

INTERNATIONAL WEBINAR:

**PUBLIC HEALTH
POLICY MAKING IN AFRICA:
WHAT LESSONS TO BE LEARNT FROM THE
COVID-19 PANDEMIC ?**

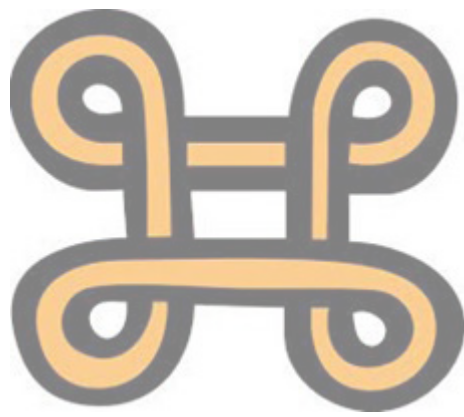
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REPORT

AFROSPECTIVES
A GLOBAL AFRICA INITIATIVE

GLOBAL HUMANITY
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INTRODUCTION

In the early months of the Covid-19 pandemic prognostics were dire for the Africa. It was predicted by almost everyone that African populations will be hit by the virus, with the devastation feared to trigger cascade of social, political, and economic catastrophes. Two and half years later, these bleak scenarios did not happen. African civil societies did not simply wait to be wiped out by the pandemic, they invented responses and took actions to confront it by mobilizing their endogenous knowledge on herbal medicine and community solidarity while their governments were waiting the assistance of external partners. This crisis highlighted the serious unpreparedness and powerlessness of African governments on the one hand and the creativity and resilience of African societies on the other. The pandemic has also clearly shown the blaring dependency of African nations in public health decision making, in drugs production and distribution, and in medical research.



OBJECTIVES

The aim of this webinar organised in partnership with the Global Humanity Institute for Peace, was to analysis the lessons to be learned from this pandemic, the potential of endogenous medical knowledge and practices systems to respond to health challenges in Africa and discuss the ways in which African countries could recover their sovereignty in health policy making, scientific research, drug production and health care. Four high levels experts and practitioners from Cameroun, Mali, Nigeria and France were invited to share their experience and address specific questions addressed to each of them.



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1. PROF. DIDIER RAOULT

He is a well-known French physician and microbiologist specialized in infectious diseases in particular emerging microbes

He was asked to share (i) his analysis of the management of the Covid 19 crisis in Africa; (ii) his interpretation of the resilience that African people have shown in the face of the Covid 19 pandemic and (iii) his ideas for the development of a equitable partnership with the African continent in the field of medical research, drug and vaccine production and community care practices to address present and future health challenges.

In his contribution, Prof Raoult first pointed out an interesting phenomenon observed during the Covid-19 crisis. It is paradoxically, the richest countries, and in particular the richest cities that had the highest mortality. In OECD countries, research has noted a disconnect between GDP per capita, expenditure per capita and life expectancy. The situation in the United States, where life expectancy is less than 79, and has even fallen to 71 years for African-Americans, shows that there is today a complete reversal in the perception of health.

In Africa, several reasons may explain why this continent was less affected. First, there is the fact that Covid 19 affected the population unequally and that the oldest people and those with certain health problems such as diabetes or obesity are the most vulnerable. Africa has a younger population and lower percentage of diabetic and obese persons. Second, according to studies, many medicines commonly used in Africa, including traditional medicines have a proven effectiveness to protect against transmissible diseases like malaria. Third, Africans have a higher level of vitamin D than anywhere else and it is known that this vitamin has a protective effect against such diseases

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Prof Raoult also mentioned the surprising approach adopted in France and in other Western countries during the Covid-19 crisis. People were told to stay at home, not to take care of themselves and only take Doliprane, a drug known for its toxicity. For the first time in human history, sick people were told to stay at home, without any assistance from doctors while even during the plague, doctors used to go and see the sick persons in order to relieve them. He highlighted that the Covid 19 was not only about infection but also about inflammation to address and about the care to be provided to the affected people.

He noted that what contributed to the resilience of African societies was the community care, the assistance provided to sick people to relieve them, which is the very mission of medical care. The abandonment of patients during the Covid crisis was part of the catastrophe, which has revealed that there is no more community care, no more proximity medicine in the West. For Prof Raoult, the wealth of countries can be sometimes counterproductive.

Prof Raoult concluded that the size of the financial stakes, the absence of local health care units and the health status of the population have therefore played a determining role in the impact of the virus in different societies.

Regarding collaboration in medical research, Prof Raoult pointed out that Africa does not need to go through the same steps as other regions of the world. It needs to jump on new technologies, especially molecular ones, to face its present and future challenges. Africa has already chosen this strategy because, thanks to the relatively low cost of equipment, African researchers are more advanced in research on the genome of viruses.

