Council of the Nation – Senator Louisa Chachoua, President of the Commission for Health, Solidarity, Social Affairs and Labour.



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The leader of the commission for health in the Algerian parliament's upper chamber speaks out about new legislation under review, identifies other shortcomings in the country's healthcare system and even gives personal insights from her own career as a medical practitioner alongside her political activities.

Can you please start by outlining the role of the Health Commission in the Council of the Nation?

Our role revolves around four primary tasks. First of all, we are there to prepare, oversee and review legislation. At the moment, we are working on several laws in the health domain: one relating to complementary healthcare, another on children's health, and also one to do with the social security of Algerians abroad. Secondly, we hold the executive branch of government to account by summoning the Ministers to answer questions on health and social welfare topics. Thirdly, we act as a direct link with the Algerian population by going out on the ground canvassing grassroots opinions and compiling briefing reports for the government on the actual state of healthcare across the country. Finally we organize what are known as 'parliamentary days' where we can raise awareness and debate the most topical issues concerning the nation's healthcare. To give you an indication, we recently convened a conference on the development of the national

healthcare system from the 1960s to today with a view to learning the lessons of past experience and determining what might the best model to pursue in the future. We have also organized awareness days devoted to discussing improvements in the state of organ donation and transplants in Algeria.

As the incumbent president of the Commission, how would you describe your current priorities?

The focus right now is really on the three pieces of legislation that I have already referred to. Here in the Council of the Nation, we senators unfortunately do not enjoy the same powers as the deputies sitting in the People's National Assembly or lower chamber. All we can do is accept or reject legislation wholesale. We have no prerogative to make amendments to specific clauses. This means that we are currently somewhat hamstrung, but we are confident that the new constitution, when finally enacted, will rectify this anomaly.

Beyond the current laws, I have been using my influence as commission president to push for an update to the national medical reimbursement system. This is well overdue because it dates back to the 1980s when the contextual environment was very different from today's scenario. A review of that system is absolutely imperative if it is to remain sustainable, if only because the value of the dinar has evolved and the scope of medicines now available on global markets is much more advanced.

You happen to also be a professor of ophthalmology. How important is it to have a real medical practitioner leading the commission?

I believe it's really quite an advantage. Being a fully functional health professional alongside my role in politics, I am exposed on a daily basis to the very same challenges that most medical practitioners face. This allows me to gain real insight into the nature of the system and to understand the areas that need to be improved. Because I have thorough understanding of the real issues, I am able to promote proper solutions. It also, of course, helps to be part of the medical community. I have the contact networks and know many of the key individuals involved. The practitioners can rest assured that we really represent their best interests in the parliament.

A National Agency for Pharmaceuticals was theoretically founded in 2008, but ill-conceived legislation has resulted in it never being effectively implemented. What, if any, changes would you like to see to remedy this?

Again, this is a law that was passed back in 1985 so it's definitely due for a revision to bring it up to date with the world as it is now. We need to review our overarching health policy and determine whether it is feasible to continue with universal coverage that is free at the point of delivery. We also need to critically analyze the workings of the social security system. At the moment the responsibility for this domain is shared between the Ministries for Health and for Labour, with perhaps the consequence that the roles are not demarcated enough. It will also be essential to relook at our management of human, medical and paramedical resources because Algerian healthcare can only be sustainable if these assets are managed sensibly.

Above all, I am keen that we take another look at the idea of complementary activities. In my view, the current law actually prevents doctors from properly carrying out their functions and committing to either the public or the private sector. By having doctors try and assume both roles it actually exacerbates inequality of treatment and encourages abuses. What Algeria needs is a sensible healthcare system that encourages both private and public provision and incentivizes all actors to respect the norms. We really need to improve upon instances where there is a hierarchy of healthcare or where distribution is unequal.

How beneficial is the CHIFA card?

As a starting base, the idea is laudable. It is the equivalent of the 'carte vital' utilized in France and is supposed to contribute to the better management of healthcare dispensation by avoiding waste, double prescribing and the like. The trouble right now is it doesn't yet have the means to be truly effective. Without computerization, clear communication and proper rationalization, it is going to be very difficult to improve patient monitoring and reduce the public bill for medicaments which is the real purpose of the card in the first place.

