



**MBOMA  
CHRISTINE**  
SILVER MEDAL IN  
THE 200 METERS  
AT THE TOKYO  
OLYMPICS 2020

**PEGGY  
VIDOT**  
MINISTER OF  
HEALTH OF  
SEYCHELLES

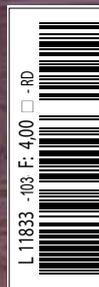


PANAFRICAN MONTHLY FOR GENDER PROMOTION

# FEMMES d'AFRIQUE Magazine

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PRESIDENT OF THE GLOBAL PLATFORM  
OF WOMEN ENTREPRENEURS



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## LEVEL THE PLAYING FIELDS AND AFRICAN WOMEN WILL ACHIEVE WONDERS

**A**n initiative of the United Nations, the International Day for People of African Descent (IDPAD) was celebrated for the first time on 31 August 2021. “This day is a celebration of the enormous contributions of people of African descent to every field of human endeavor,” declared the UN Secretary-General Antonio Guterres. “It is a long overdue recognition of the profound injustices and systemic discrimination that people of African descent have endured for centuries, and continue to confront today.”

**Femmes d’Afrique Magazine supports that initiative.** The UN took a good decision. What Antonio Guterres says is not only right, it is also moral. Femmes d’Afrique Magazine’s raison d’être is to stand for African and Global African women, wherever they live in the world. Why? Firstly, because too often they are the primary victims of racism.

**Secondly, during centuries, they did not fold they hand as passive victims.** They fought against racism. They fought against colonialism. They fought against slavery. Who can decently write the history of abolition without devoting a right place to Harriet Tubman (March 1822 – 10 March 1913)?

**This issue of Femmes d’Afrique Magazine features African women, in Africa and abroad,** whose heroism, one could say, derived from Tubman’s spirit. The world saw them at the Tokyo Olympics Games last July and August. On the track field, they dominate. Whether they are of African nationality, like the Namibian Christine Mboma, or of a non-African nationality like the American Athing Mu, born in the USA of South Sudanese parents, African women’s superiority is regular. Jamaican women sprinters evidenced that superiority.

**A lesson that superiority tends to indicate is that if one levels the playing fields African women will achieve wonders.** They are great competitors. They have been showing it for decades in sports and culture. Why have they not showed it in other fields, for instance, schools and business?

**Maybe because those fields are not leveled yet.**

**Despite the handicaps they face, some are succeeding in other fields.** Featured in this issue of your magazine, Mrs. Moindjoumoi Cheikh is an example of that success. Coming from the Comoros Islands, she has become the first president in France, of the German multinational firm LR. Femmes d’Afrique Magazine has interviewed her. Her story is fascinating, inspiring.

**Any people’s foundational potency has its root in the people’s spiritual system.** It is said Toussaint Louverture (around 1743 – 7 April 1803), Jean-Jacques Dessalines (20 September 1758 – 17 October 1806), and the slaves who defeated Napoleon’s armies, the Spanish armada, the British navy, and the most powerful armies in the world in those days, took their strength from the African spirituality they kept practicing.

**In his 2010 book, “Slavery, Civil War and Salvation: African American Slaves and Christianity, 1830-1870,”** researcher Daniel Fountain shows that, contrary to what historians and history textbooks have been diffusing, African American slaves had also kept practicing their African spiritual systems and rituals, despite the white society’s hostility against that practice. In the country built by people who supposedly escaped religious persecution in Europe to freely exercise their faith, these people refused to the slave not only his or her civil liberty, but even his or her religious one too. Slaves had to hide to live their spiritual life.

**Fountain brings a second important new fact: it is only after emancipation** that Black Americans massively converted to Christianity. To what degree was that conversion real or an act of free will?

**Two other historians do not care about that question. For them, former American slaves’ conversion,** in great numbers, to Christianity proved that they have rejected their African spirituality. Jon Butler goes as far as coining the phrase “African spiritual holocaust,” in his 1990 book “Awash in a sea of faith: Christianizing the American people.” Albert Raboteau, in his 2004 book, “Slave religion: The “invisible institution” in the antebellum south,” proclaims, not without a triumphal tone, that the American soil has killed African gods. He rejoices about the : “Death of African gods » in America.

**But have they died, or were they just sleeping? Have those gods been exterminated** as Butler and Raboteau affirm? There is no straightforward answer.

**Across the Americas, one observes a revival of African spiritual systems.** Since slavery days, those systems have always been alive, notoriously in Haiti and Brazil, for instance. They are alive in the USA too, as you will see in the interview of Mamiwata Priestess, a prominent African American woman in Washington, D.S. She is a scholar and a major celebrant of African vodun. She traced her ancestry to Benin, in West Africa. Interesting to hear what she says. Do we need an International Day for African Spirituality?



# DR. KIZZMEKIA SHANTA CORBETT

## A SCIENTIST AT WAR AGAINST COVID 19. HER WORK FOR THE VACCINES IS REMARKABLE

*A viral immunologist, Dr. Corbett is a research fellow and the scientific lead for the Coronavirus Vaccines & immunopathogenesis Team at the National Institutes of Health (NIH), National Institute of Allergy and Infectious Diseases, Vaccine Research Center (VRC) located in Bethesda, Maryland, United States.*

At the NIH, Dr. Corbett is one of the leading scientists shaping the US government's anti-covid 19 vaccine strategy and recommendations. Her team at NIH worked with Moderna Laboratory, the pharmaceutical company, to produce one of two mRNA vaccines, whose effective rate exceeds 90%. She works at the edge of the knowledge the world needs to manufacture the SARS-CoV-2 vaccine. This African American woman tops the league of world scientists racing to save humanity by defeating the covid 19 global pandemic.

Before the covid19, Dr. Corbett's research on other coronaviruses at NIH laid the foundation for the design of the covid-19 vaccine. Thanks to that her efforts and her colleagues', a vaccine was developed at an unprecedented speed, in collaboration with Moderna.

Remarkable is Dr. Corbett's role in the development of the Moderna mRNA vaccine and the Eli Lilly therapeutic monoclonal antibody that were first in the U.S. clinical trials. She obtained her Ph.D. in microbiology and immunology in 2014 at the University of North Carolina at Chapel Hill. The American anti-covid 19 fight rose her to national prominence.

Often, a woman with a STEM degree is less likely than her male counterparts to work in a STEM occupation. She would usually find a job in education or healthcare. For the American wealth and power, the STEM (science, technology, engineering, and math) workforce is crucial. It is the engine of the U.S. innovative capacity and global competitiveness.

Despite making up nearly half of the U.S. workforce and half the number of college students, women are still vastly underrepresented in both STEM jobs and STEM degree holders. Black women are even less represented.

As a Black woman, Dr. Corbett has crossed several barriers before reaching her present position. She knows racism. She advocates social justice. Her voice is powerful when raising

awareness of racial disparities in health. Likewise, in a time when disinformation prospers in social media against science and vaccines, she pleads for people to trust science.

The covid 19 pandemic caught the scientific community by surprise. The few it knew about the coronavirus, some hesitations, and even contradictions within that community at the early stage of the pandemic are arguments the disinformation sources use to dismiss the positive results scientists combatting coronavirus have since then produced. Vaccines are the main trophy of that combat.

Dr. Corbett can proudly share that trophy, against an awfully mortal enemy that hit the entire world simultaneously. A phenomenon without precedent in human history. As of today, a year and a half after the pandemic started, the world economy is down, tens of millions of people have lost their job, and one counts cumulatively, over 210 million cases of which over 4.5 million deaths. For her wonderful achievements in the anti-covid 19 pandemic, for being a role model to Black girls around the world, Femmes d'Afrique Magazine congratulates Dr. "Kizzy" Shanta Corbett.





# CHRISTINE MBOMA

The Namibian Christine Mboma won the silver medal in the Tokyo Olympics 2020 women's 200 meters in 21.81 seconds, breaking for the third time in two days the under 20-year-old world record. She is just 18. Mboma and her compatriot Beatrice Masilingi, sixth at those 200 meters race, are victims of a terrible injustice.

In their 18, the two ladies were training to compete in the 400 meters when, a month before the Tokyo Olympics, the World Athletics excluded them from competing in the 400 meters. The reason? A test has shown that both have a high level of testosterone. No, they have taken no drug or any substance. They were born like that. It is their natural genetics.

That exclusion is a terrible injustice that prevented South African Caster Semenya from competing in the Tokyo Olympics 2020 Games. She had won two Olympic gold medals and three World Championships in the women's 800 meters.

The unscientific nature of the exclusion criteria has triggered a controversy that is not ready to end. It is noteworthy that African women are the exclusive targets of that injustice. Why is Africa not standing to defend these young brilliantly performing athletes?

# ATHLETIC MU





Athing Mu won the Tokyo Olympics 2020 women's 800 meters, breaking the US national record and the American continental under-20 record. At the same games, she also won the women's 4 X 400 m relay. She was born on 8 June 2002 in Trenton, New Jersey, USA from South Sudanese parents. The last time an American won the Olympic 800m was 53 years ago, Madeline Manning, at the 1968 Summer Olympics.



# FATIMA MAADA BIO FIRST LADY OF THE REPUBLIC OF SIERRA LEONE APPOINTED AFRICA'S AMBASSADOR RESPONSIBLE FOR SANITATION AND HYGIENE ISSUES

*On 26 May 2021, in presence of the President of Sierra Leone, the African Council of Ministers in charge of Water (AMCOW) nominated First Lady Fatima Maada Bio, as Ambassador of Africa in charge of sanitation and hygiene issues. She signed with AMCOW a protocol for four years, starting in May 2021.*

In her acceptance speech, the First Lady said that “hygiene and sanitation are essential, even fundamental, issues. I accept this appointment to serve Sierra Leone and Africa as the Sanitation and Hygiene Ambassador. I will not only work with one country but with the whole of Africa and I count on the support of my husband to carry out this new mission.”

The ambassador will raise awareness on programs to improve water and sanitation policies in Africa. Her priorities include bringing water, sanitation, and hygiene services to 700 million Africans still lacking those basic services in the 21st century. For that priority, she will mobilize the other African first ladies. Being an active member of the OAFLAD (Organization of African First Ladies for Development) will facilitate the mobilization.

The First Lady will insist on access to drinking water, on hygiene, especially for women and girls, given the imperatives of their menstrual and reproductive health.

First Lady Fatima Maada Bio holds a Bachelor of Arts with Honors degree in Performing Art from the Roehampton Institute in London. She also earned a Bachelor of Arts degree in Journalism at the University of the Arts, London College of Communication in 2017. She was an actress,

screenwriter, and film producer in several United Kingdom-based Nollywood movies. She was known in the entertainment industry under her maiden name: Fatime Jabbe. Before her marriage to Julius Maada Bio, in 2000, she won the Miss Africa contest. Working in the African Film Industry in London, she starred in the film “Mirror Boy” and won a “Best Supporting Actress” at the 2011 ZAFAMA Awards. She wrote, acted, and produced Nollywood films including “Battered,” “Shameful Deceit,” “Ibu in Sierra Leone,” “Expedition Africa,” “The Soul.” 2013 was her best year in the film industry. She won the Pan-African “Woman of the Year Award” from ‘All African Media,’ earned a Best Female Actress Awards at the African Oscars in Washington, DC, won the Gathering of African Best (GAB) Awards for promoting a positive view of Africans around the world.

First Lady Bio is a Pan-Africanist passionate to solve Africa’s development issues. She recently launched the Free Sanitary Napkins for Schoolgirls in Sierra Leone, as part of the government’s initiative for free quality education. She also launched the “Hands Off Our Girls” campaign to raise awareness of the need to reduce early marriage and rape in Africa. She strongly believes that women should play a leading role in the planning, designing, implementing, management, and evaluation of the impact of health intervention.

She was born and raised in Sierra Leone, from Gambian parents. Observers praise her relentless advocacy for women’s empowerment and positive influence on President Bio. Femmes d’Afrique Magazine wishes success to the Ambassador.



Kenyan artists mobilized against gender-based violence.



# STOP IT/WACHA: A CAMPAIGN BY KENYAN CELEBRITIES AGAINST GENDER-BASED VIOLENCE

**Alas, gender-based violence (GBV) is real! We all feel like the system is too big to change. A few Kenyan celebrities have decided to raise awareness against that evil. For that, they use their influence and convincing power. The media must help.**

Dela, Ivlyn, Sage, Fena, Dr. Reign, Leziki Band are among Kenyan famous musicians and celebrities. Their music has reached other parts of Africa. Besides their professional activities, they are now championing various social causes.

A month ago, with a group of media anchors, journalists, and influencers, they launched an online campaign called STOP IT/WACHA! Their goal is to fight GBV. Pooling their own resources, they produced a video clip. Then they organized discussions against GBV in Kenya. The firm Aleko Media assisted the group in its efforts to raise awareness on an intolerable but growing social phenomenon in Kenya. Worldwide, over 35% of women have experienced physical and/or sexual violence. Between 40% and 50% of women experience unwanted sexual advances, physical contact, or other forms of sexual harassment at work.

Media anchors, musicians, artists, and social media influencers are joining forces in Kenya against the violence against wives, female partners, or girls. The idea of that joined effort emerged at a consultation

the Center for Women's Global Leadership (CWGL) organized in Nairobi, Kenya, during a side-event of the ICPD25. Media professionals invited shared the difficulties related to their job and agreed that there is a need to do something.

Women and gender issues, in general, are poorly documented if not unreported. An aspect that also needs attention is online violence. Since emerging as a global crisis over a year ago, the COVID-19 pandemic has negatively impacted life in every country. Shifts to new forms of working arrangements, such as the widespread reliance on teleworking, have, for example, presented many opportunities for workers but also posed potential Occupational Safety and Health (OSH) risks, including psycho-social risks and violence.

Consequently, the number of physical, sexual, psychological, or economic aggressions has increased. Attacks on women's self-esteem have become more violent. For Dela Muranga, the leader of the initiative, "the conversation on the matter shall be made regularly by people with a social influence, by people affected, using platforms that are the most available."

With the COVID19 pandemic, the anti-GBV strategy must also tackle the cases of women harassed online. Women with social visibility such as politicians, musicians/artists, and journalists must make the anti-GBV combat their priority and support STOP IT/WACHA.



