The brain-drain also affects teaching: in certain disciplines such as medicine or economics it is proving difficult to replace those who are retiring. "When we recruit we get lots of applications but they are often poor quality. In some provincial universities, departments are forced into taking on students who have still to complete their dissertation, says François Nkoa, an academic at Yaoundé-II University who has studied the brain-drain phenomenon. He has noticed that, among Cameroonian expatriate professionals, the most highly-qualified are the ones who remit the smallest sums of money home. So, when someone like that leaves, the country loses out all down the line.

"If we had the infrastructure we need here, I wouldn't even think of leaving," points out Paul, a law student. "The firms which recruit most and pay best are the multinationals. Often they prefer someone with international qualifications, so that encourages some people to go and do further studies abroad," he goes on. Another student, Gwladys, is scathing: "The countries now talking in terms of selective immigration are criminal: taking just those of us with the best qualifications, that will only make the situation worse and deprive us of what we most need to develop Cameroon – it's repugnant." (*Libération 3/7, 2/5*) **WHO warns of health staff shortage p. 16632**

Africa's $65bn herbal medicine treasure chest

Sub-Saharan Africa is at the threshold of an African Traditional Medicine Revolution, but few actions on the ground are being made in the region to develop either the production or marketing of indigenous medicinal plants, says Warren Evans, **World Bank** Director of Environment.

A new World Bank report, Capitalising on the Bio-Economic Value of Multi-Purpose Medicinal Plants for the Rehabilitation of Drylands in Sub-Saharan Africa, identifies a select number of endemic multipurpose medicinal plants for the Sahel/Sudan Region and the Kalahari/Highveld that could change the situation.

The report suggests that these species, if used in community-administered sustainable land management projects, could combine the agricultural aspects with product development, handling, and market training, and help reverse land degradation and reduce the poverty associated with drylands.

"The global value of herbal medicines is estimated at $65bn," Evans adds. "If the proposed actions for the African drylands were to capture only a small share of this value, even one percent, they could bring in $650m, which could have a significant impact on both improving the quality of life and rehabilitating traditionally degraded lands."

Warren says people involved with international development and poverty-alleviation programmes are increasingly looking toward the private sector for inspiration and assistance. Many believe that involving business in such efforts will not only bring wealth, respect, dignity, and improved education and health to the world's poor but also prove to be a profitable business strategy.

"By combining indigenous knowledge and modern appropriate technology," maintains Evans, "communities and researchers can identify sustainable land management practices to halt desertification. Communities can use multipurpose medicinal plants to rehabilitate their degraded lands, and at the same time capture a greater share of the increased global value of medicinal plants; both of which will improve the quality of life for some of the most marginalised people in Sub-Saharan Africa." (*African Business, June*) **Modern science meets traditional medicine p. 16522**

DR Congo's Sick Hospitals

The collapse of their health system horrifies the Congolese.

Over the decades since the 1960s almost the entire Congolese health system has fallen into decay, writes *The East African*, Nairobi.

Isangi hospital, 1,000km east of the capital, Kinshasa, was built in 1926 by the Belgian colonial administration. It is one of about 500 hospitals in the Democratic Republic of Congo, 80% of which were built during the colonial era and managed by religious organisations.

Adults and children lie on a concrete floor between skeletons of beds that once had mattresses.

"It's disgusting. The medical team helps out in emergencies," Dr Jean-Robert Tshimanga, the hospital director, said, "But if they (patients) have no money, what can we do? Nature will take its course."

Dr Tshimanga has two brothers working in neighbouring Zambia. He wants to join them as soon as he can.

Dr Lokongo Nzeya Abe was once director of hospitals in Congo's health ministry. He now works as director of programmes for the United Nations World Health Organisation in Kinshasa.

"The situation in 200 hospitals in the country is catastrophic," he said.

About 30% of DR Congo's hospitals are still run by churches, 10% by companies, while the rest are still under state control.