At present, the card relates to a range of chronic diseases such as diabetes, senility and hypertension. However it doesn't cover everything. What about cancer for example? My view is that the card should actually be extended. Algeria's social welfare structures have to be more ambitious. The Ministry for Social Security enjoys a considerable budget and, in my opinion, it could reimburse more therapeutic areas.

Algerian healthcare has a human resources challenge. Even though there are more science-orientated students graduating from the universities than ever before, many are choosing to seek employment abroad. Why is this? And what can be done?

In the decade from 1962 to 1972, Algeria simply didn't possess enough doctors to care for the population. During the subsequent decade we responded to this with a radical reform of the

education system that allowed us to train up many more doctors, general practitioners and specialists, many of whom attained a very high level. The problem we experienced, however, was that a significant portion of these newly trained personnel chose to emigrate rather than bolster the domestic healthcare system. And I must confess that I was one of them. In the early 1980s, I took the decision to finish my studies and start a career in France.

Today we have imbalances in the type of medical practitioners. Essentially we have a great many doctors, but are lacking personnel in the specialist categories. There are also imbalances in the geographical distribution with a concentration of practitioners in the north, but deficit in the south. All the while, Algeria's population is growing and the epidemiological transition to chronic disease is becoming more pronounced. Our specialists continue to emigrate, and we resort to foreign experts such as Cubans or Koreans to plug the gaps.

To address this problem, the solution is obvious: we need to better pay our doctors, and empower them in terms of equipment and infrastructure to work properly throughout Algeria. Young graduates want to be working with state-of-the art technology that they have been learning about. If this is on offer in the southern wilayas and if the pay packet is competitive, then they would surely be tempted.

You have long been an advocate of a national cancer plan. What can be done to treat cancer in Algeria?

When we held our parliamentary day on cancer, our findings indicated that the country needs to be better at compiling and processing information related to the disease. Since 2006, anti-cancer centers have been installed throughout Algeria. The data that they are sending back suggest that there are currently around 40,000 new cases of cancer per year. In women, the most common form seems to be breast cancer, whilst for men the most prevalent is lung cancer. These cancer registries are essentially our main tools to support decision-making. Many cases, however, still go unregistered and if we are to get a grip on controlling the diseases we need to collect as much quality data as possible

Our policy to improve cancer treatment in Algeria is divided into three main pillars. The first one concerns generating better information. We want each region to have their own cancer registries and for them all to be connected so as to present a 360 degree mapping of disease prevalence according to each type of cancer. We also want to launch nation-wide surveys and to start collecting records of instances of cancer in children.

The second pillar concerns prevention and early detection. It is very important to raise awareness in the schools and to educate children at an early age about the causes of cancer and the risk of smoking. It is equally essential to put in place effective screening mechanisms that can detect the disease at a stage when they are still treatable.

The third pillar concerns the treatment of cancer patients. We definitely need to spend more on training up cancer specialists and on the procurement of latest generation equipment that can deliver quality treatment. The current availability of radiotherapy, for example, is simply not adequate to meet the demand. Last but not least we need to do much more to support for patients at the end of their lives in instances when the disease reaches a terminal phase and treatment is no longer an option.

So what is your final evaluation of the state of Algerian healthcare?

Since independence, we have made tremendous progress. Some obstacles remain and others have disappeared. As the nation’s health profile continues to evolve, our health care system naturally had to adapt to meet new and hitherto unknown challenges.

In many respects, we can say that we have well managed our epidemiological transition. We have eradicated many diseases found elsewhere in Africa and this is why we have to be vigilant in controlling our borders and preserving these achievements. We have trained up high level doctors and recruited top notch experts from abroad. We have also achieved healthcare that is free at the point of delivery for every citizen. Even foreign nationals benefit from free care in Algeria. This is an amazing feat. In short, we have much to be proud of.

What would you like to have seen Algeria achieve by the end of your mandate in five years’ time?

Most of all, I’d like to see Algeria develop a dynamic and competitive pharmaceuticals industry. Today, the domestic production of medicines, whether generic or otherwise, is insufficient. Though the state strives for 70% coverage of national needs by the end of the year, local production can at best cover 40% of national demand. To compensate, Algeria has to import a large volume of expensive medicines which weigh too heavily on the national pharmaceutical bill. Algeria would have done better to follow World Health Organization (WHO) policy right from the start. Therefore I would definitely like to see some progress on this front. Secondly, I would love for the National Agency for Medicines to finally see the light of day.

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