

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: FRENCH

Sixtieth session

Malabo, Equatorial Guinea, 30 August–3 September 2010

**ADDRESS BY PROF ALPHA OUMAR KONARE, FORMER HEAD OF STATE OF
MALI AND FORMER CHAIRPERSON OF THE AFRICAN UNION COMMISSION**

Mr President of the Republic,
The First Lady,
The WHO Director-General,
The WHO Regional Director for Africa,
Honourable Ministers of State,
The Mayor of Malabo,
Honourable Ministers,
Excellencies,
Ladies and Gentlemen,

Allow me, Mr President of the Republic, to extend to you our profound gratitude from this rostrum for your address and for all that you are offering us, African citizens, to facilitate our various exchanges.

Also allow me, Mr President, to crave your indulgence for all that I intend to share this morning with this august assembly, at the friendly invitation of our brother, Dr Luis Gomes Sambo. Thank you, Mr Regional Director, for this mark of consideration.

Mr President of the Republic,

Permit me to talk directly to the Honourable Ministers in the purest African tradition. Above all, do not consider this an intellectual pastime. How are you? I hope you are doing fine, to be able to carry out your heavy responsibilities. And how are your countries doing? How are our countries doing? I think they are doing better, now. Your various consultations, your various reports bear testimony to this fact; the successes are better known by you, but I must say that we should learn to share them better, to make them yield fruits better. There have been many successes in the fight against AIDS in Uganda, as well as in other countries. For instance, the good work done in developing basic health care in Botswana, South Africa and elsewhere; the great strides in the treatment of leprosy, dracunculiasis; progress in child immunization and also all the commitment, today, to improve maternal and child health; and, of course, I have not forgotten the progress made, in spite of everything, in the fight against malaria. Achievements also include the adoption and popularization of simple actions such as washing hands, drinking potable water, building good latrines. These things seem to be simple, but they have enabled us to make significant progress in health.

However, all these successes cannot and should not mask the immense health problem in Africa as morbidity is today one of the impediments to the development of our continent. High maternal and newborn mortality rates justify the special place accorded maternal and child health by the last Summit of Heads of State of the African Union.

In spite of the great strides made in AIDS control, 60% of people affected by this disease are still found in Africa; AIDS, because 90% of the seropositive population are not aware that they are exposed to the disease. AIDS, because we now lack resources. In spite of the progress made with the use of mosquito nets, malaria continues to kill nearly one million people each year on our continent and it is still on our continent that one out of two inhabitants has no access to drinking water, despite the recent commitment made on 26 July this year by the United Nations to make the right to water a natural right. We run many risks today with what we call other diseases: cardiovascular diseases especially stroke, diabetes which is spreading everywhere, cholera and meningitis outbreaks, etc. All this should make us vigilant today. The excessive use of tobacco, drugs, I mean drug, is an issue which should make us very vigilant nowadays. Of course, all these issues have been discussed for over ten years now and decisions taken on them. I do not want to remind you of the numerous decisions that you took in Abuja to fight AIDS, to roll back malaria, as part of an African health strategy which we approved for the 2007–2016 period and that we must always bear in mind.

Here in Malabo, on your agenda, we have noted that recurrent issues are raised at the same time as new issues. We will talk about sickle-cell disease, eHealth and the impact of the financial crisis on resource mobilization. The Regional Director has underscored the need to establish an African Public Health Emergency Fund. Of course, the purpose of all this is to strengthen our various health systems. You will talk about it.

Excellencies,
Ladies and Gentlemen,

It is very important to discuss all of this, to make resolutions and adopt reports, even if we sometimes have the impression that the problem has been solved by the mere fact of having talked about it. Certainly, we realize that we are merely accumulating decisions and reports but the reality itself is not changing. You know, as much as I do, that it is the commitment to change everyday life, the commitment to change, to improve the health situation, which is most important today. Of course, in this connection, it is important that there should be a harmonization of the interventions of all partners and particularly of the African Union and WHO; the African Union playing its leadership role which is fundamental and should never be challenged, because it is its legitimate role; and WHO playing its vital role as technical partner, together with the other partners of the Organization. This will very much help us to make progress. It also seems to me that it is very important to properly define the role of the various structures. We know what should be done at the level of the continent, but at the regional level, in the regional economic communities, it is important for frameworks to be properly defined, because, very often, the legal status of regional economic communities is not well specified. There are overlaps. There are countries belonging to two or three regional communities at the same time. It is important to know how to harmonize all these structures, how to succeed in also creating what I call health spaces where free movement will be a reality. This appears to me to be fundamental; if not we will continue to go round and round.