The problem in Africa may be how to acquire the technical autonomy to maintain and service large research installations and equipment. It would be therefore important to encourage investors to develop the adjustment of these equipments until they are also manufactured in Africa.

In terms of partnerships, Prof Raoult advocated the creation of networks of technopoles to exchange experiences and best practices not only between African countries but also with other regions of the world. He recalled that in medical research, innovation is not only biochemical as it is repeated in the West. It is equally necessary to revisit endogenous medicinal knowledge in order to modernise recipes that have proved their efficiency. It is important to listen and observe what traditional practitioners are telling us. African researchers should also develop their own protocols for testing drugs that meet their needs without replicating what is done elsewhere. Finally, he proposed to revisit the pool of molecules that are already identified or available in the nature and test the possible action of those that are not toxic on other diseases as molecules are often poly-active.

2. DR. PHILIP CHUKWUKA ONYEBUJOH

He is a senior international health expert and an independent consultant for Health Technologies Solutions for Infectious Diseases Control with experience in health systems delivery; clinical, operational, basic science research; health policy development and advocacy.

He was asked to (i) analysis Africa's infectious diseases watch organization; (ii) Africa's autonomous response to infectious diseases; and (iii) draw the lessons to be learnt from the current resilience of African societies to build more sustainable public health systems to handle future pandemics.

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In October 2022, according to WHO Africa Region, Africa had the following confirmed Covid-19 data: Cases: 12 362 344 - Deaths: 256 778 (2,07%); Fully vaccinated: 22% - Partially vaccinated 27,3% . This low death rate, with important sub-regional differences, raised issues that are a matter of debate, regarding the real health priority given to Covid-19 in Africa. The African reaction to such diseases is based on four pillars that are detection (genomic sequencing against variants), prevention, mitigation and response.

It is now a matter of evidence that African societies have demonstrated an unexpected resilience to the pandemic. Many factors can account for that: a natural immunity due to repeated bouts of infection, an early implementation of lockdown and use of traditional medical practices, a young population, lower prevalence of non-communicable co-morbidities, socioeconomic support through “bottom-up” community based and private sector initiatives, etc..

Chronic underfunding has resulted in fragile health systems. Responses to infectious diseases is fragmented and uncoordinated (inadequate skills, fiscal resources, poor planning, etc.). The absence of unified control policy framework results in suboptimal detection, prevention, mitigation, and response.

Africa's Health Security is accordingly imperiled resulting in community-based transmission of pathogens, and the significant urban-rural divide generates incomplete information flows needed to inform responses.

The main lessons to be learned from this experience can be: the acute need for health system strengthening, the creation of an appropriate and accurate health information systems, and the development of “One health approach” instead of a “One Fit All strategy, initiation, and finally, increase of research and development on vaccines, therapeutics, diagnostics, herbal medicine, and endogenous health systems.



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3. DR PEYOU NDI MARLYSE

She is Director of Reece International Research Consortium, lecturer at Faculty of Medicine and Biomedical Sciences of the University of Yaoundé I, Inventor among other of Ngul be Tara, an Antimicrobial African Plant based Drug

She was asked to (i) assess the human toll of the pandemic; (ii) analysis her experience in developing an endogenous drug/ treatment instead of relying on vaccine as a panacea; and the specific challenges she faced to have her invention “Ngul be Tara” approved and marketed; and (iii) share her views on how to amplify research on African herbal medicine to enhance Pan African production policies of endogenous drugs.

For Dr. Peyrou, African resilience appears as the top surprise as far as the impact of the pandemic is concerned. Covid-19 was not a top health issue or priority. With 17% of the world population Africa accounted for 1,5% of Covid-19 cases and 2,7% global death rate. In central Africa (11 countries) the death rate was comparatively inferior to that of Brazil with a similar population. This reminded us that Africa should not take the wrong priority and follow that of other regions because of the noise made about Covid-19. Africa's health priorities remain malaria, maternal child mortality, cardiovascular diseases, etc.

Dr Peyrou engagement in the search for a cure derived from her experience with Ebola. She realized that the Western approach to these infectious diseases was limited and that there was an urgent need for thinking out of the box. An antiviral could stop the multiplication of the virus without anti-inflammatory effects. The solution could be trying to stop the multiplication at any step. Moreover, for virus with high probabilities of mutations the vaccine could be less efficient (e.g vaccine against the flu). On the other hand, according to WHO, 80% of African rely on tradition medicine in their daily life. For all these reasons, she decided to investigate the curative potentials of African herbal medicine.

“Ngul Be Tara”, a product of her line of investigation and an endogenous medicine extracted from African (Cameroonian) plants had to face and overcome many challenges. She met a resistance from some decisionmakers to accept the idea of an African traditional based medicine to be an effective cure to Covid-19 infection while Western pharmaceutical companies were at pain to deliver a drug.

