Habib Bennaceur – Country Manager, AstraZeneca, Algeria



12.02.2015

Tags: clinical trials, pharma

The country manager of a British biopharmaceutical company sheds light on Algeria's potential for conducting clinical trials and offers his views on the quality of the country's skilled labour.

What is the record of your past fourteen months with AstraZeneca?

Since I arrived, I have had two priorities. First, I implemented a new vision that implied to reorganize the company, in order to introduce new dynamics and investments in biotechnology rather than solely in “primary care”. Second, I started up a 170-staff liaison office to speed up and materialize our investment in Algeria, and build a fully-fledged subsidiary.

We also tried to foster a partnership with Biopharm, but we stopped the process of cooperating when we were informed that they had opened their capital to foreign investors.

What are the main axis of Astrazeneca’s development strategy?

Our axis of development are very clear, we even submitted them to the Ministry of Health, as commitments that we make in Algeria.

Firstly, we intend to develop clinical research. The Atlantic Project, in which Algeria has played a key role, is proof that we have the means to take a part in international projects. In this area, we are about to launch two new books, one for breast cancer, and the other dedicated to lung cancer. On the other hand, we seek to develop continuing medical training, by means of agreements with

French centers of excellence in the fields of urology, cardiology and chest diseases, and by sending Algerian physicians to train there. Third, we want to improve patient care management. As a pharmaceutical company, we do not have direct contacts with patients, but we will through educators, who will be at the disposal of doctors, whether at their office of at the hospital, and who will raise patients' awareness on cardiovascular risks. Indeed, studies show that physicians do not have enough time to do so during regular check-ups.

Could you give us specific examples of your work in collaboration with the Algerian government, patients associations and professional medical businesses?

I can tell you about Cepheus, an observation study which Algeria took a part in, and which proved that Algeria can provide qualitative work in the field of research. But I find it even more relevant to talk of the Atlantic Project and of Esma: these are interventional studies, featured internationally, which results were published in the New England Journal of Medicine. Therefore with these projects, Algeria got to the next level.

Yet, research is not very developed in Algeria. What potential does it have? What assets?

In order to do research, one needs skilled physicians, universities, effective healthcare network, a CRO (Contract Research Organization) who knows their job, and genuine support from the authorities. AstraZeneca could see evidence that clinical research is a priority in Algeria, that the country can provide all these elements, and therefore will strengthen its presence here.

Tell us about Astrazeneca's Cancer Plan.

Our Cancer Plan includes four mainstays. First, we emphasize on clinical research in oncology, our priority being to provide Algerian patients whose alternatives are limited with innovative molecules. To do so, we maintain close contact with the internationally renowned Gustave Roussy Institute. More broadly, we wish to set partnerships with state-of-the-art research institutes, which would help us to implement specifications, so as for us to level up to international quality standards. We realize the importance to develop an international network, and this is what we intend to achieve.

Second, we have implemented diagnosis platforms – the first ones in Algeria – that detect a specific type of lung cancer, in the perspective of targeted therapy. For this purpose, we train our teams in partnership with the French centers. We made the choice to support training and testing costs. Algeria is the only country in North Africa, and one of the only ones in the MENA region, to be

equipped like this.

Third, we plan to create a network of female ambassadors, to raise women’s awareness of the necessity to screen for breast cancer. Our volunteer network aims at reaching out to big cities but to the most remote areas just as well.

Four, following our willingness to take the cancer issue as a whole, we intend to create a home care network, provided by nurses and psychologists, and dedicated to patients in terminal stage. For ethical reasons, AstraZeneca does not have direct contacts with pension money, but we provide financial and technical resources to make it work.

How do you face supply and staff skills maintenance challenges that are necessary to clinical studies?

What you call a challenge, I call it fake excuse. AstraZeneca in a multinational group, and includes an integrated clinical research department, with appropriate processes and skilled human resources. The CRO in Algeria took a part in projects of international dimensions and high complexity, was audited by multinationals – including ourselves – and acknowledged to be in line with international standards. Actually, Dr. Montalescot offered them to participate in new protocols, once more proving its quality.

Other firms use their funds to cover convenience travel costs offered to their employees, but we prefer to inject it into working with the CRO on clinical research.

As for the political authorities, they are actually eager to promote clinical research!

Where the shoe pinches – and still it concerns the physician level– is that Algeria must implement protocols for doctors to get more experience and expertise. Yet, the potential is real: we have 36 million inhabitants, hospitals and healthcare professionals in every field of specialty are everywhere, etc.

What strategic importance does the Algerian branch enjoy for AstraZeneca form a regional and global perspective? What about its prospects for growth?

Currently, we are building 3 new plants in the world, in Russia, China… and Algeria. The Algerian one is a small replica of our factory in Sweden: it is in charge of manufacturing, from formulation to packaging. And we intend to manufacture every type of product there, which shows its importance. In recent years, Algeria stood out from its neighbors, and has taken a significant role in this field, as AstraZeneca fully understood.

Know that Nov 2nd, 2014, we will announce that our Algeria office will be the hub for all of francophone Africa. At the time of this interview, this information is still confidential.

You and five other European companies made a technology pact with Algeria, to make the country a biotechnology hub by 2020. Is this a realistic goal? What exactly is AstraZeneca's role in this?

We believe that the pharmaceutical industry has a responsibility to provide expertise, which is why we signed the MOU. This signature is a first step, but we need to engage further and set up a clear roadmap which will include our annual commitments and a schedule that we will submit to the authorities. Without it, we might actually have a hard time trying to achieve this goal.

One last word to conclude this interview?

First and above all, I am very proud of the rapid growth of AstraZeneca.

Then, finally, I would like to emphasize on the strengths of Algeria. It has very positive health policy with identified priorities, and it offers unparalleled opportunities: between provision of concessions, tax benefits, protection of domestic production, incentives offered to prescribers, a unique healthcare system, healthy economy and relatively safe environment, if we want to develop the pharmaceutical market, all we need is desire from the investors'!

To read more articles and interviews from Algeria, and to download the latest free report on the country, click here.

See more interviews