

Marlette Kyssama-Nsona

Health Security—Africa *Has* to Build a Continental Health Program: The Case of the Republic of the Congo

This is the edited transcription of the opening remarks by Marlette Kyssama-Nsona to the Schiller Institute conference on September 5. Ms. Kyssama-Nsona is a pharmacist, political executive of the Pan-African League-UMOJA and specialist in public health issues in the Republic of Congo. Subheads are the author's.

Ladies and gentlemen: On behalf of the Pan-African League-UMOJA and on my own, I thank the Schiller Institute for having invited me to this panel, for an exchange on themes highly essential to the survival of the human species.

A Deadly Economic Model

The COVID-19 pandemic has revealed the peril that humanity, including wealthy nations, is in be-



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cause of a predatory economic system whose sole objective is to capture and accumulate collective resources to the benefit of a handful of cosmocrats.

The people of Africa have experienced this peril for the last forty years. Indeed, since the 1980s, Africa has been under the yoke of an odious debt, which has become unsustainable, and of structural adjustment measures imposed by the IMF and the World Bank for the sole purpose of repaying this debt, with the complicity of a local com-prador elite.

Thus, in terms of public health, the consequences are disastrous:

- Over the last 30 years, budgets for public health programs have been cut. In the case of the Congo, the rate of execution of budgets devoted to health has fallen

by nearly 7% over the last 10 years.

- According to the World Health Organization, per capita health spending is \$6 per year, compared to the \$30 required, according to the same source.

- The same is true for the general infrastructure and for the technical platform that has become obsolete. At the height of the COVID-19 pandemic, the country had less than 5 respirators.

- The training and recruitment of medical and paramedical personnel is in the same condition: Congo has 0.3 doctors and 1.9 nurses and midwives per 10,000 inhabitants. In comparison, Cuba has 77.

- The part of the budget devoted to basic research and investment in research and development in the biomedical field has been reduced to a very small fraction. The Congo imports all its medicines.

- A social security system has not been subsidized for more than 30 years. As a result, there is no social protection; in the Congo to get treatment, one has to pay on the spot and it's expensive. Thus, many families sell their land holdings to have a chance of allowing one of their members to recover their health, even if the outcome is often fatal. A session of chemotherapy can cost up to \$600 in a public hospital, while the Congolese minimum wage is only \$120. A Caesarean is worth up to \$400! For example, in Congo, the maternal mortality rate is 780 deaths per 100,000 births, one of the highest in Africa.

However, the most perilous consequence is undoubtedly the weakening of the state which, in order to obey the diktats imposed by the IMF and the World Bank, finds itself stripped of its prerogatives, including the possibility of thinking and building a health system that conforms to the expectations of the population.

Here, the state has been replaced by NGOs, some of which act as Trojan horses for the multinational drug companies, without any overall conception, erratically and in a homeopathic dose. More like a wooden leg!

Ladies and Gentlemen,

The free trade agreements concluded between our countries and the European Union have made Africa

the recipient of diced meat and other poultry unfit for consumption. In the Congo, what we eat kills us! Because of high production costs, the average price of a locally produced chicken is \$6, compared to \$2 for an imported chicken. The issue of health is closely related to the food issue.

Levers to Build an Effective Health System

Ladies and Gentlemen,

We all know it: the globalist oligarchy operates by attacking the normative power of states. It is therefore necessary to rehabilitate the state, allowing it to recover all its instruments of sovereignty, so that it can fulfill its regalian functions, the most important of which is the protection of its population, and this involves denouncing the debt and the dictates imposed by the IMF and the World Bank. It is the responsibility of the state to think, implement and finance public health policies.

Moreover, Africa does not live in a vacuum! It is contributing to the collective effort by making available to humanity its millennial knowledge and its rich pharmacopoeia. African researchers, like other researchers around the world, reflect every day on the search for solutions.

Africa is an experimental field for many pharmaceutical companies to test a new medicine, or a new vaccine. It is therefore unacceptable that drugs, fruits of the patrimony of humanity, be made inaccessible to a part of this same humanity, because they are sold too expensive! It is necessary to put an end to the "patent" blackmail, operated by pharmaceutical laboratories which, far from fulfilling their primary mission, engage in speculation and have contempt for the collective well-being.

Conclusion

The world must take a vital turn. We need to get out of the financial economy, or else risk destruction for all. What was true yesterday only for the Third World, is now also true for the West. This is a responsibility our peoples must take up!