Excellencies,
Ladies and Gentlemen,

Allow me to examine with you a number of challenges. The demographic challenge which we should bear in mind, not to be afraid of, on the contrary. Such population growth can be an opportunity for the continent. But we must know exactly how such growth will be in the coming years. In 2009, we were one billion. In 2050, we will be two billion, and with two billion people you will have large countries; you will have at least four countries with more than 100 million inhabitants. Nigeria could have more than 220 million inhabitants, Democratic Republic of the

Congo nearly 180 million inhabitants, Ethiopia about 170 million inhabitants, Uganda nearly 130 million inhabitants, and Egypt more than 120 million inhabitants. Do you imagine what challenges that represents? I take, for example, three countries of the Sahel, namely Mali, Burkina Faso and Niger. In 2050, these three countries will have a total of 130 million inhabitants, that is the population of France and Germany put together, and most of this population will live in towns. We well know that 60% of the inhabitants of towns live in slums. Of this figure, you will note with me that 45% will be less than 15 years of age and that 65% will be 25 years old. That is a challenge we must face and now include in our various plans.

The second challenge is financing, because we have to invest hugely in medicines, training and infrastructure, creating a Fund. We must however ascertain the soundness of the decisions already taken. In Abuja, about ten years ago, we decided that each country would devote 15% of its budget to health. The Regional Director has just stated that only five countries have succeeded in doing so. Why only five countries? Is it due to lack of will? I do not believe so. Is it all about figures? No. Let us however note that this type of management by percentage has no meaning. For example, water 75%, agriculture 20%, education 10%. At this rate, when you sum up, what will be left? We are heading for a deadlock. Instead of expressing satisfaction with a decision taken, it is better to consider what it exactly means, what is actually happening. Why is it not working? Should we simply be content with playing with figures, telling the international community and others that we have indeed achieved 15%? I do not believe so, because it is the same issue we are addressing today. I also think that we should not accept, in mobilizing the resources that our countries need, to fight against specific diseases, HIV/AIDS, tuberculosis and discriminate against malaria and our basic priorities. We must not accept to address only one concern. Of course, in mobilizing such financing, we must ensure especially that we do not discriminate between people who have means and the great majority who can not have themselves treated and who avoid hospitals not because they do not need them, but simply because they cannot afford them. We must also ensure a balance between towns and rural areas, as towns are draining a lot of our resources and attracting too much of our attention.

The other challenge is training. It is established today that 70 000 cadres that we train each year leave Africa. It is a fact. Shall we be content with merely establishing the fact? Is it an issue to be discussed with partners? After manpower drain, it is brain drain today. I strongly appeal to you on this issue. I also think that we now know our training needs. We need, on the continent, about 600 000 nurses, and nearly 700 000 physicians. How can we find them? How can we pool our resources? How can we share training so as to determine centres of excellence in the area of training and research, given that all countries cannot have centres of excellence everywhere and that we have to pool our resources, our human resources, our human capacities and our financial resources, as well as ensure that when a centre has been chosen as a centre of excellence, it can be open to all African competencies on an equal basis. This is, to me, one of the important ways forward today. I also think, and I am saying this with all modesty, that we should not close our eyes to the reality of our schools. In many of our countries today and in medical schools, a series of academic years are lost and then some makeshift catch-up classes are organized so as not to consider them as lost years. In the final analysis, what is the quality of the school product? How many batches of students have thus graduated with diplomas? Are we going to turn a blind eye on this situation or what can we do to address it? What can we do to try to correct this situation to ensure that the products thus trained meet the required standards?

I also think that there are other realities in the area of training. Concerning technical training, efforts have been made to ensure that physicians and nurses have the ethics of their trade. This is basic. Beyond technical training, there is need to ensure that those trained also have knowledge of cartography, anthropology and even history. Because they have to know human beings to be able to treat them. These are issues we can not ignore because we are dealing with

humans, knowledge of humans, knowledge of their environment, knowledge of their history, otherwise they can not be given the ideal treatment.

