

ALGERIAN MEDICAL FREELANCING EXPERIENCE , ENABLED BY TECHNOLOGY DEVELOPMENT TO MEET CRITICAL NEEDS IN REMOTE AREAS

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The health system in Algeria, the second largest country in Africa with 33 millions inhabitants, suffers from a lack of a balanced distribution of its infrastructure and personnel. Patients from the whole country continue to be referred, for specialised care , to the public and private centres of the north. This work reports on our experience aimed at providing health care locally through an organization of freelancing-travelling professionals, and by leveraging the recent technological developments in mobile telephony (cumulating now more than 17 millions subscribers) and improvements in domestic air and land travel infrastructure.

In our initial phase focused on digestive pathology , we have set a mobile digestive endoscopy unit and focused our expertise towards three objectives: 1/ emergency management; 2/ routine digestive diagnostic and interventional endoscopies; 3/ monitoring of patients with digestive chronic diseases . In parallel, we have set up a closely collaborating team with a medical centre located in Annaba (Algerian north east) in order to meet our requirements for responsiveness and quality in endoscopic digestive care needs for patients dispatched from remote areas.

The results obtained over the past three years have been very satisfactory and rewarding (in the hundreds of successful interventions) - meeting our initial and most important objective of providing relevant care to patients in a timely manner without displacing them and sparing them travel fees costing up to twice that of the health care itself. A by-product of our experience has been to educate the physicians and the nursing staff working at the remote areas raising their level of competence. Central to our success has been the widespread availability of mobile phones – enabling communication between the various parties at all times. Our experience has also proven to be economically viable. We project to expand the number of mobile digestive endoscopic units throughout other regions and gradually adopt efficient telemedicine logistics (internet-based imaging and communication). We will report on the success, issues encountered, lessons learned, and project on the future.

Keywords: mobile phone, remote areas, medical freelancing

