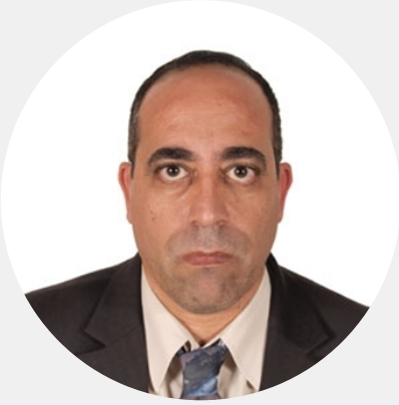
Mohamed L’Hadj – Director General of Health Services and Hospital Reform, Algeria



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Reform is under way in Algeria, and professor Mohamed L’Hadj presents the main themes of hospital reform encompassing the roll out of homecare, international collaboration and better training for better outcomes.

What main objectives and priorities are you pursuing today?

Our objectives are geared towards our ambition to provide access to organised and hierarchical care for patients. As everywhere, the expectations of Algerian patients are ever greater. In order to respond to this burgeoning demand, we have been building up care networks that take into greater account the patient experience.

In a more detailed manner, we are pursuing a series of steps in this reorganisation of care pathways. We want to enhance permeability between the public health institutions of proximity (EPSP) and the hospitals, by mutualising equipment, human and financial resources and entrusting the management to a single entity, as is the trend globally. In Algeria, this would mean a distribution between a Health Unit of Proximity (USP), the general hospitals (HG), and the specialised hospitals (HS).

Concrete actions include putting in place standards for care along access, infrastructure, equipment and human resources, but also focus on specific programmes with high prevalence. Algeria is dedicated to preventing the increase in non-transmittable diseases such as diabetes, cancer, cardiovascular diseases, hypertension, mental health disorders and birth-related conditions, to name but a few. We will achieve this by targeting precisely on risk factors leading to these various conditions.

We are also actively pursuing healthcare programmes in other areas such as burn victims, scoliosis, haematology, cochlear implants, hepatitis B and C, organ transplants from deceased donors, interventional cardiology, paediatric heart surgery. We try to provide better training to allow for better outcomes in all those areas, and improved pathways. For cochlear implants for instance, we see that delivery of treatment is not the conclusion of the matter, but rather the start. The patient subsequently needs to be accompanied through re-education, and it is areas like this where there are still gaps in the care process in Algeria.

We also work on material aspects, trying to ensure a continuous supply chain for medical devices. We work through tender calls to reduce costs for instance. In our efforts to improve the standard of care provided by our ambulances, we endow them with greater autonomy, which will allow each unit to manage human and material resources as best they can, while providing a strengthening context through continuous training.

We want to ensure that we are at the top of current trends and hence keep a close eye on new developments in the private sector that we may want to adopt and apply to the hospital sector. One such inspiration has been to see that private institutions bring in foreign professionals to avoid having to refer patients for care abroad, bringing the care to the patient and not the other way around.

In parallel, we are very eager to work on telehealth and develop digitalisation in healthcare. We already started on pilot programmes in Sétif and Oran, where 17 percent of the polyclinics are already using digital medical records.

In our development we also count on foreign associations in which many Algerians are active to work in partnership with our healthcare facilities. Their help as well as the help of foreign specialists allow us to gradually augment standards of care in Algeria, by bringing in technical knowhow and training our local staff.

Since 2017, an inter-ministerial commission has been assembled that is dedicated to the concept of ‘contractualization.’ The MTESS (Ministère du Travail, de l’Emploi et de la Sécurité Sociale) is collaborating with specialist institutions in the cardio surgery domain for a first step to this effect.

Can you give us an overview of Algeria’s healthcare coverage today?

Today, Algeria boasts 16 university hospitals, 297 public hospitals, 273 healthcare institutions of proximity, 1708 polyclinics and 6226 healthcare centres. There are also 575 liberal institutions, of which 206 are clinics and hospitals, and 369 diagnosis centres. When it comes to the practitioners, Algeria has in total 23,563 private offices, 9,751 specialised and 7,298 general practices, as well as 6,514 dental practices. This brings us to a total of over 242,000 healthcare professionals in the public sector alone. We are currently building 40 further public and specialised hospitals, and 422 liberal facilities are under construction as well.