Moindjoumoi Cheikh  
President of LR France.

# MOINDJOU MOI CHEIKH PRESIDENT OF LR HEALTH & BEAUTY

«LR has its own factories and manufactures its products itself, which allows a very advantageous price-performance ratio. In addition, the company is constantly developing innovative products»

Mrs. Moindjoumoi Cheikh has achieved success in the network marketing business. In France where she lives with her husband, Mr. Said Cheikh, they have reached the title of “Presidents” in the German multinational company LR, in the health and beauty sector.

Despite her busy timetable, she gave an interview to Femmes d’Afrique Magazine. Please, take the time to read it. You will discover a modern African woman from the Comoros Islands, who is prospering at the highest level of responsibility in a promising sector in Europe.

*This year 2021, you and your husband, Mr. Said Cheikh, have become “Presidents” of the German company LR HEALTH & BEAUTY (health and beauty sectors). This is all the more remarkable since it was a first in France. To start, could you introduce us to that company, if possible by giving significant figures that show the extent of its activities in the world ?*

Yes, LR is a brand, present on the market since 1985.

It is present in 29 countries, mainly in Europe and countries such as Turkey, Albania, Russia and recently South Korea.

Its constantly growing turnover is worth hundreds of millions of euros.

In France, we are part of the Fédération Française de Vente Directe (FVD) [The French federation of direct sales] which awarded us the Excellence Prize in 2017.

*Together with your husband, you are the first Presidents of LR in France. What does that title mean? What are your responsibilities? What obstacles did you have to overcome to get the title?*

It is more than an honorary title. To illustrate what this means in our company LR, I must confide in you the special emotion I felt when we placed the star in our name, in the Walk of Fame, at the entrance of the international headquarters in Alhen! Added to that is the display of our photo in the lobby of the headquarters, so visible: today we are the first Black people to have reached that level of visibility in our company.

At the national level we are part of the Top Executive LR France, which defines the development policy in the country.

At the international level, we are part of the international executive committee, the World Lead Committee (WLC). It is in this committee that the company’s five-year strategy is defined. An exceptional asset that gives us a head start in favor of our teams.

*Before going any further, could you present the business model of that company ?*

First of all, we are in a future

profession, that of Network Marketing (or Network Marketing among Anglophones). A profession of which a famous American entrepreneur, Robert Kiyozaki dedicated a book on financial education, entitled: “The business of the 21st century”. In fact, in the United States, it is the activity that has generated millionaires the fastest way, especially in the fields of health and well-being!

Our activity consists of 2 simple things: consume and recommend high quality products; sponsor new people and teach them the basics of the activity. So, our job is to recommend the products or the company, which allows the company to remove intermediate expenses (advertising, wholesale and detail logistics). It is this economic model that results in substantial savings and explains the high quality of the products and the partners’ high level of remuneration.

*What is still striking about your couple’s success in obtaining the title of first presidents for the France subsidiary of LR, is that you achieved that feat in the context of a general economic slump the covid-19 pandemic has caused. Has this pandemic affected your business? What lessons do you learn in the event such a pandemic or a similar economic disaster occurs next time?*

First, it should be noted that the LR company has equipped itself with reliable IT tools. In addition, within our EDS group Ecole Du

Succès; School of Success) launched since 2012, we have relied on the methodical training of partners, and on an efficient support system (individual coaching, face-to-face and online training). All this makes us the N°1 in France.

Indeed in a period of confinement, many companies in the sale activities have suffered closures or even bankruptcies!

Paradoxically, our business has experienced extraordinary growth, thanks to the combination of 2 factors:

\* The pandemic having massively fragilized the populations, we were able to reach more people in search of income supplements.

\* As our company is positioned in the health, wellness and fitness sector, we have attracted more people to our dietary supplement and immune system strengthening solutions.

A third element has intervened, thanks to the ability of our group to launch a training campaign in digital methods.

All these factors combined allowed our group to rise in 2021 to the rank of the best-performing group - in several categories. To illustrate this exceptional growth: before the pandemic, we took seven years to reach a level of turnover; during the pandemic, we were able to double and then triple that score.

I want to emphasize that it is above all a collective result, which is based on a shared vision, a good state of mind and an excellent relationship.

The lesson to be learned? We accomplished this feat thanks to 2 things: our corporate culture, based on partner determination and solidarity; and our ability to adapt to changes, relying on our training system-we went digital in record time!

*What are the LR company's specificities that distinguish it from*

*its competitors?*

I will quote you three things that make the difference with other companies in our sector :

\* LR has its own factories and manufactures its products itself, which allows a very advantageous price-performance ratio. In addition, the company is constantly developing innovative products.

\* LR has a fair and reliable career plan; with compensation levels today unmatched in our profession (for example, the possibility of access to a fixed remuneration, depending on his level of recognition).

**Nine years after joining LR, we reached our goals, of which our financial freedom: our former annual income is our current monthly income.**

\* LR has a powerful recognition system. From the first levels of recognition, the partner can benefit from a concept car and exceptional trips, funded by the company.

*At the heart of LR's activity is the development of a network of partners, those sponsored people who constitute a team's sales force.*

*Could you name the three major arguments you put forward to interest your prospects?*

To point out only 3 reasons to start with us, I would quote:

\* The candidate will have the

opportunity to generate additional income; however, our activity allows to start as an entrepreneur with minimal economic risk.

\* He will have access to high quality products, for his daily needs, and to recommend them at will to generate income.

\* Finally, by integrating our EDS group, the new partner can benefit from a support system (training, personalized coaching) that will allow him to achieve his objectives as soon as possible. With us, success concerns all socio-professional categories as our success stories show.

*Can you tell us how your work at LR has changed your life?*

First, I describe my journey in a few figures.

With my husband we started in the payroll, he in accounting and I in IT. I understood pretty quickly that this is not the right option for me, as a woman of color, not to mention the difficulties of wearing my scarf!

So we went into entrepreneurship: a service shop in Paris and a food shop in Marseille. Ten years later, we could painfully pay ourselves 2000 euros after deduction of business expenses! So, we needed something else to supplement our income to guarantee the tuition of our two daughters and to move forward in our projects.

It was then that a friend, Billy Lasivong, introduced us to the LR concept. We jumped into it, with determination, despite our lack of time! 2 years later we reached financial equilibrium and we were able to sell our 2 companies to devote ourselves entirely to this new business.

Today, nine years later, we can say that we have achieved our goals : financial freedom (our former annual income as an entrepreneur is our current monthly income); we have gained free time for our family

(working only a few hours a day at our home); we have just completed our dream home in the South of France ; we have built a network of friends, internationally through this activity.

In addition, we trained our eldest daughter in this new profession, initially as a student job. Three years later, at the age of 21, while continuing her studies in pharmacy, she reached the level of organization leader silver, earns the income of an executive, and rides in Mercedes GLA funded by LR.

*You are part of the Comorian and more generally African diaspora in France. Do you maintain ties with your country and the continent? How do you see the role of the African diaspora in Africa's development?*

We are in a highly relational activity, where we are led to develop our business with people who share the same values. You are therefore right to mention these communities (African, Caribbean, Comorian, Malagasy ...) that make up the majority of our teams.

Having come to France for my studies, I understand the foreigners' difficulties to integrate professionally and socially.

First of all, our activity interests to nationals of the African diaspora who can find an answer to their questions of income level and training. Because it is an activity that prepares for entrepreneurship, which has allowed, for example, to reveal entrepreneurship in many African women. In fact, we provide them with entrepreneurship and leadership skills. Of course, when the choice is made return to the country, the partner will quickly become operational in entrepreneurship, which is the most suitable path to the current conditions.



*What are your plans for the next three years?*

We will continue to inspire our partners to achieve their life's goals. For this, we will focus even more on training and coaching future leaders, to bring them to our level or higher. Of course, we are thinking about our investment projects in promising sectors in Europe, Africa, and the Comoros.

*Do you think that opening up African countries to RL activities is possible in the near future?*

LR has just opened the 29th country, South Korea, to its activities, which took a few years of studies and steps. In the immediate future, we are working to facilitate the activity

in the French departments, and to open Mayotte.

Currently, development in Africa is not yet envisaged. We strongly wish it of course!

Developing the activity is successfully done among the communities mentioned above, across several already opened countries. This is already a collective success story, and an exceptional opportunity for those communities.

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*Dear readers, if you want to know more about Ms. Moindjoumoi Cheikh's inspiring story, and the business opportunities that you can develop to gain additional incomes, please email: samirat2008@gmail.com.*

# OUR GUEST





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8

- 1 Mr et Mme Cheikh au grand dîner de la reconnaissance de leur titre de Vice-présidents.
- 2 Mme Cheikh et sa fille aînée Yagine Cheikh, aujourd'hui Top Leader LR France.
- 3 Mme Cheikh et ses deux filles, Yagine et Agila, dans leur nouvelle maison, dans le sud de la France.
- 4 Mr. et Mme Cheikh dans leur domicile.
- 5 Mlle Yagine Cheikh, 21 ans, le jour de la réception de sa Mercedes GLA financée par LR.
- 6 Ambiance de travail de la famille Cheikh dans leur domicile.
- 7 Mr et Mme Cheikh, le jour de leur reconnaissance comme premiers Présidents de LR France.
- 8 Mr & Mme Cheikh, montrant leur photo affichée dans le hall d'entrée du siège de LR, en Allemagne.
- 9 Mr et Mme Cheikh, en vacances aux Iles Seychelles, avec les Top Executives de LR.
- 10 Mr & Mme Cheikh, montrant l'étoile à leur nom, dans le Walk of Fame du siège de LR.



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Désirée Bognini Djomand

# DESIREE BOGNINI DJOMAND

Founding President of the Global Platform of Entrepreneurial Women (PLAMFE) and Africa Femmes Initiatives Positives (AFIP) and founding member of the National Platform for Women's Leadership and Empowerment of Côte d'Ivoire (PNLFA), she is Expert in local development and Auditor in population sciences. Present in Morocco during the High-Level Panel for the launch of the ICESCO International Forum on Women Entrepreneurship, she agreed to meet with our editorial team.

*You have received several awards among them the Special Prize of the International Council of Women Entrepreneurs (CIFE) in Tunis in 2019 and the Prize of the African Forum of Women Leaders (FAFEL) 2020. We want to ask you "what next" ?*

We have created operational entities which are instruments at the service of women in pilot operations in Côte d'Ivoire and which will be spread to African countries in 2022. The Women's Academy for Entrepreneurship, Empowerment and Leadership dedicated to training women. The Women caucus for lobbying of the co-option of women in power whose influence facilitates the implementation of our activities. The High Council of Women Business Leaders respond to a need not only to support women in business creation but also to consolidate their skills. Women Initiative Trading is a collaborative business space. And we will invest very soon in communication to



make our activities more visible.

*The Global Platform of Entrepreneurial Women - PLAMFE is also becoming an essential organization for women. How do we do it? What makes your organization strong?*

Method, rigor, organization and innovation. We do not compromise and we work in everything for

excellence and performance. We are continually projecting ourselves and forging effective partnerships that bear fruit. Our strength is knowing how to involve other women's organizations in our activities. Unity is strength!

You would like to agree with us that we will not move forward without asking: how do you finance

your activities and programs? It is commonly agreed that funds are generally lacking.

The sinews of war are financing, but the quality of our commitment and the credit that we inspire lead institutions and businesses to support us. The missing 20% are collected by ourselves. Of course, each country representation advances according to its realities and its environment. Overall, we compete in ingenuity to mobilize resources.

*Mrs Désirée Bognini Djomand, for you, the challenges of training women in female entrepreneurship in the world are equally opportunities to be seized. Why is that?*

We must invest in the skills of women because it has an economic and social impact. Doing business today requires mastering the codes, having knowledge and prerequisites. With digital technology, the whole world has no more borders, it is now a large village accessible to women who are equipped to conquer new markets.

*In other words, and for you, female entrepreneurship is a key factor for sustainable development. What are you doing to amplify this message?*

We are increasing the number of workshops and Master Classes to emphasize the advantages of adapting to constantly changing markets and offering innovative solutions to develop and sustain over time. Listening to the market and knowing how to meet customer needs.

*During your stay in Rabat, you organized work meetings looking for possible co-operations. Would you like to tell us a little more about these meetings?*

We met women's organizations



invested in entrepreneurship and a prominent magazine Femmes d'Afrique with which we are conquering the world and we reflect on the operating strategies of a win-win partnership.

*What are the next projects to come from the Platform? It must be admitted that the pandemic has come not only to paralyze several sectors of activity. What does PLAMFE predict for the post COVID19 period if we can afford this statement?*

Re-mobilize troops, training and business opportunities. We are a platform for business women who are projecting themselves into new markets outside their geographic space. We are the intermediaries for women entrepreneurs who need to be supported to integrate new commercial spaces.

*What wishes would you like to formulate towards those who are discovering the Platform for the first time or who would like to join you?*

The future is networking and relationships are necessary for the development of any initiative or business. We are interested in women who are daring and we encourage them to get involved in a network because they have great potential. We try to carry out various activities that respond to the sensitivity of all women and this is an opportunity to urge women to join a network of women and of course, I invite them to join the Global Platform of Women Entrepreneurs. We are also looking for women who would like to open a branch in their country. It is not a salaried job; it is a voluntary commitment to the service of women.



Dr. Rita Helena Borret, Ph.D.

## DR. RITA HELENA BORRET, PH.D. A BLACK BRAZILIAN WOMAN PHYSICIAN FIGHTING AGAINST BOTH COVID 19'S DECIMATION OF BLACK BRAZILIANS AND THE RACISM THAT FUELS IT.

Rita Helena Borret, a black Brazilian woman, is a family physician. She has a Master in primary health care from UFRJ (Federal University of Rio de Janeiro), with a specialty in gender and sexuality by CLAM-IMS, (Latin American Center for Sexuality – Social Medicine Institute) and a Ph.D. in public health from ENSP/FIOCRUZ (National School of Public Health)

Dr. Borret works in a public primary health care clinic in Jacarezinho, Rio de Janeiro, in Brazil. A member of the Negrex collective and of the FIOCRUZ black collective, she is also one of the coordinators of the Black people's Health Working Group at the Brazilian Society of Family and Community Medicine.