This shows how coloniality is also at work in the field of health care. African countries tend to be conditioned to favor imports, the continent's health market being a huge opportunity for foreign firms and drugs companies. The global pharmaceutical firms hold the Africa as a captive market.

In addition to challenges linked to colonial mentality, imports dependency and Western pharmaceutical domination, there are many obstacles to the implementation of endogenous solutions.

They are legal -absence of a regulatory framework for traditional medicine-, technical – medicine validation still based on Western protocols -; educational – lack of understanding of how traditional medicine works -, and finally scientific – absence of training programs in formal academic research institutions. The later situation generates institutional absurdities, like defining African traditional products as adjuvants in Africa, their derivatives marketed as remedies in Western countries, then imported in Africa!

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Africa governments and private sectors should invest in research and design active funding policies. The health sector is a huge 66 billion dollars market. African should develop win-win partnerships with corporations on traditional based medicines, with African companies encouraged and supported to compete globally. The implemented false priority of Covid-19 policies was a shame for Africa. It perpetuates the old rationale of prioritizing imports of vaccines from abroad, which is unfortunately, the biased path of Africa Medecine Association.

4. DR MICHEL SIDIBE

He is the African Union Special Envoy for the African Medicines Agency (AMA). He is a former Minister of Health and Social Affairs in Mali and former Executive Director of UNAIDS

He was asked to (i) explain the objectives and operation of the AMA; (ii) to address the new opportunities and possibilities offered by the Covid 19 crisis to develop a Pan African autonomous research agenda on vaccine in Africa; (iii) analysis the main obstacles and challenges faced by the African Union's Member States to recover their sovereignty in the conception, production and distribution of drugs adapted to the need and purchasing capacity of African populations

He highlighted that the level of African dependency of external manufactured goods is problematic as the inequality in access to Covid-19 vaccine has shown. He recalled that, although Africa represents approximately 17% of the world population, it bears 25 % of the burden of the world diseases but only 3% of medicines and 1 % of vaccines produced locally. In addition, Africa has the highest prevalence of substandard and falsified medicine. The continent's limited pharmaceutical industry is driven by regulatory system weaknesses and unclear and inefficient regulatory policies, procedures and processes. In that respect, he considered that the launch the African Medicines Agency (AMA) is a major step forward and a key milestone to celebrate.

AMA treaty was adopted by African Union Member states in 2019 as a continent-wide response to address fragmentation in regulatory decision-making, accelerate clinical research and monitor the introduction of new health products including vaccines. AMA aims to contribute to regaining the trust of African people in their health products, to increase the ability of the continent to deal with diseases outbreaks and address ongoing and evolving epidemiological concerns.

AMA will assist in building African research and development capacities, harmonise regulations in drugs registration, help countries comply with international standards. He considered it is time for continent, which has for too long relied on global regulatory systems, to seize this momentum to implement a true change and develop its own system for its people leveraging African capacity and talent.

Addressing the issue of sovereignty in drugs production, Dr.Sibibe recalled that the question is not only technical but truly political. The global pharmaceutical market is worth of more than 1400 billion US dollars and Africa accounted only 0.7% of this market. There is therefore a huge opportunity to boost African pharmaceutical industry in the framework of the African Continental Free trade Area (ACFTA), which integrates a market of 1.3 billion people and potentially of 2.2 billion by 2050. The economies of scale offered by the ACFTA mean that market size is no longer an obstacle to African pharmaceutical manufacturers engaged in the production of local drugs including vaccines.

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Among the multiple challenges that the continent is facing to boost the development and production of affordable medicines, he highlighted the technological one, in particular discoveries in bio-technologies, data analytics, artificial intelligence, digital health tools. He recalled the urgent need to develop a local workforce that can access and use these new health technologies. Developing human capital for technical expertise and innovation is therefore the continent's priority. Moreover, Dr Sidibe stressed that the consolidation of Africa's productions depends on a robust market and production units that can address market needs. Concrete and coordinated actions should be taken at different levels. This includes measures to create Health funds to develop investment strategies for purchasing locally produced medicines, development of local and regional upstream supply chains, public procurements, storage and sites for locally produced medical goods. He reaffirmed that this requires the review of existing policies and a strong political commitment in order to identify the continent's priority diseases and pathogens and develop a robust research agenda to address them.

A Pan African research agenda using the lessons drawn from the Covid-19 crisis is therefore imperative. It must be driven by African institutions to guarantee that the continent's priorities are secure. Dr. Sidibe noticed that domestic financing is key to keep the autonomy and independence in developing and implementing this agenda. It is therefore critical to strengthen regional research and collaboration platforms which would give African drug manufacturers equal access to technologies and ownership of intellectual property rights.



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