Isangi hospital's pathology laboratory has no chemicals; its operating theatre has almost no surgical equipment. Surgical tools and hospital aprons have to be sterilised over a fire. According to Tshimanga, the hospital's director, it is more than two decades since the hospital had any maintenance work done on it.

WHO's programme director in Kinshasa, agrees.

"When you go to a government hospital, you find no medicine, and the staff come in at 10 and leave at noon," said Dr Nzeya Abe, adding a French phrase of total frustration: "*Tout est foutu*" – "It's a complete mess."

In recent years, DR Congo's public health system has slid backwards. The country used to have a centralised pharmaceutical supply agency, but no longer does. In many hospitals patients have to queue for hours until they get to see a doctor – and they can only see one if they can pay for the consultation themselves.

The 60 nurses and three doctors in Isangi hospital have not received their salaries since 1996, when troops from **Uganda** and **Rwanda**, as well as Congolese rebels, ravaged the area. In any case, Tshimanga only expect the equivalent of $40 a month.

And so the doctors at the hospital charge 250 Congolese francs (60 US cents) a consultation, and share this meagre income at the end of the month with the nurses.

"The main reason for the disastrous state of the health system is bad governance," said Dr Nzeya Abe. This may be more succinctly described as corruption. At the end of May, news emerged that $4m had been lost at the Ministry of Health – almost half the entire health budget, or four to five per cent of the country's national expenditure.

"The money was officially invested but the hospitals never received anything," Nzeya Abe pointed out. "What actually ends up where it should is less than half of what is allocated."

As a result, many curable diseases have returned with a vengeance: tuberculosis, typhoid, diarrhea, intestinal parasites, leprosy and malaria – many of them waterborne, spread through unsanitary conditions.

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In Isangi and many other parts of Congo, the deadly sleeping sickness trypanosomiasis, commonly cured with arsenic, was all but forgotten after being eradicated in the 1960s. Now it is back and threatening to kill whole villages.

In recent years the World Health Organisation (**WHO**), the **World Bank** and NGOs have taken over most of the government's responsibility for the health sector. **Unicef** has been providing free medicines, and the World Bank has funded the rehabilitation of hospitals.

"You have to avoid the government," said Dr Jean-Pierre Manshande, project director at the World Bank in Kinshasa. The World Bank, like most other donors, channels millions of dollars in project money through international NGOs, to make sure that the money does not disappear into the pockets of officials.

Over the next four years, the main donors – the World Bank, the African Development Bank, the US Agency for International Development (USAID), the European Development Fund and the WHO – will inject more than $700m into the ailing health system. This amounts to about three dollars per person, per year, sufficient in other developing countries, said Dr Abe.

But whether the health system will receive the cure it needs depends to a large extent on the elections (*see p. 16703*).

"It will take 10 to 15 years until things start changing, if we start to work now. But we need to get a parliament that says no to the way things are run at present," said Dr Abe.

For many of the patients in the public hospital in Kisangani, capital of Oriental province, this may be far too late. After fighting in the city in 1996, the hospital was abandoned.

Belgian Technical Co-operation and the World Bank have revived eight of the hospital's existing 24 blocks.

The hospital still lacks an intensive care unit and there is no anaesthetic equipment. The ambulance is without wheels, and a shortage of latex gloves means that the nurses are often exposed to disease.

Five technicians have died from cancer due to exposure to radiation in the X-ray facility – a protective apron is urgently needed. "Sometimes we don't even have threads for sutures," said hospital director Aelar Lufungola. (*The East African, Nairobi 11/7*)

HERITAGE

New Museum for Looted Artifacts

Juha Vakkuri, a Finnish author, and his group, *African Art Returns*, are setting up a museum in Grand-Popo, Benin, to house returned African art looted in colonial times.