Covid 19 is devastating the Black population in Brazil. The reports we read, the data we gathered showed that covid-19 was decimating the Black Brazilians. Titled "Ethnic and regional variations in hospital mortality from COVID-19 in Brazil: a cross-sectional observational study," a Lancet's article published online on 2nd July 2020 described the decimation. The article finds that "Compared with White Brazilians, Pardo (mixed race) and Black Brazilians with COVID-19 who were admitted to hospital had significantly higher risk of mortality." It calls for immediate action: "Our analysis supports an urgent effort on the part of Brazilian authorities to consider how the national response to COVID-19 can better protect Pardo and Black Brazilians, as well as the population of poorer states, from their higher risk of dying of COVID-19."

ON 16 January 2021, the "Journal of Epidemiology" published on line an article that reinforced what the Lancet had already said. The result of the collaboration of six authors, the new



article, "Racial Disparities in COVID-19-related Deaths in Brazil: Black Lives Matter?" read: "The results described in the United States on racial disparities in the COVID-19 pandemic are similar to those found in Brazil and show that black people in the American continent are at increased risk of exposure and worse outcomes related to COVID-19." Therefore, "this nationwide study highlights the need of focus attention toward the severity of COVID-19 among black Brazilians."

The World Health Organization's website announces that in Brazil, starting from 3 January 2020 up to early September as we are writing, over 20.9 million confirmed cases, and over 580 thousand deaths, of covid 19 have been recorded. Worldwide, Brazil has the third largest number of cases, after the USA and India, and the second largest number of deaths after the USA. Most of the Brazilian victims are Black. Why such a disparity? What must be done to stop it?

Fulfilling its panafrican mission, with outreach to Global Africans, Femmes d'Afrique Magazine, cares about the well-being of people of African descent wherever they live. Too many of them are victims of economic and social injustice. The combined effect of those two evils marginalizes them. They are fragilized. When a catastrophe like the covid 19 epidemic hits, they die in disproportionately greater numbers than the other parts of the population.

That is exactly what happened and is still happening in the USA as the "Journal of Epidemiology" shows, and in Brazil, the topic of the interview Dr. Rita Helena Borret gave to Femmes d'Afrique Magazine. Below, we offer you that interview. We went to seek answers to the two questions from Dr. Borret because as a Black physician, a social leader, and a prominent militant for the Black Brazilian community' cause, she perfectly knows the situation on the ground. Please, take the time to listen to her.

# "Black Brazilians are the people more vulnerable to get covid-19. They were also those who have worse healthcare"

## *What is the state of the Black Brazilian community today, a year and a half after the covid-19 pandemic started?*

In Brazil, the black population faces two problems that act together: Structural racism and Institutional racism in health care. The racial democracy myth is responsible for the fact that racism is not an issue that the government takes into consideration, even with public legislation that forces them to do so.

When the pandemic started, it was extremely difficult for the black organized social movements to get the government to publish data on covid-19 disaggregating race/color. Once they finally decided to do so, it was perfectly clear that black people were the people more vulnerable to get covid-19. They were also those who have worse healthcare.

Because of the pandemic and our president's poor judgment, Brazil is now facing an economic crisis that has increased unemployment and expanded both the number of people living below the poverty line, the one of those who are starving.

Structural racism pushes black people to be the majority of informal workers, those who work in jobs considered essential which cannot undergo home office work, people who are starving, and people without housing. All the above-mentioned facts make the black community more vulnerable to covid-19.

Black people are also the majority of people living with high blood pressure, renal distress, diabetes, with a past of tuberculosis and other diseases that would increase the risk of covid-19. Because of institutional racism in healthcare, black people are again the ones with the poorest access to care and the poorest quality of care.

Due to the pandemic and a chronic lack of investment, the Brazilian national public health care system has collapsed (over 70% of the people using the public health care system are black). The collapse means two things. One, people who depend on



the public health care system have more difficulty accessing health care. Two, the quality of care deteriorates. Thus, the Black community has been dying because of covid-19, as well as of other causes that could be avoided: heart stroke, maternal death, brain stroke.

Once more, the Brazilian racial democracy myth and structural racism make it more difficult for black people to be vaccinated. As the health policies do not consider racism in the process, black people are the minority among vaccinated people.

## *What role have Black specialists of the health sector, for instance, doctors, nurses, pharmacists, played to fight the covid-19 pandemic within the Black Brazilian community?*

The most important role black specialists in health have performed during the pandemic was to point out how racism exists, operates daily, structurally and in health care and how racism makes

black people in Brazil more vulnerable to covid-19 and to bad outcomes from the disease. Black people are the minority among healthcare providers and racism is not considered a social determinant of health in the health education process. However, it has been important to produce data that evidence how racism interferes in the health-illness process. The data will also evidence the importance of providing care that takes into consideration racial-ethnic relations, with the goal of reaching equity. The black specialists have been producing knowledge on racial-ethnic relations and data on how racism impacts the access and quality of care.

Very important too, is the fact that black health specialists have been developing qualified healthcare information that describes the different black community contexts. Black people being the majority of the Brazilian population, black health specialists have been producing healthcare that craves social justice and equity.

*Do Black Brazilians own or control a significant percentage of the Brazilian health infrastructures, for instance, hospitals, clinics, pharmacies, medical schools, to allow them to influence the Brazilian public health decision-making and implementation in Brazil? If that is not the case, what must be done to change the situation?*

Black Brazilians do not own the infrastructures, but it is important to acknowledge that black organized social movements play an important role in the national public health care system, especially because we do know how to navigate social control and popular participation in the health care system. This participation has been fundamental to guarantee the publication of the National policy on comprehensive health for the black population. The public health care system has equity as its principle. However, the racial democracy myth prevents healthcare providers and managers from acknowledging how racism produces racial inequality in Brazil.

It is extremely important to have more black people among health providers and health managers. To guarantee this process, it is essential to maintain the affirmative policies that make it possible for black people in Brazil to access and complete universities studies. It is also urgent that health training identifies racism as a social determinant of health and racial/ethnic relations in caregiving.

*During the ongoing covid19 pandemic, did the Black Brazilians reach out to the other Black communities abroad, for instance to share experience or to look for help?*

We have looked for help from other countries to point out how racism negatively impacts black people's health-illness process. We also showed that racism, not biological specificities, is the cause of black people's high covid19 mortality. On many occasions we have reached African countries in order to exchange experience on how to produce qualified information and proper care to our communities.

*What lessons should the Black Brazilians learn from the covid-19 pandemic?*



We have learned heterogeneous lessons from the pandemic. Let me list a few of them: one, the racial democracy myth is alive and active in Brazil. We must dismantle it. Two, institutional racism in health care is a necropolitical strategy and, therefore, not only the black population but everyone in Brazil must actively fight in. Three, a very important lesson is that fighting racism implies acknowledging all kinds of oppression that merge with racism and produce different experiences of marginalization. The intersectional lens are extremely important in our practice, since they are a means to reach social justice and equity. It has also become clear that it is impossible to fight poverty without racializing the basis of class.

Four, last, but not least, it has become clear that all the rights that we have already acquired aren't safe. We must keep fighting to maintain the rights we have and to progress on the guarantee of human rights for all the black population in Brazil.

*The covid-19 pandemic is a global phenomenon that requires a global response. Africans and people of African descents are globally dispersed. From a Black Brazilian viewpoint, what must the Black people around the world do to create or enhance cooperation among themselves?*

We must move forward into cooperation and dialogue among us. We must read our academic production and research. We should cooperate to produce data together, learn from experiences abroad on fighting racism, and set an international network

on black people's health. Such a network will help to deepen studies on methods to both overcome colonial trauma and everyday racism, and to produce social justice-friendly healthcare instead of the capitalist, neoliberal healthcare and the necro politics sustaining that unhuman system.

*As the United Nations has decided, 31st August 2021 was the first "International Day for the People of African Descent" (IDPAD). What do you think of that decision? How have Black Brazilians reacted that day? What changes do they expect from the IDPAD, that will be a yearly event?*

It is an extremely important date to celebrate, especially since the Durban Conference in 2001 has played an essential role in the production of public policies to fight racism. In Brazil, due to the racial democracy myth, it is very important to have international celebrations dates that both point out the Black people's specificities and expose how racism interferes against their dignity and citizenship. As a yearly event, that date will allow us (black organized social movements) to press the government into producing public policies that guarantee racial equity. In a country like Brazil, that depends economically on other imperial countries, the international pressure is extremely important.

Placing racism on the international agenda, The IDPAD date makes it both impossible to deny the existence of racism and more difficult to refuse to tackle its root causes.

# THE INTERNATIONAL DAY FOR THE PEOPLE OF AFRICAN DESCENT (IDPAD)

The IDPAD “is an extremely important date to celebrate,” insists Dr. Rita Helena Borret, an African Brazilian woman physician who fights racism in Brazil. The IDPAD, she adds is especially important “since the Durban Conference in 2001 has played an essential role in the production of public policies to fight racism.

In Brazil, due to the racial democracy myth, it is very important to have international celebration dates that both point out the Black people’s specificities and expose how racism interferes against their dignity and citizenship. As a yearly event, that date will allow us (black organized social movements) to press the government into producing public policies that guarantee racial equity.”

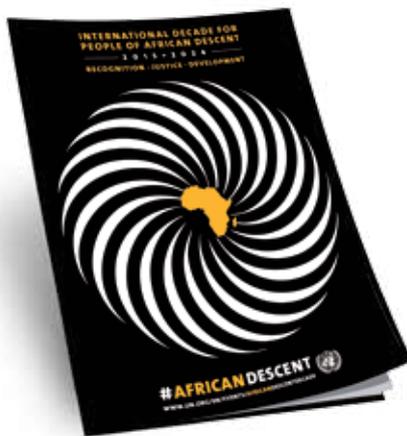
Femmes d’Afrique Magazine has interviewed Dr. Borret on the disproportionality high death toll Black Brazilians are enduring compared to European Brazilians. She supports the IDPAD because the IDPAD will build an external international pressure against the “racial democracy myth” behind which Brazilian governments tolerate anti-Black racism to prosper in Brazil. “In a country like Brazil, that depends economically on other imperial countries, the international pressure is extremely important. Placing racism on the international agenda, The IDPAD date makes it both impossible to deny the existence of racism and more difficult to refuse to tackle its root causes.”

“The United States joins others around the world in commemorating the first International Day for People of African Descent,” said on 31 August 2021, Antony J. Blinken, the U.S. Secretary of State. “This day was created to promote the extraordinary contributions of Africans and members of the African diaspora around the world and is an opportunity to focus on eliminating all forms of discrimination against people of African descent. The United States continues to support the International Decade for People of African Descent through shared goals of recognition, justice, and development.” Then he informs about President Biden’s administration’s anti-racism commitment. To our knowledge, President Biden is the first U.S. president to have not only publicly acknowledged the existence of “systemic racism,” but to have also announced, while he was campaigning, that he will make

the destruction of racism a priority of his administration. Even President Barack Obama, whose father was a Kenyan, and who had probably been a victim of racism once in his life, did not do what candidate Biden did.

A few months into his presidency, even if one should be cautious, as always with politicians, signs exist that he may meet his commitment. For instance, he has appointed African Americans at key positions. Secretary of Defense Lloyd J. Austin III. Another one is Susan Rice, President Biden’s domestic policy adviser.

On 26 January 2021, less than a week after Biden’s inauguration, Susan Rice announced



four anti-racism executive orders that President Biden had signed. One, the Department of Housing and Urban Development must “take steps necessary to redress racially discriminatory federal housing policies.” Two, the federal government must combat xenophobia against Asian Americans and Pacific Islanders. Three, that government must demonstrate its “commitment to tribal sovereignty and consultation.” Fourth and very important for the Black community, particularly the Black American youth, the number one victims of the US carceral system, President Biden’s executive order instructs the Department of Justice to end its use of private prisons.

How have Africans, their governments, their institutions such as the African Union, reacted to the IDPAD? We have not noticed any prominent reaction. Shouldn’t they be at the forefront of the international anti-racism fight? In Africa itself, shouldn’t Africans first clean

their home, by defeating tribalism?

Collectively, during the past millenary, racism has hit Africans more severely than any other human group. Slavery, the Atlantic, the Trans-Saharan, the Red Sea, and the Indian Ocean ones, have degraded Black people at a low level never seen before in human history and for such a long period. In Africa, European colonialism, a form of applied racism, destroy the African society from within. It did it “scientifically,” that is, following a “scientific” theory that comforted the colonialism in the superiority of the European over the African. They turned Africa into a wild racial laboratory.

“In the summer of 1934, the British Colonial Office received a funding proposal from the Kenya Colony for an extended examination of African “mental capacity” and “backwardness,” writes Helen Tilley in a chapter titled “A racial laboratory: imperial politics, race prejudice, and mental capacity,” of her 2011 book “Africa: as a living laboratory.”

Observing the Africans around it, the British community in Kenya doubt that the former were real human beings. It was already convinced of Africans’ subhuman intellect. All they wanted with the funding they awarded the British Colonial Office in London was a “scientific” confirmation of the conviction.

Isn’t it a paradox that the Kenyan colonialists were elaborating their bogus science in the region that saw the emergence of the Homo sapiens sapiens? Isn’t it an irony that, real scientists such as ancient DNA specialist Svante Pääbo, show proofs that Africans may be the only “true” human, in the sense that unlike the rest of the world population, Africans, in majority, some studies say in totality, do not carry Neanderthal genes?

Real Science in general, particularly paleogenetics of which Pääbo is a prominent founder, is an ally in the anti-racism fight. The UN and world governments should open their door and let in that ally. The IDPAD, like the International Decade for People of African Descent (2015-2024) must surely advance political measures against racism. But they should also teach the world the real history of humans, from today going back to their origin, that, according to science, is most probably Africa. If that is true, as we think it is, everybody on this earth is of African Descent. We are one family. Why racism?