Digitalisation can help healthcare systems in emerging countries to reduce costs and leapfrog to higher standards of care in the public sector. How is digitalisation developing in Algeria nowadays?

Most healthcare establishments in Algeria are already digitalised, many even use some of the newer applications and platforms. However, difficulties remain in training, standardisation and access to a good network. Indeed, healthcare professionals in Algeria have yet to get used to digital platforms, many platforms differ between various facilities which makes transfers difficult and high-speed connection is not often found in Algerian outlands.

For the Ministry of Health, digitalisation is an area of the outmost importance, and we are pursuing several projects in this in 2018. We pursue a plan to push forward information systems in healthcare, mainly in the usage of electronic medical records in at least one hospital in each wilaya. We also have a plan of informatic management in at least four polyclinics and are moving forward with implementing general usage of a health and decisional information system by central administration in all healthcare institutions. Finally, we are working on online services and enhanced offerings on our websites.

Algeria has been pioneering in its homecare efforts, more than 26,000 patients have already experienced this form of treatment. How can this pathway be an opportunity to take pressure off public hospitals?

Homecare is taking a more important proportion as an alternative to classic hospitalisation. Algeria has not been exempted from this trend and has been active in adopting it in both the public and private sector. The new healthcare law gives this pathway a place of its own right, as a continuation of hospital treatment or as an alternative altogether.

We see this as a real opportunity, as homecare is synonymous with individualisation of treatment. In fact, homecare brings benefits in all areas from medical to social and economic reasoning together. Homecare decreases hospitalisation duration and henceforth the amount of infections contracted in hospitals. For older, very ill or disabled patients, it allows them the serenity of treatment in a known environment and avoids challenging journeys, while at the same time reducing costs for hospitals.

Over 78 percent of public healthcare facilities have the means for homecare today, and in the private sector homecare is growing rapidly, with four institutions having obtained the license already.

How will a refocus on family medicine help in promoting a real dedication to health and a more important focus on prevention?

The new healthcare law brings with it a series of reforms of the national healthcare system, amongst which one that specifies a patient has a right to a fixed consultant. This consultant is a GP in the closest private or public care facility to the patient’s home, to which the patient may refer systematically except for urgencies. The GP and the facility on the other hand also have to allow the patient quick access if his or her health requires it, both to general and special care as well as diagnosis and high-end medicine.

Algeria has had good experiences with family doctors in the past. GPs have lost part of their clientele with a multiplication of specialised offices and their reticence to adapt to new practices. We plan to reintegrate these consultants in our network of access and prevention provision.

It seems the ministry privileges a decentralisation of power to the wilayas, while also putting in place a professional management process to allow for better adjustment of health offerings. How will this be implemented and are the wilayas ready to take on extra responsibilities?

The decentralisation of power towards the wilayas has been undergoing for years on both a financial and talent management level. Recruitment of GPs for instance is handled locally. Specialised consultants are sent to their regional appointments by the Health, Population and the Hospital Reform Ministry, in order to ensure a fair distribution across the country. However, the Health Directory of wilaya can decide upon a redistribution in case new regional needs arise. Budgets are supervised local, in each care institution.

After some financial difficulties, what are the plans to bring care institutions up to standard?

The construction of university hospitals has been postponed for several reasons, the high cost being one of them, but also because of the of the shortage in talent in Algeria, and the rough economic times it faces. The planning board oversees the current projects, together with the Wilaya health board and the general directory of health services.

In the meantime, we decided to undertake several rehabilitation operations of existing structures that will bring equipment up to newer standards. From 2014 to 2017, 49 public hospital institutions as well as 117 polyclinics have opened.

What measures can the Algerian government take to encourage foreign investments in Algerian hospitals?

It can encourage investment by ensuring a safe and sustainable context under the 49/51 law (a law in Algeria that determines that any foreign investment should be matched by a 51 percent local investment). We already witness some technology transfer, both in private and public institutions that collaborate with foreign stakeholders. Those have allowed our practitioners to enhance their practical skills in research, surgery and medicine, while reducing the number of patients that have to be treated abroad on the other side.

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