An international campaign is being launched for a museum to lure back some of sub-Saharan Africa's lost artistic heritage. Based in **Benin**, the future "Museum of Returned African Art" would exhibit a small portion of the many artistic jewels that have disappeared from Africa over the past 200 years.

"We are not accusing anyone of anything and we are not using words like 'looting' or anything like that," said Juha Vakkuri, a Finnish author of several works on Africa who chairs *Africa Art Returns*, a group he set up to establish the museum.

Through acquisitions of new works and by cooperating with the world's great museums, missionary societies, and private collectors, he hopes to amass a sufficient quantity of works of African art to fill the museum by its completion in 2009 in Grand-Popo, Benin. The campaign, waged through the internet, the international media and the global network of museums, has as its first goal the acquisition by 2008 of 500 works of art, which would be stored in Finland until displayed.

Private sponsors and the **Finnish** government are expected to finance the 100,000-euro ($120,000) operating budget for 2006. In future years, the annual budget is expected to rise to Euros 300,000–400,000, half of which would come from Nordic governments and half from private sources.

Vakkuri says he will not be asking top museums to surrender the central works of their African collections. Instead institutions may be asked at first to help with training of African museum staff and curators. Later, they may be asked to produce virtual exhibitions of their African collections for display within the museum. Finally, exhibitions of foreign museums' "African collections", long-term loans of art, and eventually the million dollar question of transfers of African collections are envisaged.

The central challenge will be gaining trust, Vakkuri said. Curators must be convinced that the "Museum of Returned African Art" has the security and technological sophistication to house significant works of art safely and to return them without damage. A working group of Finnish and African architects is now being assembled to design the building, Vakkuri disclosed.

To extend the reach and democratise access to works, the museum will organise touring exhibitions within Africa. (*New African, July*) **Return of artworks sought Vol. 39 p. 14727**

Meanwhile, at the end of its annual meeting, the Unesco World Heritage Committee announced on July 16th that it had, for the first time, registered an equal number (five) of African and European World Heritage sites. The new African ones are Harrar Jugol in **Ethiopia**, the stone circles of **Senegal–Gambia**, Chongoni in **Malawi**, Kondoa in **Tanzania** and Aapravasi Ghat in **Mauritius**. (*Libération, Paris 17/7*) **World Heritage sites Vol. 42 p. 16304**

IN BRIEF

Conservation: Zimbabwe announced on July 24th that it had suspended with immediate effect sales of its ivory pending implementation of an efficient system of control in the country, where reserves are put at nine tonnes. Since 1997, Zimbabwe has been allowed to sell its ivory only within its own borders. International trade has been banned since 1989, and only ivory from elephants which died from natural causes can be sold. (*Libération, Paris 25/7*)

Film: A controversial film is to be reviewed by the **Egyptian** parliament after 112 MPs demanded censorship of homosexual scenes. They criticised *The Yacoubian Building*, saying it defames Egypt by portraying homosexuality, terrorism and corruption, said the *Associated Press*.

The film, based on Alla Al-Aswani's novel, opened in Egypt in June. It depicts the interlinked lives of the residents of a Cairo apartment block, and features some of Egypt's biggest stars.

With the growth of religiosity in recent years, though, attitudes have been hardening. Same sex acts are not illegal in Egypt but laws against "debauchery" and "immoral advertising" are used to bring charges. (*BBC News online 5/7, The Guardian, London 7/7*)

Human Trafficking: Ministers from 26 West and Central African states have signed an agreement to revitalise the fight against human trafficking.

The agreement, signed at a joint conference in the **Nigerian** capital, Abuja, by regional bodies, the Economic Community of West African States (**ECOWAS**) and the Economic Community of Central African States (**ECCAS**), aims to reinforce cooperation in areas like the repatriation of victims and the extradition of traffickers. (*This Day website, Lagos 9/7*)

Literature: South Africa's Mary Watson has won the Caine Prize for African writing for her short story, *Jungfrau*.

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