# TWO AFRICAN WOMEN, MINISTERS OF HEALTH, AT THE FOREFRONT FOR THE OPERATIONALIZATION OF THE AFRICAN MEDICINES AGENCY (AMA)

**Good news last month for the African Medicines Agency (AMA): On 10 August 2021 at the African Union (AU) Headquarters in Addis Ababa, Ethiopia, Tanzania signed the AMA treaty, becoming the 22nd AU member country to do so. To date, fifteen (15) member states have ratified the AMA Treaty, which enters into Force in early September, exactly 30 days after the deposit of the 15th instrument of ratification at the African Union Commission (AUC) as per the provisions of the Treaty. The AU continues to encourage the remaining Member States to sign and ratify the Treaty for the establishment of AMA in the interest of public health safety and security on the continent.**

Adopted on 11 February 2019 by the AU Assembly of Heads of State and Government, AMA has as vision of, “Allowing African People to have access to quality essential medical products and technologies,” (see AMA Website at <https://www.nepad.org/microsite/african-medicines-agency-ama>). AMA is envisioned to support the growth of local pharmaceutical production, a key objective of the Pharmaceutical Manufacturing Plan for Africa (PMPA). It will also play a critical role in catalyzing trade in support of the Africa Continental Free Trade Area (AfCFTA). AMA will further work to evaluate medical products for the treatment of priority Public Health diseases as determined by the African Union, and regularly inspect, coordinate, and share information about products that are authorized for marketing. In addition, AMA will coordinate joint reviews of clinical trial applications for vaccines and assessment of “highly complex” product dossiers such as bio-

similar and coordinate joint inspections of Active Pharmaceutical Ingredients (API) manufacturing sites. AMA will also strengthen coordination among continental mechanisms, mechanisms of Regional Economic Communities (RECs), Regional Health Organizations (RHOs), and National Medicines Regulatory Authorities (NMRAs) in the identification of substandard and falsified medical products (SFs). It will also facilitate harmonization of regulatory requirements and practices which includes information sharing among the national medicines authorities/agencies (NMRAs) of the AU Member States across countries.

The covid 19 pandemic has further highlighted the critical role that AMA will play in strengthening the African pharmaceutical sector. AMA will guarantee that African patients, industrialists, pharmacies, and all other stakeholders in public health in Africa adhere to set standards and quality.

## *Seychelles and Four Other Countries Show the Way*

Seychelles showed the way: it was one of the first five countries to ratify AMA. The other four are Rwanda, Mali, Burkina Faso, and Ghana. “Seychelles is proud to be among the very first countries to have ratified the treaty for the ratification and implementation of the African Medicines Agency (AMA),” says the Minister of Health of Seychelles, Peggy Vidot, in an exclusive interview to Femmes d’Afrique Magazine that you will read in the following pages. “Ratification of the treaty received unanimous support from the National Assembly of our country. This is because not only political parties in the National Assembly but also the people

of Seychelles in general, firmly believe in the role that AMA can play to ensure that the quality of medicines circulating everywhere on our continent is of the highest standard possible. We urge all the African countries that have not done so yet to ratify and implement the Treaty. We owe it to future generations.»

The African governments that have not yet ratified the AMA treaty should listen to Minister Vidot’s call. It is a clarion call for action. In Africa, the quality of medicines, their production, circulation, control, and regulation are a huge problem, creating a disaster seen nowhere else in the world. “With 17% of the world’s population, Africa’s 1.3 billion inhabitants bears a disproportionate burden of disease”, says Mr. Michel Sidibé, AMA Special Envoy (19 May 2021 on the [entreprenanteafrique.com](http://entreprenanteafrique.com) site). In addition, Africa represents a quarter of global morbidity, 60% of people living with HIV/AIDS and more than 90% of annual malaria cases in the world, but only 6% of health spending and less than 1% of the global pharmaceutical market.” As a former Minister of Health and Social Affairs of Mali, former United Nations Under Secretary-General and Executive Director of UNAIDS, Michel Sidibé is one of the most competent world experts and authoritative voices in public health policy. He knows what he is talking about. African leaders made the good choice to appoint him in February 2021 as the African Union Special Envoy for AMA. In appointing him, on the heels of an AU Executive Council directive, the AU Commission Chairperson, Moussa Faki Mahamat, pointed to Michel Sidibé’s previous successes, which they want him to replicate with AMA: “Under his leadership at UNAIDS, more

than 25 million people started life saving HIV treatment. His vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths has been a rallying call that has inspired millions in the global AIDS and health movement. Global resources mobilized for the fight against AIDS grew from \$9 billion to \$22 billion during his tenure.”

The Executive Council recognizes Michel Sidibé’s “continued advocacy to mobilize AU member states to sign and ratify the African Medicines Agency Treaty.” It will take the Special Envoy to “work in close collaboration with the African Union Commission and other AMA partners including the World Health Organization (WHO) to coordinate the ratification and implementation of the AMA Treaty to promote public health, safety and security”

Eswatini may be the next country to ratify the AMA treaty. Minister of Health of Eswatini since November 2018, Lizzy Nkosi is a strong supporter of AMA. She is actively working for her country’s ratification. “We need to strengthen entities such as the AMA to enable Africa’s ability to respond as needed in such emergencies as COVID-19,” she declares in her exclusive interview to Femmes d’Afrique Magazine that is offered to you in the following pages. She stresses that one of the multiple benefits that AMA will bring to Africans to include;

“If unfortunately, we face another pandemic, having the AMA would minimize delays in new medicine approvals for the continent and Africa would not have to wait for other entities to make the decision on its behalf.” She was referring to the ongoing covid 19 pandemic that caught the world by surprise, with Africa being the continent less equipped to face it.

### *The Minister of Health of Eswatini stands for AMA*

During the ongoing pandemic, many Africans resorted to African traditional medicines. Is that an explanation to the still unanswered question of Africans’ relatively low covid 19 death tolls? Whatever the response, the pandemic has pushed African governments to renew their attention to African local



Minister Vidot leading by example in the vaccination against covid 19

and traditional knowledge in the field of medicines. That is good, however warned Minister Lizzy Nkosi, “an important aspect of the AMA objective will be improving the monitoring and regulation of African traditional medicine, especially at a time when we want to improve access to and safety of traditional medicines to help augment their production and distribution across the continent.” She is adamant in her conviction as follows, “All medicines go through rigorous clinical trials that are academic and scientific in nature, therefore, AMA’s role should be to educate us all on the medicinal regulation framework and to harmonize the scientific processes to improve our local drug production and distribution.” Minister Lizzy Nkosi is right, as her colleague Peggy Vidot is too. They are the two leaders who feature in this third article of the series of four, that Femmes d’Afrique Magazine is devoting to African women leaders in the pharmaceutical sector. Ministers Nkosi and Vidot have demonstrated strong leadership in the public health sector in general, and particularly for AMA. We urge you to read their interviews. Minister Lizzy Nkosi’s interview has the usual question-answer form, whereas Minister Peggy Vidot’s is summarized in a bullet-paragraph form. Both interviews’ content is dense, with very important information that all Africans should know and act on if they want their continent out of the grave public health situation that Michel Sidibé has described.

One catastrophe that AMA will have to stop is the proliferation of falsified and sub-standard and fake Medicines in Africa. Published on 8 March 2021, an article of the Journal of Pharmaceutical

Policy and Practice notes that: “the challenge of regulating medical products in Africa is exacerbated by the continent having more than 97% of medical products that are consumed being imported, which fuels illegal drug transactions as well as contributes to the consumption and circulation of substandard and falsified (SF) medical products.”

Titled “Establishment of the African Medicines Agency: progress, challenges and regulatory readiness,” the article shows that “implementation targets for the AU Model Law have not been fully met, and the AMA treaty has not been ratified by the minimum required number of countries for its establishment.” However, the article’s authors hope that will “address gaps and inconsistencies in African national regulatory legislation as well as ensure effective medicines regulation by galvanizing technical support, regulatory expertise and resources at a continental level.” (<https://jopp.biomedcentral.com/articles/10.1186/s40545-020-00281-9>)

The United Nations Economic Commission for Africa (ECA) is a strong supporter of AMA and urges African countries to ratify and implement the treaty. The AfCFTA-anchored Pharma Initiative that ECA launched in partnership with the AU and several African countries is one framework that ECA deploys to promote AMA ratification and implementation. ECA underscores the double advantage that Africa will gain from the combined efforts of implementation of AMA and the African Continental Free Trade Area (AfCFTA). First, with the single African market that AfCFTA creates, “AfCFTA

and AMA provide a business blueprint of economies of scale in a continent whose population will reach 1.7 billion by 2030” Second, within the African market, AMA will be the referee that harmonizes within and among African countries, the fight against counterfeit and fake drugs. Harmonizing is missing today, with devastating consequences. The article of the “Journal of Pharmaceutical Policy and Practice” enumerates the medicines’ regulatory main shortcomings in Africa as follows;

“Only 7% of African National Medicines Regulatory Authorities (NMRAs) have moderately developed capacity and over 90% have minimal to no capacity. In addition, African NMRAs have varying corporate profiles with some lawfully established as body corporate, whereas others operate as departments or units under their respective Ministry of Health. The NMRAs also have variable functionalities and they are at different growth, expertise, and maturity levels. The ‘maturity level’ concept is incorporated in the Global Benchmarking Tool (GBT) used by WHO to objectively evaluate regulatory systems. The GBT allows WHO and NMRAs to assess the regulatory system’s overall maturity on a scale of 1 (the existence of some regulatory system elements) to 4 (operation is at an advanced performance level and there is continuous improvement). Africa has no NMRA operating at maturity level 4. However, the NMRAs of Ghana and Tanzania operate at maturity level 3. All NMRAs on the continent eventually report to their Ministry of Health and the Minister has the overall responsibility. The African NMRAs’ main focus has been to ensure that the populations that they serve have access to a range of quality standards and affordable essential medical products, which are usually generic. Therefore, this implies that NMRAs may have experience in the management of generics and have limited experience in New Chemical Entity (NCE) assessment, approval, and registration.

Africa is also very vulnerable to the circulation of falsified and substandard drugs and according to a 2017 World Health Organization Report on fake drugs trade, which observed that the

annual earnings from substandard and/or counterfeit drugs were over US\$30 billion. It is recognized that counterfeit, fake, and substandard drugs are a public health risk, contributing significantly to morbidity and mortality.”

ECA’s and its partners’ efforts to address the above stated shortcomings motivated the AfCFTA-anchored Pharma Initiative’s team in Addis Ababa, to advocate on the continent and internationally in favor of AMA given that the treaty has the capacity to efficiently tackle them.

#### *African remarkable women leaders in public health*

The AMA aims “to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent.”

## **The AMA aims “to regulate medical products in order to improve access to quality, safe and efficacious medical products on the continent.”**

#### *As Minister Lizzy Nkosi rightly observes:*

“As pharmaceuticals are amongst the most traded products in Africa, in the absence of an AMA, the AfCFTA could open the doors to wider proliferation of poor quality and poorly regulated pharmaceuticals being traded across several borders with little to no control or recourse, to the potential detriment to all Africans. It is therefore vital that the AMA is implemented soonest.”

With such a sound and credible observation by Minister Lizzy Nkosi, one wonders why it has taken so long to operationalize AMA. Moreover, looking at the benefits that the European Medicines Agency has been able to deliver

for European countries and their citizens since its creation in 1995, the ratification and implementation of the AMA Treaty should be an urgent priority matter for all African governments.

In the USA, a country, and a federation of 50 states, not far from the number of African states, has an equivalent of AMA which existed since 1848 when the US federal government started to use chemical analysis to monitor the safety of agricultural products. The US Department of Agriculture took charge of that job in 1862. Later the job was transferred to the Federal and Drug Administration (FDA), which is as it describes itself: “the oldest comprehensive consumer protection agency in the U.S. federal government.” In 1906, then U.S. President Theodore Roosevelt signed the 1906 Pure Food and Drugs Act, from which derives the current Food and Drug Administration which carries out in the entire USA, the function that AMA intends to carry out in Africa. The US FDA demonstrated its indispensable role in the anti-covid 19 combat. For instance, the US FDA stimulated the innovation that leads to the anti-covid vaccines, and more importantly, the US FDA has carried out the rigorous tests after which it approves or reject the vaccines.

Minister Peggy Vidot adds another advantage for AMA implementation, this time purely economic, why the African public, which will be the first beneficiaries of AMA should support AMA and ask their governments to sign and ratify the AMA treaty. She stated that, “Seychelles strongly believes in pooled procurement, money will go significantly further, and regional regulatory capacity is a key precursor to allow pooled procurement to thrive. Through pooled procurement, the cost of pharmaceutical products such as medicines, vaccines and other clinical supplies will come down through economies of scale and the African Medicines Agency will be there to ensure that even if cost goes down, the high quality of supplies is assured.”

There are many reasons why AMA is a guarantor to all Africans’ good health. Isn’t it remarkable that African women, here represented by two Ministers of Health are at the forefront of the advocacy for long awaited operational AMA?



Minister Peggy Vido

# PEGGY VIDOT

MINISTER OF HEALTH OF THE REPUBLIC OF SEYCHELLES

“The African Medicines Agency can also contribute to the development of regional trade in pharmaceutical products by ensuring quality and efficacious production of medicines created by the African Continental Free Trade Area”

Below, are the key points of Minister Peggy Vidot's exclusive interview to Femmes d'Afrique Magazine.

- “The path to universal access to healthcare and the fulfilment of SDG3 becomes even more challenging in a post-pandemic world where economies have been severely affected - none more so than tourism-dependent nations such as Africa's Small Island Developing States.
- “The need for continental mechanisms to help all countries attain SDG3 is further underlined in the current environment. Seychelles is proud to be among the very first countries to have ratified the treaty for the creation of the African Medicines Agency (AMA). Ratification and implementation of the treaty received unanimous support from the National Assembly of our country. This is because not only by both political parties in the National Assembly but also the people of Seychelles in general, who firmly believe in the role that AMA can play to ensure that the quality of medicines circulating everywhere on our continent is of the highest standard possible. We urge all the African countries that have not done so yet to also ratify and implement the Treaty. We owe it to future generations.
- “Seychelles set up its own Quality Control Laboratory for pharmaceutical products several years ago, in the mid-1990s. The laboratory is now an internationally accredited laboratory, which makes sure that batch samples of all pharmaceutical products reaching Seychelles and used in the public health service are tested for quality and safety.
- “However, even before prescription pharmaceutical products are imported into the country, the Medicine Regulatory Unit of the Public Health Authority, which gives permits for importation, also

ensures that pharmaceutical products are procured from pre-qualified suppliers. We believe these processes together go a long way to ensure that all pharmaceutical products circulating in Seychelles are of the required high standard.

