemic and its repercussions is still difficult, making the functions of the state leadership in general, and the functions of the members of the Scientific Committee difficult by all accounts. However, this does not negate that we can reach some results and suggestions, the most important of which are:

**4.1. Study results:**

The Scientific Committee's team for the coronavirus crisis monitoring enjoys the critical factors and requirements for success. It has been able to reach supportive requirements and new capabilities that will enable it to reach results in response to the current epidemiological crisis. It has sufficient capacity to deal with anticipated scenarios and had acquired new experience to deal in the future with such crises as feedback according to the proposed model for assessing the Scientific Committee's critical success factors. The committee possesses investment methodologies, which include trapping the disease with the actions and measures taken, achieving a lack of complaints from Algerian citizens, and making them feel at ease and unfrightened through interactions with civil society. This all can be done by developing a preventive and curative strategy to achieve the following results: the return to citizens' normal life, the strength and recovery of the medical system, the development of supportive requirements, and the possession of new capacities.

To answer the problem, we can say that the Scientific Committee's Team for COVID-19 Monitoring and Follow-up has the success factors. The team has been able to develop the requirements and achieve satisfactory results, the most important of which is being able to control Algeria's epidemiological situation significantly. The results of the coronavirus statistics on the number of deaths in Algeria confirmed that there have been no deaths (00) since March, April, and May in 2022.

**4.2. Suggestions:**

- A.** Prioritizing the health sector by providing funds and rationalizing them to shift from the treatment system to the health system.
- B.** Giving importance to research and development in all sectors and institutions to support the health sector such as research laboratories, R&D offices, etc, as well as supporting institutions that provide services to the health sector whether technological, informatics, logistics, pharmaceutical, etc.
- C.** Improving the private sector and cooperation in the field of health, as well as providing financial and legislative assistance in order to prepare for such crises and ensure that they pass with the least amount of harm possible.
- D.** Relying on e-governance and AI systems in the health sector.
- E.** Improving the quality of health services provided to citizens and the quality of human resources in the sector. One of the most important causes of the crisis spread and the increase in the number of deaths is the reluctance of citizens to turn to public hospitals (except for an utmost need) due to their dissatisfaction with the health services provided, the lack of confidence in the quality of the human resource's efficiency, and thus resorting to the private sector or alternative medicine.

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