Talking about training, I would like to ask you, Honourable Ministers, medical doctors gathered here, whether we should not, today, question ourselves about the meaning of the Hippocratic Oath. What is the Hippocratic Oath? Let us ask ourselves this question. What is the meaning of the Hippocratic Oath for many people in hospitals today? Don't we find that the issue is a common one and that, somehow, we need to question ourselves? What does the Hippocratic Oath mean to our young medical doctors? What does it mean in our hospitals today? What does it mean in our training institutions today?

Another challenge of equal importance to me is the challenge of research. There is no way forward for medical research if we do not pool our resources: our human resources, material resources and financial resources. Progress in these areas necessarily requires the establishment of centres of excellence. Another challenge of equal importance is that of new technologies. I mean the new technologies that foster progress today in the management of hospitals and health centres; new technologies that make the development of telemedicine possible today, linking patients with the most renowned doctors anywhere. That is an avenue we should not disregard.

There is still another challenge: the environment. As you said, Mr Regional Director, 25% of health conditions today are related to the environment. Malaria, yellow fever, typhoid fever and cholera are all environment-related diseases. Some new diseases emerging today are also linked to the environment. There is also the unhealthy environment in cities: water pollution, atmospheric pollution, with the plumes of smoke that we see behind these many old vehicles, exported into our countries, and the attendant health impact. That is terrible indeed. These are questions we need to address in depth today.

Then, of course, there is the challenge of pharmaceutical production. An estimated 80% of medicines in our countries are imported. Indeed, there are some laboratories; and some countries are trying to have their own small laboratories; but that has no future. If we do not manage to establish major regional structures, which are evenly and equitably distributed, we can never reverse the current trend, a long-standing colonial logic that turns our countries into consumer markets. There is even the logic of some major organizations making money for us by buying us medicines. There are countries that hurriedly grant us huge credit lines; and then we hurriedly buy into it because each one thinks of themselves. Instead of these huge budget lines, what we need is partnership to establish, in our own countries, with the public sector and the public sector, the necessary conditions for local pharmaceutical production for our patients. If we do not have greater control over the production of our medicines, vaccines and biomedical products, then we shall continue to bear the consequences. I think the best way to meet this challenge, as you can note everyday, is to control fake medicines, control improperly manufactured medicines, control medicines that have expired. We are even becoming, as it were, countries where people come to recycle old medicines, where expired medicines are never destroyed or thrown away, but recycled and returned onto our markets in pharmacies found on road pavements. Most often, the street pharmacies that we find everywhere pose serious hazards to public health today; we must address that situation.

Yet another challenge is in the area of governance and control of corruption. Let us open our eyes because there is corruption everyday in hospitals and the poor ones are those who bear the brunt; we should keep an eye on it. The corruption is terrible, I say terrible because it is violence perpetrated against the poor ones in our countries, who are its victims. Over and above this everyday corruption, there are all the problems related to the transparency of major markets.

Consequently we too often take the bait, thereby prevented from developing actual strategies for the use of generic medicines so indispensable to all of us.

The last but not least challenge is that of ageing. As we all know, the mean age in Africa is too low. But for many of us fortunate to have long life, old age poses substantial health problems that we should examine very closely. For example, this so-called disease of shame; I mean the insidious disease called prostate cancer which kills so many people in our countries. What should be done to free our peoples from this disease of shame? What should be done to assist those departing on retirement, because many people lucky to reach the retirement age end up dying of the disease only a few years after. Concerning the elderly, I should say I am not making an advocacy for ourselves today. I should very clearly emphasize that because they form the basis of our society.

Your Excellencies,
Ladies and Gentlemen,

All stakeholders in health in Africa: the United Nations system, nongovernmental organizations, civil society, foundations, various stakeholders that I would like to commend today, surely understand and should understand that Africans themselves should take primary responsibility. Nothing substantial can be decided for them; and everyone should understand also the paramount role that governments should play. It is an imperative duty. The interest of the public should be protected; private initiative should be supported; we need to believe absolutely in the completeness of our own resources. That, to me, is crucial. I would also like to say to all our partners, now more than ever, that solidarity must be expressed for Africa. Actions should be better coordinated, geared towards rational management of resources, avoidance of duplication and fragmentation. Each stakeholder should avoid giving an impression that they can operate in isolation, or they have the capacity to mount pressures on our countries or take our countries hostage, when, in fact we should rather be working in synergy and in tandem.