- “Seychelles wants to extend quality control of pharmaceutical products to include those products used by private medical practitioners. We will count very much on the guidance of the African Medicines Agency for regulations and guidelines to that effect.
- “Our essential medicines list is a comprehensive list of products, which is not limited to pharmaceutical products utilized in the primary health care setting, but also pharmaceutical products prescribed in our secondary and tertiary in-patient facilities.
- “Recently, we have reviewed our primary health care package. Seychelles' Primary Health Care package is a very comprehensive health care package that covers the citizens of Seychelles throughout the life course with free primary health care in state institutions. This is a mandate given by the Constitution of Seychelles.
- “The evolution of health care in Seychelles is such that the Government provides not only primary free health care services in state institutions but also the whole gamut of health care, including overseas treatment for those who cannot be treated locally because of lack of capacity.
- “Women and children are the focus of our health care system. We have programmes for early childhood health care and we work very closely with our Institution for Early Childhood Development for that, school health programmes, adolescent health programmes, sexual and reproductive health programmes,

antenatal and post-care to name just a few. Nearly 100% of women in Seychelles give birth in hospital with the assistance of a trained midwife and over 95% of women attend antenatal care before they give birth.

- “Seychelles is concerned, particularly, by the high cost of health care. Government spends somewhere between 10 and 12% of its total budget on health. Although our emphasis is on primary health care and prevention, a large proportion of our health care cost still goes towards pharmaceutical products and clinical as well as medical supplies. Just to give you an example, the cost of our renal dialysis programme for patients with chronic renal failure amounts to almost one-tenth of our total health spending. With the rise of Non-Communicable Diseases, these costs are likely to further increase.
- “We believe strongly that with pooled procurement of pharmaceuticals, our money will go significantly further, and regional regulatory capacity is a key precursor to allow pooled procurement to thrive. Through pooled procurement, the cost of pharmaceutical products and other clinical supplies will come down through economies of scale and the African Medicines Agency will be there to ensure that even if cost goes down, the high quality of supplies is assured.
- “Enhanced cooperation around quality control at the continental level will help to reduce the regulatory burden on small states that suffer from human resource challenges.
- “Meanwhile the African Medicines Agency can also help the development of regional trade in pharmaceutical products, building on the opportunities created by the African Continental Free Trade Area.”



Minister Lizzy Nkosi

# LIZZY NKOSI

MINISTER OF HEALTH OF THE KINGDOM OF THE ESWATINI

“With COVID-19 we struggled to access to personal protective equipment and essential medicines. If the AMA existed, it could have assisted with the identification, prevention and detection of response strategies in the delivery of quality medication across Africa.”

*Within a fairly short period of time, the ECA-led AfCFTA-anchored Pharma project in 10 pilot countries on maternal and child health products was instrumental in the setting up of the African Medical Supply Platform (AMSP) which has significantly met the demand and reduced costs of COVID related materials. Has this catalyzed a national discussion on the benefits of the AfCFTA and AMA in your country?*

The AMSP provided access to commodities that were in dire need for the response to the COVID-19 pandemic. This has shown us that we need to strengthen entities such as the African Medicines Authority (AMA) to enable Africa the ability to respond as needed in such similar emergencies. In Eswatini, we are heavily reliant on international organizations such as the United States Food and Drug Administration (US-FDA), the European Medicines Agency (EMA), the South African Health Products Regulatory Authority (SAHPRA) and Zazibona; a work-sharing initiative amongst National Medicines Regulatory Authorities (NMRAs) in Zambia, Zimbabwe, Botswana, Namibia, South Africa to approve medicines before we can proceed to authorize their use in our countries. Unfortunately, some of these entities do not have the same authority at the international level thus having the AMA would provide Africa a wide powerful authority to help us review medicines to respond to the needs of our continent.

If unfortunately, we face another pandemic, having the AMA would minimize delays in new medicines approvals for the continent and we wouldn't have to wait for other entities to make the decision on our behalf. There were

significant discussions on the role that African Traditional Medicine (ATM) could play not only in the COVID-19 response but in the treatment of other ailments on the continent at large. Therefore, one important aspect of the AMAs work will be improving the monitoring and regulation of African Traditional Medicine, especially in a time when we want to improve access and safety of traditional medicines to help augment their production and distribution across the continent. All medicines go through rigorous clinical trials that are academic and scientific in nature, the AMA's role would be to educate us all on the medicinal regulation framework and to harmonize the scientific processes to improve our local pharmaceutical production and distribution.

Lastly, the African Continental Free Trade Agreement (AfCFTA) facilitates faster and more efficient trade across Africa's countries. As pharmaceuticals are amongst the most traded products in Africa, in the absence of an AMA, the AfCFTA could open the doors wider to the proliferation of poor quality and poorly regulated pharmaceuticals being traded across several borders with little to no control or recourse, to the potential detriment to all Africans. It is therefore vital that the AMA is established and operationalized soonest.

*Maternal and Infant mortality trends in Africa are moving in the positive direction but slow paced. COVID-19 has further exposed these trends. What type of improved continental strategic responses would you like to be designed and implemented?*

Eswatini has achieved high Antenatal Care

(ANC) coverage and under skilled Birth Attendants care which is a key strategy for averting maternal mortality ratio (MMR). Nearly all pregnant mothers attend ANC once under the care skilled birth attendants at about eighty-eight percent. Over the past few years, immunization of children below 5 years has been on the increase with infant mortality on the decrease.

Eswatini, like other countries has experienced disruption to our health services since the start of the COVID-19 pandemic, which has impacted maternal, neonatal and child health care (MNCH) services. We have seen our progress made to prevent maternal and infant deaths potentially begin to reverse and had to quickly move to develop and implement strategies to ensure continuation of essential services including women and children's health during this pandemic response time.

Across Africa, women and children have been the most affected by the effects of the pandemic which included limited access to essential maternal and child health services for lengthy periods as COVID-19 lockdown restrictions limited movement of people and the increase of COVID-19 cases saw a diversion of available limited health resources.

The Eswatini experience and current maternal and infant mortality situation may be different compared to other African countries, however, the political commitment and strong government commitment coupled with critical research are pivotal to ensuring that women's and children's health continues to remain a priority, especially, during these pandemic times. We need not lose focus on the global and regional plans and commitments to improve maternal and infant health in the continent.

**Maternal Health is a key priority in Africa. How would AMA assist in your country and under your leadership in accelerating improved health outcomes for women?**

To start with, the glaring absence of a body of the AMAs nature has only been more acutely felt during this

COVID-19 pandemic. We have noted from COVID-19 response the ability for countries to share research and information across Africa looking at what works in different conditions to see what we can learn from one another. We now need to duplicate this knowledge sharing for other things.

The creation of a single regulatory authority would help stimulate more local manufacturing – to supply a bigger market: when medicines are manufactured locally, they become cheaper and therefore accessible to patients. With COVID-19, we struggled to have access to personal

**«To start off, the glaring absence of a body of the AMAs nature has only been more acutely felt during this COVID-19 pandemic.»**

protective equipment and essential medicines as countries put embargos on exportation, in which case local manufacturing could have assisted during this period. If the AMA had existed, it could have assisted with the identification, prevention and detection of response and mitigation strategies in the delivery of quality medication across Africa.

**What is your opinion on the following: “The more women in government, the healthier a population”? As a female Minister of Health what do you see as the benefits of having more women in government/leadership positions given the experience of COVID-19?**

Women leaders around the world have demonstrated successful management of the Covid – 19 pandemic. They have been able to unify the public and

engage people on the importance of changing their everyday behaviors to help contain the spread of the virus and to flatten the curve. This pandemic has brought female leadership to the fore and showcased that female leaders are up to the challenge and can match their male counterparts. This same visibility is required even when there is no pandemic, it should not take a pandemic to have us recognize the success of female leadership just because it does not align with the brash, forcefulness one expects from male counterparts. Furthermore, female healthcare workers are going above and beyond the call of duty to serve humanity. They have proven and illustrated a high level of leadership and remarkable skills in their professions. But not all get recognized because they are not leading a country or a government ministry.

My opinion on the statement “the more women in government, the healthier the population” is to agree with it. For a start, we would see funding and resources distributed to tackle disproportionate risks and suffering that women and children face in times of crisis. E.g., securing safe childbirth (we would have made expectant mothers feel more secure during this pandemic) and controlling maternal mortality. The impact of schools closures has been felt most on women as primary caretakers and in Eswatini we noted an increase in teenage pregnancies caused by the closures of schools.

Female leadership brings a more caution and more collaborative processes with people of diverse backgrounds and perspectives on how to combat crises leading to a broader perspective on the crisis and paving the way for the deployment of richer and more complete solutions than if imagined by a homogeneous group. We have seen a unification of the public in countries with female leadership during the pandemic response with displays of compassion, empathy, solidarity, and strong communication to the public. More women in government will result in a people-centred approach to solutions and strategies.



Yvette Tai-Coquilly

# YVETTE TAI-COQUILLAY, FROM TOURISM TO FASHION

Founder of the Afrikevents association for the support of African and Caribbean arts; co-producer of the contemporary art exhibition “Congo sur Scène”, it is finally in the digitalization of fashion that we meet Yvette. She organized a great event that fashion designers keep in mind. She agreed to confide in our editorial staff.

*Thank you for giving us this precious time. Yvette Tai-Coquillay has over 15 years of experience in trade show events, fashion shows, conferences, seminars.*

*How do we do it?*

I got there thanks to 3 things. First, of my own conviction. I wanted to share the strong potential for creativity that Africa abounds with and the only way was to launch a semi-professional fair and thus unite a mass of people around a field that

I love. The fashion. I had a had-hoc team by my side and I have a husband who is as tough as a rock and more convinced than me.

*You were born in Kinshasa, Democratic Republic of Congo, to a Congolese mother and a Franco-Chinese father. Yvette Tai-Coquillay Does this socio-cultural diversity help in business?*

In business I don't think, but in my different ways of thinking and looking at crossbreeding, of imposing it and exposing it through fashion.

For my part, I think coming from a multicultural family led me to larger worlds to explore. I think this is where the name Labo Ethnik was born: this laboratory where ethnic groups meet, where there is a mix of cultures, materials, colors, textiles, where traditions and modernity mix, the weaving of links...



*Remembering that you once co-produced a contemporary art exhibition at the Hôtel de Ville in Paris, called "Congo sur Scène". How do you see African art today?*  
 I haven't really been in the art world for x time, but I believe that things are moving slowly, but, moving forward, there are more African gallery owners and collectors in

the world. And that's good for the artists.

*In African society, fashion is often seen with a negative cliché. Have you been subjected to these clichés which see in fashion a profession for the "failures"? If not, why this focus on young designers?*

Fashion is a profession not

recognized by the older generation. Following an observation at the time in Paris, I noticed that there was absolutely no place for Afro-Caribbean designers, no valuation of their work and it was at that time that I took the step in 2006 to promote and present them to buyers, the public and the press. It was no small feat here in France, but I met the good people who followed me.



*Labo Ethnik celebrated its 10th anniversary. 10 editions of the Salon, a real unmissable and legendary event in Paris. Would you say the goal has been achieved?*

The Ethnik Lab was an avant-garde salon in Paris, it was a precursor idea at that time, and also an opportunity for this trade chain for young entrepreneurs: new fashion bloggers, models, hairdressers, make-up artists, photographers, students in fashion, communication etc ...

This show was an opportunity, a real

networking meeting, we organized the first biggest castings, non-stop fashion shows, exhibitions, workshops, conferences on fashion issues, we went over and over again the questions with the international fashion experts, there was a magic in our living room, all the influences and all the inspirations were gathered as well for the beginners as the decision makers of the biggest brands, they were in the front row of this meeting in the heart of Paris, it was bubbling everywhere and people dressed to meet and take pictures and at the same time also start the era of social networks. In short, it was the expected annual event in Paris.

All the cream of Paris, Belgium, England, Africa, America was present. We have been inspired, duplicated, criticized. It has been a great adventure and I am proud of it. It was a living room in an authentic, rich and original spirit. For my part, I had the trigger and

was inspired by two personalities of African fashion: Paul Hervé Elisabeth in Martinique and the FIMA of Alphadi, my godfather.

Yes, the goal is 200% achieved, African fashion exists today, it is everywhere in the world, it has made its place today, it is recognized. I have made my contribution and I



am proud of it and I encourage all people who dream of hosting an event in an area of their choice to do so, because it is important to unite.

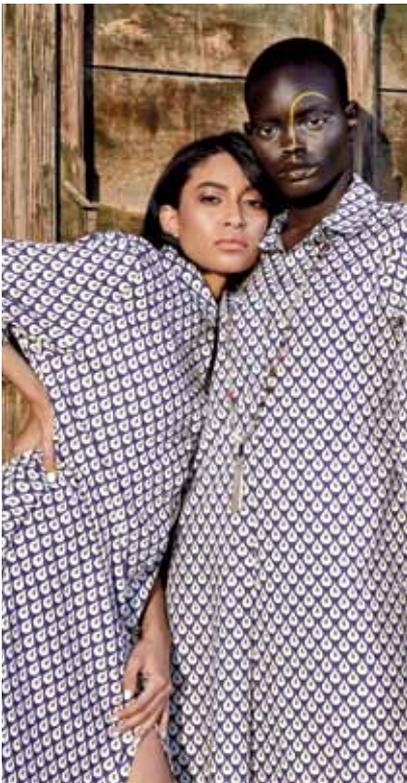
*After such success, it's common to*

*wonder what's next? Does Yvette already have an idea for which Femmes D'Afrique Magazine could have exclusivity?*

Yes we are preparing the launching of a new adventure, with an even greater dimension. The new baby is on the way, but still embryonic. Today, I give my priority to developing my online store, which is another such difficult job and I want to do it right because I like to do things well.

