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The co-president of a research group dedicated to Euro-Mediterranean health sector issues analyses commonalities across the North African region and calls for a coordinated response to shared challenges. He also delivers a comparative assessment of the Algerian market.

What is your opinion about the evolution of the Algerian pharmaceutical industry and healthcare system?

Our policy on drugs must be inseparable from our public health policy as a whole.

Today, Algeria is going through epidemiological transition, and has to face numerous issues related to communicable diseases, which must increasingly be taken into account given demographic and societal changes in our population. Our public health landscape tends to adopt similar features, in the medium term, to that of Northern countries'. For example, in 2011, there were 32 million inhabitants in Algeria, with 5% above the age of 60. In 5 to 10 years, Algeria will count 40 million citizens and 12% of them will be seniors. Like in the North, Algeria will experience demographic ageing.

These changes require adequate health policy, while at the same moment, Algeria must address other major challenges. Between scarce available resources, a range of delays that go from hospital bed shortages (1.5 per capita instead of 3) to paramedics training, facilities and human resources dispatch that need a review, Algeria indeed has got a lot to do. Not to mention annual

health expenditure per capita clearly inadequate: when Northern countries spend 10 to 20% of their GDP on health, Algeria can account for 5% of its own. It should be noted as well that drugs hold dominating figures, while the amount is paradoxically rather derisory (75 USD).

To summarize, Algeria's resources are limited while its needs in the health sector are increasing. What solutions could resolve the issue?

In order to implement a health policy that would be worthy of the name, Algeria would have to develop economically. If Algeria becomes productive, then we will be able to move from a $380 annual health bill per capita to $900 or $1.000.

In the meantime, we need to prioritize, identify the major problems to solve and set our areas of focus on short, medium and long term. At this point, there is an ideological and political choice to make: between a "supermarket" healthcare system, where the individual gets the treatment based on what he can afford, and a system that makes the case for solidarity and equity. However, the country is yet to settle the question, there is a clear discrepancy between the official discourse which advocates for solidarity, and reality that especially favors the haves.

Drug policy falls into that context and must consider the issue on this type of products in all its aspects, be they highly political, human, industrial or commercial. To me, this policy should advocate for a more rational use of drugs, that is to say tailored to our needs and means. More specifically, it should ease the development of the pharmaceutical industry based on objectives that the government would set, encourage domestic production of generic drugs that we need, prevent waste and support medical training, so that our physicians can treat us better and cheaper.

This domestic production of generics requires massive and very expansive investments. In this perspective, I advise that a Maghreb and/or Mediterranean common effort take place, in order to better absorb costs and widen the market.

To what extent is the current health policy appropriate?

To be honest, there is no public health policy from this government's part. So it has been made by others: the pharmaceutical industry, equipment makers and health professionals lobbies. As a consequence, it happens to be cruelly short in vision and hindsight. For example, highlighting the disastrous management of cancer patients, at first driven by a piece of truth and good will, led to bigger expenses in specific medication, and the melting of the Central Pharmacy's budget on the same.

This is a good illustration that we must implement a genuine national policy on health, consistent and adjusted. More specifically, this means that political supervision is essential to prevent overproduction and prevent shortages in the medium and long term.

It also means that we need to cross and combine our experiences at a regional and even global scale. Maghreb countries are complementary in this area: the Tunisian Central Pharmacy is a model, that would be a good source of inspiration to us, while on the other hand the Moroccan liberal generics policy did not meet as much success as expected.

Does the country have the proper HR for such a health policy?

This question is paramount. It does, yes, if we massively invest in training, education and research.

By training, I mean the continuing education of the prescribers, whose bad habits are attributable precisely to their lack of training and supervision. Another option would be to implement legal and regulatory tools in order to impose on them not to prescribe antibiotics at the very early signs of a flu for instance. The creation and constant update of a treatment guide could be a third solution. When it comes to health information, the public sector can play a central part.

We also need to develop conjoint research between universities and the pharmaceutical industry, so that be created everywhere in the field, and accessible to everyone (i.e. supported by public health insurance), distribution outlets of the drugs required by the Algerian population, today and in the future. Indeed, I can’t think of a reason why Algeria and Maghreb would not be able to get their own Teva.

The government must acknowledge the strategic importance of this sector and act, i.e. invest, to ensure Algeria with its future autonomy.

How does Algeria perceive “Made In Algeria” drugs?

Algerians are not resistant to them at all, quite the contrary. However, we must seek more and more quality, and improve marketing: we need to learn how to sell our products, especially to prescribers for their role in the new health policy is key.

What would you wish Algeria to achieve in the upcoming 5 years?

I wish there were no more communicable diseases, no more maternal and infant deaths, I wish we implement massive prevention and information, to follow Canada, which successfully decreased cardiovascular mortality, not by drug consumption increase but through health education. Our healthcare system undoubtedly needs cash for training and infrastructure investments, but it will

just as well need intelligence, supervision and collaboration with the universities. All this will let proper solutions emerge, proper meaning here cheaper and most suited, instead of copying rich countries and their expensive inadequate policies.

Algeria looks like sleeping giant to awake. As mentioned above, we need economic growth and common health policy on a regional level.

In conclusion, the Algerian health sector is facing major challenges for the years to come, yet has got the means to deal with them. Simultaneously, it will need international cooperation, for health does not escape globalization.

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