Permit me, at this stage, to commend Dr Sambo and his entire team for the work they have done. I commend also the African expertise existing in all other organizations. In particular, I would like to commend Dr Margaret Chan for her devotion to our cause.

Your Excellency the President of Republic,

I would finally like to say a word to you. You would remember, Mr President, that a few years ago, here in Malabo, I hailed the perseverance with which you affirm your Hispanic background and Latinic Francophony. However, Mr President, this Latinic background should be, in my opinion, an advantage as I know you to be fully rooted in your national culture. That should only be an advantage. We are calling for a more united Africa with greater solidarity because, honourable ministers, it is through such unity and solidarity that Africa can promote a common vision of health and health action capable of developing the African identity among health professionals. It is this more united Africa with greater solidarity that can combat the major scourges wreaking havoc on the continent, develop the African expertise in the health sector and help to draw up an African health map. It is a united Africa with greater solidarity that can support production in the health sector. As I have said, what can create an African space for solidarity are medicines, vaccines, equipment and biomedical materials. It is this more united Africa with greater solidarity than can and should prepare itself to play major roles within all international organizations including, the World Health Organization. It is such an Africa that can oppose the structural adjustment programmes, as we have known them to be, programmes that have demolished our systems, our health systems, our systems of care. Not all the lessons have been learnt though. We have turned a new page but we should take stock. I emphasize that we

should take stock of structural adjustment programmes and not only turn a new leaf and move on to something else. Otherwise we would move to something else that is not any better because we would have failed to recognize the privilege of deciding for ourselves about our own affairs.

It is a sound Africa. It is this Africa which, together, can achieve everything. I emphasize togetherness, because this togetherness is different in the African Region of the United Nations. The African Region of the United Nations excludes a large part of North Africa except Algeria. All the rest, all African countries that are members of the Arab league are not part of the African Region. Therefore they are not in our midst today. It is an ideological and political choice that we should resist. The future of Africa lies in a united Africa. There is North Africa that is not a part of Africa fundamentally. I think we should wage this battle. Africa cannot be partitioned. Africa should not be reduced simply to sub-Saharan Africa. There is such a huge potential today in North Africa that we also need today in a spirit of solidarity and sharing. Africa, ever more united, with greater solidarity, can open the gateway for establishing the United States of Africa. Understand me clearly that the United States of Africa, to me, is not a dream, but an everyday building process, shared by people; a well-designed building process with well-defined stages. It is surely a painstaking building process that will involve generations, each generation making its own contribution to the edifice; a building process sustained by democracy and good governance. Because we consider the building process as ineluctable, we decided ourselves, in a coalition of the willing, to launch a major drive for the United States of Africa, that we call AFRICA, in order to accelerate the development of our continent and ensure that our continent also counts. This drive aims to foster linkages between civil society and public authorities in Africa.

Your Excellencies,
Ladies and Gentlemen,

Thanks to this African accountability, thanks to this restored African historic conscience, thanks to this regained African confidence, thanks to this determination to resist, to fight on, and to struggle and be masters of our destiny, in solidarity with all the others, we will make our own history, our share of the history, for welfare and well-being, especially now that we have seemingly positive indicators in terms of economic growth and demographic progress. This progress is the rock on which we should build the future of Africa.

Your Excellency the President,
Ladies and Gentlemen,

We are on this trodden path, a path conditioned, mastered by the superbug. If we prepare our grounds so well, then the superbug will never stand a chance among us. We would have to prepare to deal with that, in an energetic manner.

Last but not least, in the spirit of the customary "health for all by 2000", we understand today that we should together, Mr President, ladies and gentlemen, in the interest of health for all, wish full success to the Sixtieth session of the WHO Regional Committee for Africa and also great success to the host country, Equatorial Guinea.

Ladies and Gentlemen,

I thank you.