*If there was a message you would like to send to women in general and African women in particular, what would it be?*

There are times when, for us women with what we do for our families, with our sorrows, our fears, our secrets so heavy to carry alone, sometimes, luckily we have a certain strength to want to continue is better than to give up and wait. In life, we have the chance to choose: For my part: I chose to continue rather than wait.





Magdalene Wanjugu

# MAGDALENE WANJUGU

## EXECUTIVE DIRECTOR

### NAIROBITS - KENYA

**“Supported Technology Solutions Can Enrich The Lives Of Girls And Drive The Economic Advancements, Innovation And Entrepreneurship In Africa.”**

We are grateful for this opportunity. Thank you for welcoming our team. Please, allow us to start by asking who is Magdalene Wanjugu?

Magdalene is a versatile executive with over 8 years of experience in nonprofit management for development. Magdalene is passionate about creating innovative solutions to Africa’s pressing challenges especially those that face women and youth. She is a well read and self-taught guru in policy development and advocacy having contributed to the successful launch of the East African Community Youth Policy (EACYP) and the East African Youth Network (EAYN). She is also well versed in program design and implementation leading to the sprout of additional programs at NairoBits in her time. Over the course of her career she has served in programs that cut across countries in the EAC region in roles which prepared her for the work that she is undertaking at NairoBits. Magdalene is a celebrated leader who has bagged many awards and recognition including the prestigious enPact Female Tech Business Africa that recognized 9 leaders and founders working with girls and women in technology in 2019.

Is Nairobits an institution, a professional training school? Can you briefly tell us more about your organization?

NairoBits is a technology driven

organization that operates as a Trust. While our main mandate lies in training, we do so much more. Simply put, NairoBits is a nexus between youth and ICT. For the 20 years we have been in existence we have practices and mastered the art and technical expertise of delivering ICT training to youth hailing from low income areas. As such, we have and continue to grown into areas that are natural to our organizational sustainability and providing wholesome development to our beneficiaries. As part of our mainstream ICT training, we have introduced wholesome acumen training with several programs that promote responsible living among our trainees. These include training on GRASP Life skills, Sexual & Reproductive Health and Entrepreneurship. We are also keen to adapt with new technologies as they crop up and undertake consultancies on tech and youth issues spanning the spectrums of research & development and product development & testing.

Are you telling us that at Nairobits, you believe in the transformational power of information communication technologies (ICT) to drive the economic advancements, innovation and entrepreneurship in Africa?

Oh Yes! Ever since the inception of our institution as a tiny project that trained 20 youth, this has been the premise of our work and motivation. Our organizational name itself is derived from “byte”, a unit of digital information that consists of ‘bits’. We believe that there is a lot of potential that can be harnessed from ICT and as such we train our youth with a solution



making lens using ICT as a driver. At NairoBits, we strive to support the implementation of SDG 1 (No Poverty), 4(Quality Education),8 (Decent work & Economic Growth) and 10(Reduced Inequalities) all through using the power of tech.

But it is known that, it has a cost and sometimes, poorest communities can't afford them. Let's take the simple example of mobile devices. Is that statement still relevant?

Yes. ICT is quite costly and for the demographic we serve, it proves to be a challenge. However, that is the gap that NairoBits is filling. We look at the issue as more of an access issue than an affordability one. We provide access to these tools and skills for highly motivated youth who normally wouldn't have had access to these tools. We are quite privileged to be working in Kenya which is quite advanced in ICT uptake and as such many people have access to somewhat rudimentary digital exposure. When COVID hit in March 2020 and we had to rethink our training, we conducted a mini-research with 150 youth and from this population, at least 95% had access to at least one smartphone in their household. With the advancement

of tech where opportunities can also be accessed on phone, many youth stand to gain.

However, this is not even the slightest indication that we are out of the woods yet. There is still much more that needs to be done to increase access to these ICT tools.

How can help a young lady living in Matere/Kibera (one of the slums in Kenya) struggling already with issues such as food and nutrition, a shelter or any other basic needs?

If there is one thing that is sure, one can not learn while hungry. Whether it manifests itself in tattered clothing, going hungry or homeless, the primary issues that the demographic we serve face is poverty. NairoBits seeks to empower the youth we engage with to lift them out of the cycle of poverty by endowing them with skills that place them at the center of societal engagement and solutions. While we look to build these youth long term, we also take into consideration their state of mind during the process. Beyond our far reaching goals, as I had mentioned, NairoBits is concerned about the wholesome development of our beneficiaries. We try to

ensure that our beneficiaries are as comfortable as they can be. From our experience implementing SRHR programs, we are now looking to grow our horizon into community health in programs that will deal with such issues.

The first half of 2020 saw about 152,000 adolescents aged 10 – 19 get pregnant. One can think that, for you, the digital can be a response to teen pregnancies.

Teenage pregnancies has been a heated debate for a while now without a forthcoming sustainable solution. Exacerbated by COVID-19 and the restrictions that were placed to prevent its spread, experts expect that the first half of 2021 will see a sharp rise in the births by teenage girls. NairoBits is continually seeking solutions within our space to such issues that face the youth. We believe that the power to reduce teenage pregnancies lie with the young people. The organization actively champions for open channels of communication that allow access to information that will help reduce this menace. Digitally, as part of the solutions we offer, NairoBits has recently launched the iAccess ([iaccess.co.ke](http://iaccess.co.ke)) SRHR hub where

youth can access information and referrals to youth friendly facilities. We also sit in alliances and consortia that offer solutions such as phone call counselling, medical care and so on.

Any ideas on how to address the socio-economic impact of the COVID-19 pandemic on the youth? We understand from your statements that, you are planning to support those young people in their recovery plans.

It has become increasingly clear that COVID affected different people in very distinct manners. As firm believers in the 'no solution fits all' ideology, we are always looking to co-create solutions with the affected that fit them appropriately. As part of our effort to support young people continue to learn during COVID, we were recognized as a good practice case after moving our training to WhatsApp using tools that our students were most comfortable with. We are currently running programs with an array of partners that seek to: directly aid the youth, reskill them with market relevant technology and provide opportunities for them to also ideate on recovery plans. One exciting project that is in the pipeline is a competition we are developing with one partner that will encourage youth to tell their COVID19 experiences creatively and innovatively.

We received the information that NairoBits is rolling out a Microwork program for youth. What is it about and how can it change the reality of young people in Kenya?

Today more than ever, working online has become so lucrative yet so complicated. Faced with barriers such as the hustle of opening digital payment accounts and getting them verified, many miss out on the opportunities that the digital economy offers. Celo, a mobile-first open financial platform, has invested in developing mobile based applications that allow



Kenyan-based users to work on Microwork tasks and cash out their earnings via MPESA.

In partnership with Mercy Corps, we are implementing a pilot program for these apps to test out their usability, particularly among underserved demographics. The program trains and monitors participants (turned microworkers) over the course of one month to track their progress. The pilot comes at a crucial time when so many had lost their source of livelihood due to the impact of the dreaded COVID-19 pandemic. Accenting the ages when many youth are trying to gain entry into employment (18-29), the need of such a program couldn't be clearer. In fact, in this very pilot, we received over 1000 competitive applications for only 200 slots that we are offering. Further to earning a livelihood online, the program offers good use of time for the youth who engage with it.

Where do you see Nairobits in 2021? Any strategical orientation to address some of your challenges? It is very interesting that you ask

this question because we have just finished our strategic planning for the next 5 years. We envision Empowered and transformed youth who positively impact societies. What is key for us in our strategic growth plans is the ability to increase the capacity of the youth who go through any of NairoBit's programs and also to create opportunities for them. This proposition forms the basis of our strategic pillars which can be summarized to: Youth Capacity, Youth Opportunities and Institutional Capacity Strengthening. Our strategic interventions have been rooted in USAID's Positive Youth Development (PYD) framework. The growth of individuals in the PYD model is considered on the backdrop aligning the strengths of the youth and supporting them with resources that they need to take gainful advantage of opportunities that are around them. The alignment of individual strengths and resources is optimised through participation in pro-developmental activities. \*\*



Mariam Chabi Talata

# MARIAM CHABI TALATA VICE PRESIDENT OF THE REPUBLIC OF BENIN

*Mariam Chabi Talata was candidate Patrice Talon's running mate for the 2021 Beninese presidential election on 11 April 2021. They were declared the winners, with 86% of the vote. On 24 May 2021, she swore in beside President Talon, becoming the first woman Vice-President in the history of Benin.*

Before the election, Mariam Chabi Talata was the first vice-president of the National Assembly. Her new job, the Vice-President of the Republic, is certainly more demanding than the previous one.

On April 8, 2021, during a campaign rally in the Sèmè-Podji district, she underlined her preference for actions above rhetoric. That preference she says, is great leaders' mark: "leaders who do not only speak, do not know how to flatter, but only know how to act."

Born on July 7, 1963, in Bembéréké (Benin), the Vice President is a Beninese politician, professor of philosophy, and manager of the Beninese administration. Her administrative career began in 2003 as a headteacher of the CEG Hubert Maga. From 2013 to 2016 she was delegated educational inspector (IPD) of the Department of

Borgou and Alibori. Then, from 2016 to 2019, she was the director of secondary education at the Ministry of Education. Elected municipal councilor of the city of Parakou from 2008 to 2015, she simultaneously became the president of the Union of Elected Women Municipal Councilors of the departments of Alibori of Borgou and Hills.

In 2016, she campaigned with the coalition of political parties that supported Patrice Talon's candidacy for the presidential election that he won. In 2019, during the municipal elections, she was the first woman on the UP list in the 8th constituency. Vice President Mariam's actions indicate a positive attitude toward gender equality and the promotion of women in Benin. According to President Talon, the decision to select her as a running mate was made, surprisingly, by drawing a name out of a hat. The Vice President of Benin is the second-highest political position in Benin. It was created by the 2019 amendments of the Constitution, to ensure succession in case of presidency vacancy.

A Member of Parliament, a Professor of Philosophy, married to an agricultural engineer, Vice President Mariam Chabi Talata is the mother of four.



Marcelat Sakobi Matshu

# MARCELAT SAKOBI MATSHU AFRICAN WOMEN BOXER CHAMPION SPEAKS AFTER HER PARTICIPATION IN THE TOKYO 2020 OLYMPICS GAMES

Marcelat Sakobi Matshu, 25-year-old was the flagbearer of her country, the Democratic Republic of Congo (DROC), during the opening ceremony of the Tokyo Olympics Games 2020. Because of the covid-19 pandemic the games had been postponed from 2020 to July 2021 when they took place in the capital city of Japan.

Ms. Sakobi Matshu arrived in Tokyo with her title of African Champion in the women's light-weight boxing category. In Tokyo, she was achieving a dream only few African female boxers have achieved: fighting in at the highest amateur world level.

For a young woman who started boxing late, while she was a law student at the University of Kinshasa, the exploit is remarkable. Four months after that start, she was on the ring for her first fight. She became the champion of Kinshasa, her place of birth, the capital and largest city of the DROC. She would later become the African champion in the light weight during the African championships in Brazzaville, Republic of Congo in 2017.

The next year, in 2018, at the World Championships in New Delhi, India, she fought in the feather category (54-57 kg). She ended 33rd. In the same category in 2019 at the world championships in Ulan-Ude, Russian, she improved her ranking and became the 17th. That same year at

the African Games in Rabat, Morocco, she was the 5th.

On Saturday, 24 July 2021 in Tokyo, she lost in the preliminaries against Nesthy Phi Petecio, the Philippian boxer who won the silver medal in the women's feather weight boxing in at the Tokyo 2020 games. It was a premature end to a medal dream for which Sakobi Matshu had been working hard.

But she is not giving her dream up as you will read in the exclusive interview she gave to "Femmes d'Afrique Magazine." Her training program points toward the August 2024 Paris Olympics. She will then be 28, probably stronger, certainly more experienced.

Sakobi Matshu's interview is interesting not only because of what she says about her sport, but also because it informs about and African countries' paradox: out of Africa, women and men of African descent shine in their fields worldwide, winning gold medals for their respective countries, but Africa's overall result in very weak.

How to explain that paradox? Sakobi Matshu gives her answer that you will discover. She goes further to declare that the day African Athletes will have appropriate preparation and training conditions, they will be the first in the world. Time will tell.

## “DESPITE THE HANDICAPS AGAINST THEM, AFRICAN ATHLETES HAVE DEFENDED THEMSELVES WELL.”

*As a member of the Democratic Republic of Congo (DRC) team, you participated in the Tokyo Olympics last month. How many athletes were in that team? For that team, how did these games go?*

We were 7, that is, 4 boxers including 2 women boxers and 3 judo athletes. The Olympic Games went well despite diverse concerns.

*Before the games, how did the team prepare, in the context of the covid 19 pandemic?*

The team had prepared well at home, in Dubai, and Kabharovsk in Russia before arriving in Tokyo.

For us, the pandemic was a big handicap. Initially we had planned for the boxing preparation in a training camp in Ukraine. The Ukrainians refunded us because that did not happen because of covid 19. Then, the Congolese Boxing Federation chose Dubai as the new training venue.

However, the United Arab Emirates of which Dubai is part, are not a country with a high level of boxing. Therefore, we did not find the best sparing partners.

Again because of covid 19, we had to come back to Africa, to Cameroon precisely, to be vaccinated.

Those successive trips have influenced our training.

*Could you describe the health measures that the Japanese authorities took against covid-19 during those Tokyo games? Did you find the measures satisfactory?*

These Tokyo Olympics were held, I would say, in isolation. Without an audience, and under a drastic limitation on the movements of those who came to Japan for the games.

Technically, we are supposed to



benefit from the services of at least 6 members of the technical team per athlete. Unfortunately, we only got two. We did not have a doctor, or even a masseur.

Order, rigor, discipline characterize Japanese society; it is a cultural fact. From that standpoint, Africa and the DRC, my country, have things to learn from Japan. Fortunately, this culture of order, rigor and discipline has protected the Japanese from this cursed pandemic.

*In what category did you fight and what were your results?*

The category of 57 kg. I had the best fight of my career. I have confirmed my African superiority. But I also learned a lot. My opponent ended with a medal. She was not just anyone.

*Overall, what are the results of the DRC at the 2021 Olympic Games in Tokyo?*

Overall, the Congolese, following my example, have confirmed the superiority of Congolese boxing in Africa and elsewhere in the world. In addition, these Tokyo Olympic Games were the first during which Congolese boxers fought 5 world fights. No k o, no abandonment, besides a victory. In brief, in the world ranking of boxing, the DRC is 40th, for example far ahead of France.

*The first African country in the classification of the Olympic Games in Tokyo is Kenya. In the ranking by the number of gold medals, Kenya is 19th, with 4 gold*

*medals. In the ranking by the total number of medals, Kenya is 25th. In these two rankings, Kenya is behind countries like the Czech Republic, Poland, South Korea, Hungary, and Cuba. One can conclude that Africa is performing poorly in general. What are the reasons for this situation?*

As a competitor, I see it differently. Before ranking, I always compare the means to the results. Otherwise, it's unfair.

The United States delegation arrived in two boats and planes. That country had displayed enormous resources for its athletes to prepare for the games. And as a bonus, they had the presence of the First Lady of the USA, Madame Biden, came to motivate them.

Likewise, the French athletes had the best conditions to prepare themselves. And there again, to motivate them, the French President, Emmanuel Macron came to encourage them in Tokyo. Do African athletes have the same means? Did you see African leaders in Tokyo to motivate them?

Despite the handicaps against them, African athletes have defended themselves well.

Give similar means to African athletes and you can compare as you do. Then, you can judge on an equal footing. Your comparison would then be valid. I bet that the day African athletes will have the appropriate preparation resources, they will be the first in the world.

*You practice a combat sport, boxing, which is particularly violent. On Saturday, August 28, 2021, in Montreal in Canada, the Mexican boxer of 18-year-old Jeanette Zacarias Zapata lost by KO her fight against Marie-Pier Houle, a 31-year-old Canadian woman boxer. Wounded, Zacarias Zapata was taken to hospital. Five days later, on September 2, she died of her injuries. What is your comment on that drama?*

Let me offer my most saddened condolences to her family and to



the entire boxing family across the world. You can die even in your sleep. However, we do not refrain from sleeping.

*What lessons should fight organizers, boxers, women boxers in particular, all the professional and amateur boxing communities, and even governments learn from the tragedy that claimed Jeanette Zacarias Zapata's life in order to avoid such a thing to happen again?*

We must, each in our responsibilities, do the best possible for the development of the noble art.

*After the Tokyo Games, what are*

*your next challenges?*

I must first defend my belt as champion of Africa. Soon, I will have to participate in the world championship. Then, there is the objective of my professional career. And I look forward to competing at the 35th Summer Olympics in Paris in August 2024.

*How do you see your future in the next five years?*

My future will depend on how my technical team, the Congolese Boxing Federation and myself, manage the challenges I just mentioned. In any case, I thank my technical team, the federation, my family and all the Congolese who support us.



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Peruth Chemutai of Uganda won the women's Tokyo Olympic 3,000-meter steeplechase in 9:01.45, setting Uganda's new national record. Chemutai is the first Ugandan woman in any sport to win an Olympic medal.



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Nafissatou Thiam, gold medalist in the women's heptathlon at the Tokyo Olympics 2020. She had won the same medal in the same discipline at the Rio 2016 Summer Olympics. Thus, she is the only Belgian athlete, male or female, to win a gold medal in two successive Olympic Games, and only the second woman, after Jackie Joyner Kersee to do so. Thiam's father is a Senegalese. Her mother is a Belgian.



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The South African Tatjana Schoenmaker won the Tokyo Olympics 2020 gold medal in Women's 200-meter breaststroke swimming.

# AFRICAN SPIRITUALITY



Mamiwata Priestess

ACROSS THE AMERICAS, AMONG AFRICAN AMERICANS,  
CHRISTIANITY IS DOWN, ISLAM IS DOWN, AFRICAN SPIRITUALITY  
IS UP. AFRICAN ANCESTORS ARE VISITING AND INSPIRING. IS  
THERE A RESURECTION OF A PEOPLE?

## MAMIWATA PRIESTESS

# A SPIRITUAL INTRODUCTION

Mamiwata Priestess, born Vanessa Leverne Perry, began her journey in African traditional spirituality in 1997. While on a trip to South Africa, in pursuit of a Ph. D. in African Psychology, she was directed, by a Sangoma, to search for her ancestral roots on the West Coast of Africa. One year later, she arrived on the shores of Benin, West Africa with two bottles of gin and gifts for the Supreme Chief of Vodun, at that time, Daagbo Hounon Houna. As a result, Mami traveled to Benin three times in 1998 (February, July, and December) where finally, in December 1998, she spent eight continuous years (1998-2006) on the continent before she again placed her feet upon American soil. Thus, her doctoral committee had to be disbanded. She had been captured by her ancestors and personal divinities. Destiny had brought her to Benin.

For those eight years she spent most of her time in initiation chambers in Benin, Togo, and Ghana. She found her paternal ancestry to be Agassou of the Fon tribe and her maternal ancestry of the Ashanti tribe of Ghana, West Africa. She was initiated into the pantheon of Mamiwata in 1999. Since her return to the United States, she has spent her time writing and teaching about African spirituality; in particular African Vodun. She continues her visits to Africa and is associated with one of the largest Mamiwata temples on the West Coast of Africa... Temple Behumbeza.

Mamiwata Priestess is currently pursuing a Ph.D. in African Studies and Research at Howard University, in Washington D.C. Her dissertation research is an investigation into what extent African Traditional Medicine can assist in the treatment of mental illness in African Americans.

## PRIESTESS MAMIWATA

*How would you define African spirituality? Some practitioners of African spirituality say it is not a religion. They belong to the persons who make a difference between religion and spirituality. What is your opinion on those two issues?*

Spirituality comes from within. Religion comes from without. A person on a spiritual journey is out to determine what is one's purpose in this world or his/her destiny. One is trying to understand to what relation they are to the cosmos and nature itself. Thus, they began a journey of spiritual understanding. As they become more in tune to those spirits which are guiding them they are led to enlightenment which could or could not lead them to a particular religion, spiritual system or self-enlightenment. That is why African spirituality is not considered a religion per se. It is a spiritual journey of enlightenment and service to one's personal divinities.

*Could you give us three elements distinguishing African spirituality from other spiritualities?*

African spirituality is a form of traditional spirituality; those that predate organized religions. It is simply the one practiced by Africans. As all others it is indigenous, holistic, and nature based.

*How did you come to African spirituality?*

I began a journey to where I searched for "self" as well as wanting a closer relationship to the Divine. It led me back to my ancestors and embracement to their service to the spirits.

*One often hears about the ancestors' central role in African spirituality and rituals. Could you please detail that role?*

All that we are comes from our





ancestors. We inherit those divinities that give us life from them. In some cases, we even inherit most of our physical traits and habits. So, it is through us that they are served once they pass over to the spiritual realm. Thus, when trouble comes, they are our first line of defense. If we serve them (through feeding them, caring for them and observe obedience to them) then they guide and make our journey smoother as we walk this earth.

*You are known as “Priestess Mamiwata”? Could you please explain your name and the title? How did you obtain that title?*

Mamiwata Priestess is not a title. It is a simple designation that I am a priestess of the pantheon of spirits called Mamiwata. I do not use my title. It is insignificant to my destiny of spiritual service to all those who come my way.

*You trace your ancestral and spiritual ancestry to the country of Benin in West Africa. How did you arrive at that destination? How did it change your life?*

My ancestral pedigrees were revealed through African divination. My service to the ancestors and my personal divinities changed my life entirely. All that I do, whether it is a job or whatever, it is all done in support of one thing... my ancestors and personal divinities. My relationships with them have developed so fervently over the years that my service is now deeply based in love, obedience, and respect.

*You have gone through a long process of initiation in typical African spirituality, which is perhaps unique among African Americans. Could you please describe the main milestones of that process?*

In African Vodun initiations very well may continue throughout one's life. It simply depends on the various spirits that choose to come into your life, and you decide to serve. But my initial initiations happened in an eight-year span, and I am far from finished. In that I may be unique. At this point in my life my spiritual father says I possess over 1,000 spirits. It is due to the spiritual work that I am destined to do. These spirits help me in that work.

*How could your initiation and your current position as Priestess Mamiwata help the African American community today?*

I have been helping African Americans ever since I returned from Africa, in 2006, and started writing about African spirituality in 2007. One book, *THY NAME IS VODUN*, has been written and hundreds of essays to guide them in their pursuits of African spirituality. Many have visited our temple and come to know African spirituality through me as well as seminars given and talks.

*What is known about the spiritual life of the Africans under slavery in the USA? We sometimes hear that they kept their African spiritual life. Others say as they came mainly from West Africa, and Islam had reached that region centuries before the Atlantic slave trade, many of them practiced Islam. Then they are still others who say they converted to Christianity. What is the truth? What was those slaveowners' and white society's attitude regarding their spiritual life?*

Much is known about the spiritual life

of Africans under slavery. There is an abundance of research out there on the subject. But in a nutshell, the right to practice one's indigenous spiritual systems from Africa were denied. Thus, those that continued to practice in secret did so with the threat of death upon their heads. Those in the United States basically converted to Christianity. Those in the Caribbean hid their traditional spiritual systems and the practice of them under the cloak of Catholicism. The simple truth is that the White people considered Africans to be heathens (those who did not know God) and that their duty was to convert them in order to save their souls.

*In his book "Awash in a sea of faith: Christianizing the American people", Jon Butler used the phrase "African spiritual holocaust," a metaphor to mean that Christianity and the conversion of African Americans to Christianity have decimated the diverse African traditional spiritual practices the slaves brought with them in America. Likewise, to mean the same fact, Albert Raboteau says the United States of America has killed "African gods." He speaks of the "death of African God" on the American soil. How do you answer those two authors and their two phrases?*

Well, due to conversion of so many to Christianity, it would seem that way on the surface. However, what none has understood is the power of the African ancestor. What they have begun to do is reach into the hearts and souls of those to whom they have chosen and put them on journeys of self-discovery; ones that has led many, like me, back to the ways of traditional Africa. Remember, spirituality comes from within, religion from without. Thus, the ancestors have chosen the spiritual route, one unseen by the human eye, to reconnect us.

*Usually, a religion or a spiritual systems is built on a dogmatic explanation of both the origin of humanity and the afterlife. What is your spiritual system's or religion's*

*explanation of those two issues?*

African Vodun simply upholds the reality that we are all born of spirits that come with us in birth to help us fulfill our destinies. And that in order to do so one must come to know these spirits, develop a relationship with them and allow them to guide us through obedience and respect. When our eyes close on this earth and we return to the spirit realm. Thus, we come from the spirit realm, and we rejoin it. Our time on earth is transitory. We come here to do a work or fulfill destiny.

**I» did not reject Christianity per se. It may be good for some but not for me. My prayer was to come to know God more intimately and to serve my fellow humans. It led me to African traditional spirituality, in particular, African Vodun the spiritual system of my ancestors.»**

*You are also a researcher about to complete your Ph. D. dissertation. How does that dissertation's topic relate to current African Americans' spiritual and religious life? How would you describe that life in its main components? How does that life impact the general well-being of African-Americans and their relation with the European Americans?*

My doctoral work specifically deals with African traditional medicine's ability to heal mental illness in African Americans. I will know more when it is complete.

*Before embracing African spirituality, you were a Christian. Why did you reject Christianity?*

I did not reject Christianity per se. It may be good for some but not for me. My prayer was to come to know God more intimately and to serve my fellow humans. It led me to African traditional spirituality, in particular, African Vodun the spiritual system of my ancestors.

*Many African Americans proclaim themselves Muslims or Christians. Some of them now claim atheism. If you had to attract to African spirituality a member of each of those three groups, what reasons would you put forward?*

Those of us who serve the spirits are not evangelists. We simply help those who themselves are on their own spiritual journeys back to traditional Africa. As I do not know each person's destiny whom they choose to serve is their prerogative. However, if I am asked specific questions about African spirituality I will attempt to answer to the best of my ability. But trying to convert people is not something that the spirits require us to do. The Europeans have done enough of that already. Anyone coming to the spirits will do so on their own through a process of self-discovery as I did.

*How do you see the spiritual future of African Americans?*

As I do not know everyone's destiny or ability to be led by the spirits I do not know. But what I do trust in is the divinities and their ability to call upon those to whom they choose.

*How do you see the spiritual future of Africans?*

The same as above. I have no idea. My prayer is that many return to the traditional ways. But this world is not in my hands but of those of the spirits.

*What is your message to both African Americans and Africans in general? Particularly, what would you say to women of both populations?*

Find your ancestors and personal divinities. Serve, honor, and obey them and they will give you the desires of your heart.





Patricia Dzivhuluwani Mathivha

# PATRICIA DZIVHULUWANI MATHIVHA (1976 – 2021)

## FEMMES D'AFRIQUE MAGAZINE PAYS

### HOMAGE TO A ROLE MODEL

**Ms. Patricia Mathivha was one of the most promising African women. The United Nations Economic Commission for Africa had selected her and two other African women. The Femmes d'Afrique Magazine May 2021 issue features them, as representatives of the best of African women's entrepreneurship in the African pharmaceutical sector.**

Ms. Patricia Mathivha's path was particularly remarkable. Her entrepreneurship spirit, she had it since her childhood, as you will see in the obituary that was read during her funeral on 17 August 2021. The news of her death five days earlier shocked all the journalists of Femmes d'Afrique Magazine. We could not believe it! While interviewing Ms. Mathivha, we discovered a very kind and competent person. She was clear, cooperative, professional. She answered with candor, showing a real concern for public health not only in South Africa, her country but in Africa in general.

We interviewed her in English, translated into French before publishing it in the French edition of Femmes d'Afrique Magazine, last May.

To pay homage to that wonderful African woman, this issue of your magazine is publishing the original interview.

"Although COVID has delayed some of our plans, it has also helped fast track and streamline some of the projects especially the use of online technology as a channel for the business. We believe that there are definitely, opportunities that we can take advantage of, and we remain optimistic about our future prospects."

Above are the two first sentences of her answer to the first question. Two sentences that summarize Ms. Mathivha's professional life: courage, innovation, optimism.

When she was answering, the covid-19 pandemic had been devastating the world for 14 months. The worldwide cumulative number of cases was over 175 million. Early September 2021 as we are writing the present lines, that number is over 210 million and the cumulative number of deaths worldwide is superior to 4.5 million, of which, alas, Ms. Mathivha.

Not only South Africa, but the whole Africa will miss

her.

A great panafricanist, she was also a strong advocate of African values. Having traveled the world, being at the forefront of globalization, and knowing the hardship that ultra-competition descends on the poor and disadvantaged populations, she promoted African values as a shield Africans should hold to maintain humanity on their continent.

She took care of the most vulnerable categories of the population. Vida Pharmaceuticals, the company she had founded and chaired, produced natural plant-based medicines and nutritional products. She sourced them from rural areas, providing jobs and business opportunities to those who needed them the most. She was expanding her business, starting with factories in those rural areas with a precise goal in mind: empowering women, prioritizing them, in an environment that economically excludes most of them. Ms. Mathivha did all that great job without blowing trumpets. On the contrary, the immensity of her task nurtures in her behavior a permanent humility. When she received the May 2021 issue of the magazine in which we wrote her name preceded by "Dr.," she immediately sent us a text message asking to correct a mistake we had made: "I'm not a Dr. yet."

Being one of the rare women to succeed as a boss, business founder, and CEO in the pharmaceuticals sector that men, and sometimes, their machismo, still dominate, she was a role model for African girls.

Born four months before the 16 July 2021 Soweto massacres, she was a passionate social justice defender. She championed women's rights. One thing worried her very much, an evil that holds Africa back, with disastrous, pervasive consequences on medicines in Africa: corruption. But even there, she remained optimistic given what was going on in South Africa, given the anti-corruption determination she was witnessing among Africa's youth: "It will take unity and political and civil willpower to enable change in Africa," she wrote to us in her last message. She was right. She is right. Ms. Patricia Dzivhuluwani Mathivha will continue to be right.

## PATRICIA MATHIVHA, MD FOUNDER AND CEO OF VIDA PHARMACEUTICALS (PTY) LTD. – SOUTH AFRICA

*What is the business outlook for Vida Pharmaceuticals? What type of products and service do you sell? Who are your main clients?*

Although COVID has delayed some of our plans, it has also helped fast track and streamline some of the projects especially the use of online technology as a channel for the business. We believe that there are definitely opportunities that we can take advantage of, and remain optimistic about our future prospects.

We partner strategically with companies that share our vision, to ensure easy access and affordability of essential and innovative pharmaceuticals, medical devices, consumables, and nutraceuticals.

1. Broadly speaking, we have four core areas of focus: one, pharmaceuticals: we have products such as antiretrovirals (ARV) two, drugs, analgesics, and other complementary medicines. Three, veterinary medicines and feeds

2. medical devices. Four, consumables: medical PPE, sanitizers, health care system and

3. nutraceuticals.

*Relative to the number of men, what would you say is the percentage of women in leadership positions in South African pharmaceutical manufacturers? What must be done, by who to boost that percentage?*

Across industries there is generally more men in leadership positions than women. I think South Africa's average of women in leadership positions in the pharmaceutical manufacturing is not any better than the poor global average of less than 10%.

The challenges facing women are usually patriarchal such as gender bias, family responsibilities, etc. and these even extend to workplaces.



Having policies that seek to advance women and afford equal opportunities to all genders such as diversity policies, striving for workplace meritocracy and affirmative action, are some of the ways to advance women to leadership positions within pharmaceutical companies. The pharmaceutical industry can serve as a champion for women inclusiveness for sustainable economic development which can have immediate and far-reaching impact like other industries.

*Would an increase of the percentage of women leaders in the manufacturing of drugs impacts the maternal and children's health?*

Maternal and children's health are the responsibility of both men and women. The pharmaceutical industry has to continue to play a role in the improvement of maternal and children's

health irrespective of who sits at the helm. Indeed, women being nurturers, tend to prioritize solving the immediate needs of inclusive sustainable social and economic growth of women and children because they understand and have lived through the injustice of marginalization.

*What do you think of the "AfcFTA-anchored Pharma Initiative" that UNECA has launched? What must UNECA, the African governments, and the African women leaders in the pharmaceutical industry do to make that initiative successful?*

AfCFTA is about collaboration and partnerships that will lead to the advancement of the African Continent and its people. AU/ UNECA championing the AfCFTA-anchored Pharma Initiative provides the much-needed political will and support necessary for the private sector to function in the provision of affordable and reliable quality assured medicines and related maternal and child health (MCH) products. African governments will be pivotal in the operationalisation of the agreements and ensuring that they provide support to both the public and private sectors for the successful implementation at country level.

Production localization and pooled procurement ensures self-sustenance which is critical in MCH as it is a matter of life and death. This was more evident now during COVID when many African countries failed to access critical MCH products from foreign countries – and these are products that Africa has the capacity to produce and or procure jointly. Support by the private sector and public-private partnership (PPP) initiatives become integral to

the successful implementation of the AfCFTA-anchored Pharma Initiative. African women leaders have a shared responsibility to help shape the health markets and improve the health of the African people. They should ensure prioritisation and implementation of programs that support the MCH agenda at company level, forming partnerships with the African governments and working towards bringing change to the rest of the continent.

Women leaders should also harness the use of technology in overcoming most of the challenges from manufacturing (GMP) and other regulatory compliance issues to the supply and delivery of products and services.

*How has the Covid-19 pandemic affected the South African pharmaceutical sector and Vida Pharmaceuticals in particular? What are the three major lessons that the African pharmaceutical industry must learn and implement from that pandemic?*

Generally, the SA pharmaceutical sector was not immune to issues of inadequate access to critical/ essential medicines and medical consumables like most countries in the world. This as most supplier countries applied self-preservation mechanisms.

The lack of essential pharmaceutical ingredients (both actives and inactives) within the country delayed and, in some cases, derailed our (Vida Pharmaceuticals) R&D projects.

On the other hand, Vida has seen an increase in the use of technology across all departments of the company thereby increasing efficiencies. We have also fast tracked most of our production localization projects, and fostered relationships across the Continent.

Some lessons learned as a result of the Covid-19 pandemic:

- If Africa is to meet the Sustainable Development Goals and preserve its people, the need for immediate increased pharmaceutical R& D and production localization cannot be overemphasized.
- Increasing purchasing power is required through inter-governmental collaboration for pooled procurement.
- Increased private sector partnerships within the Continent is important in order to increase access to safe and efficacious medicines and medical products in underserved geographical areas.



## THE FAMILY'S OBITUARY

### PATRICIA DZIVHULUWANI MATHIVHA

Seremane

Patricia Dzivhuluwani Mathivha was born at Tshivhungululu, on the 10th March 1976 to the late George Balanganani Mathivha and Sophia Matodzi Mathivha (Nee Raedani).

Patricia was the 3rd child in the family and the 1st daughter. She grew up in Shayandiana. She started schooling at Lurenzheni Junior Primary School then proceeded to Tshidumbi Higher Primary School. She matriculated at Shayandima Secondary School.

After matric she worked at Radio Thohoyandou as a DJ and actor of radio drama. She then enrolled at the University of the North now called the University of Limpopo where she completed her B-Pharm Degree. She did her internship at Mankweng Hospital and Community service at Lebowakgomo Hospital.

She relocated to Port Elizabeth and worked for Aspen Pharmacare as a Production Pharmacist. She then moved to Gauteng where she worked for various pharmaceutical companies including P&G, Adcock Ingram, Tiger Brands, and Portfolio Pharmaceuticals. As a child, Patricia proclaimed that her goal was to become an entrepreneur. This dream was fulfilled when she opened her companies Vida Pharma and Vida brands. Vida Pharma supplied registered medicines and Vida brand was the production arm creating medical and nutritional products

using natural plants producing products such as Boabab energy bars, Boabab Porridge, Boabab Oils, and Marula wine. Her natural products (Mafula (marula) and Mbuyu (Baobab fruit)) were sourced from Muswodi village. Her products initiatives were sponsored by the Department of Science and innovation and the Council for Scientific and Industrial Research (CSIR). Concurrently she consulted for various companies as a regulatory affairs pharmacist.

She visited various countries such as Germany, UK, Egypt, Ethiopia, Botswana, The Netherlands, America, and many more, attending and presenting in various Pharmaceuticals conferences. She was the Deputy Secretary of the Black Pharmaceuticals Industry Association (BPIA).

She will be remembered for her joyous spirit, kindness, infectious laughter, hugs, kisses, love for God, Prayer warrior, Business and life mentor, and very opinionated person. Patricia loved life.

Patricia is survived by her mother, son Vhuhwavo, 3 brothers, 2 sisters, nephews, and nieces.

She will fondly be remembered always. Vata Zwakanaka Muzungu ano kubva Sena.

(Rest in peace descendant of Solomon)



Sage Chemutai

# SAGE CHEMUTAI, THE KENYAN SINGER SPEAKS FOR WOMEN

“One day, after singing my heart out, someone came up to me and told me I wasn’t good at all. Yet. But, ever eager to learn, I started vocal lessons from the vocal coach until I mastered my own powerful voice” declares Sage. Challenges should never stop any girls or women to become the best in whatever they are doing.

Sage is a Kenyan born singer, songwriter and instrumentalist. She is a classically trained pianist and self taught guitarist. Her music can be termed as ‘Rhythmic Soul’. It contains Afro, RnB, Neo soul, Classical music and Hip hop influences. She has shared stages with numerous international stars. These include : Liquideep (SA), Wizkid, Yemi Alade, King Sunny Ade (Nigeria), Keri Hilson, Bobby V, Horace Brown (USA) and Estelle (UK). Her lyricism is both for the simple and the complex mind. She has been described as a musicians musician because of her ability to transcend beyond her non musical fans to being respected and admired by fellow musicians.

With a voice that moves, she has cemented her position as a key artiste in Kenyan music industry. She is an inspiration to many aspiring musicians and you could be one of them. But these achievements are coming from life lessons and sometimes very hard experiences. Sage can be humble, very calm and ready to listen and when needed to share her life’s

experiences. If life could be a message, for Sage it will be “never give up and live your life.”

From her original song #LetMeLive, she passed on her personal message with the song: “I wrote this song years ago, at a time I felt like a lot was against me and I was fighting a battle all on my own. I decided for myself that I would create a space where I needed no one’s permission to thrive.” By that message, Sage wishes to encourage everyone listen and mostly women and girls in our society. She wishes to give them the strength and courage to say: “I’m going to wake up to a new day.”

In March 2021, with other celebrities, Sage gave her voice to denounce Gender-Based Violence within the Media and Entertainment Sector in Kenya. She is thinking about doing more in line with other forms of violence in the society and more over, she wants other aspiring musicians and artists to understand that, the sector may look like a jungle, but there is always a way out. She is inviting any victims to speak out, and to be brave.

Kenyan soulful power vocalist, multiple instrumentalist & music producer stepped back into the music scene in 2020 with her 5-track ‘Jungle Trap’ EP, after “a long period of uncertainty and fear” - she said. The EP’s title track “Jungle Trap” lyrics serve as release from the manipulation of

another and the end of self-doubt. While “Oceans” - a declaration of worthiness to be loved and love in its entirety, “Infatuated” explores light hearted love with “Lifestyle” featuring Sedar Malaki best described as an I-don’t-care type of song.

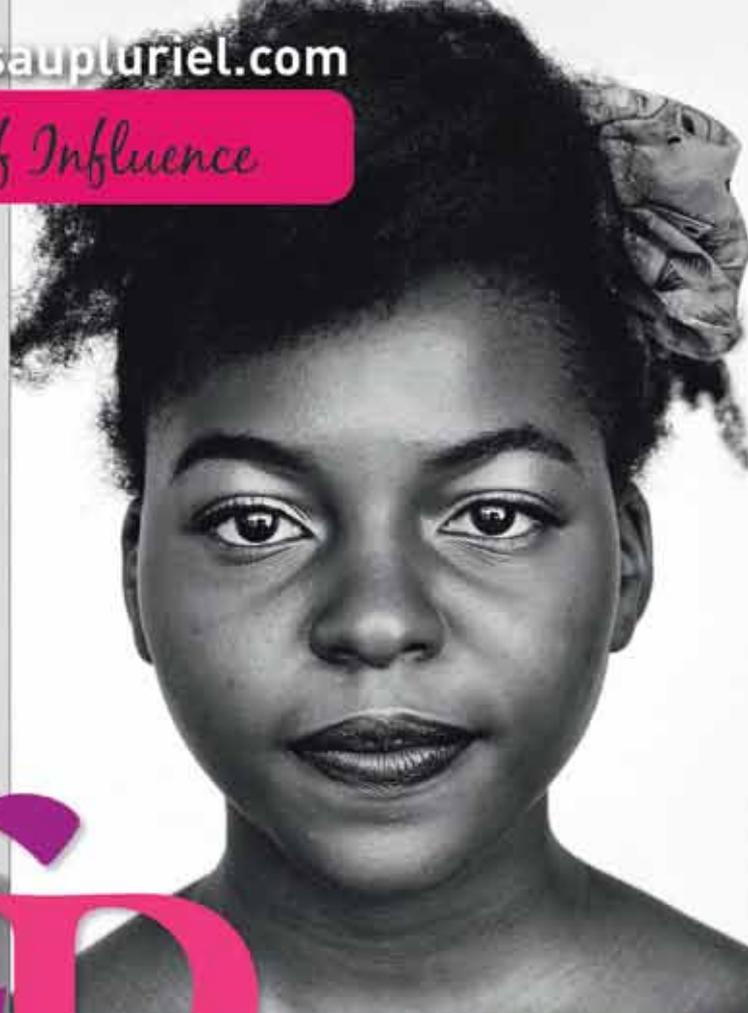
Sage is talented! From the first time she touched a piano at 9, she has knocked down doors in her path relentlessly. Singing in corridors, bathrooms, she moved to birthday parties then, playing in bands. In the same time, she was manning so many instruments. The singer is now the brand ambassador for WildLife Works aiming to preserve forests, protect threatened wildlife & uplift impoverished communities.

Sage has done it all. Her journey is in itself a message for others. From mastering her voice, writing musicals and how she overcame mental blocks in the middle of a raging pandemic, Sage is telling us to keep it up!



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