Cameroon: COVID-19 and its Impact on Citizens. An Ethical Approach to the Pandemic in Africa

Camerún: COVID-19 y su impacto en los ciudadanos. Pensar de forma ética la pandemia en África

Autor

Alban Pascal Noudjom Tchana

E-mail: 201510534@alu.comillas.edu
https://orcid.org/0000-0001-8158-7867

Abstract

The COVID-19 crisis has highlighted the precariousness and injustices within the healthcare systems of many African countries. Ever since the pandemic broke out on the continent, the ability of its health facilities to provide an adequate response to the COVID-19 crisis has been severely tested. Quality healthcare is a luxury that few can afford in Cameroon. Prevention and awareness campaigns are often the only means available to prevent the propagation of the virus. A return to herbal medicines appears to be the only way forward. This is a new field of research and therefore an invitation to a different approach to the ethics of life on the continent. Its exploration includes that which is specific to the continent; its proximity to nature and, as stated by Achille Mbembe, its rich ethics of travel.

Resumen

En muchos países africanos, la crisis provocada por la COVID-19 ha puesto de manifiesto la precariedad y las injusticias de sus sistemas de salud. Desde que la pandemia irrumpió en el continente, se ha comprobado la incapacidad de sus estructuras sanitarias para responder adecuadamente a la crisis de la COVID-19. En la mayoría de los casos, las campañas de prevención y sensibilización son el único medio disponible para evitar la propagación del virus. El retorno a la fitoterapia parece ser el único camino a seguir, lo que supondría un campo nuevo abierto a las investigaciones y, por lo tanto, una nueva forma de pensar la ética de la vida en el continente. Una que integre en su estudio lo que el continente tiene de específico, su proximidad a la naturaleza y, según la expresión de Achille Mbembe, su rica ética del caminante.

Key words

COVID-19; *Ubuntu*; African bioethics; health system; herbal medicine.

COVID-19; Ubuntu; bioética africana; sistemas de salud; fitoterapia.

Fechas

Recibido: 27/05/2020. Aceptado: 26/09/2020

1. Introduction

Recently, I read in the *Nouvel Afrik.com*, the editorial titled "L'humanité ébranlée et la société effondrée par un petit machin" by Chadian journalist Moustapha Dahleb. Moustapha Dahled shows how a little microscopic thing called coronavirus is upsetting the planet. Something invisible that makes its law, questioning everything and overturning, as he says, the order established. One thing is now certain: we humans can't escape the fact that we are all trapped into the same boat.

The coronavirus is now part of our daily life. Everybody, Africans, Americans, Europeans and Asians, have understood that the fight against the virus call for a global strategy where we are all stakeholders. We are members of the same humanity. Our destiny links us to one another. More than ever, we need to have present to our minds the African philosophy of *Ubuntu*[1] as we think about the *next normal* looming at the horizon. The pandemic map spares no country; whether we are from the North or from the South, we are all its victims. And as Michael Sandel put it, the question we need to address is if we are all in this together? "In the midst of a pandemic, that question is more urgent and refers to health: should everyone have access to medical care, can they afford it or not?" (Sandel, 2020).

The cases of contamination on the African continent are more due to Africa's relations with Europe and America, than with China

Contrary to what one might think, the cases of contamination on the African continent are more due to Africa's relations with Europe and America, than with China. This is understandable because of the large volume of business and air tourism that unites African countries with Europe and the United States.

In Africa, the geography of the pandemic covers 56 countries, with major centers of prevalence in South Africa, Egypt, Morocco and Algeria. While the continent claimed to be the only one to be spared, Egypt registered its first case on February 14, 2020. On the 25th of September 2020, 47 countries are infected, with more than 1 154 171 confirmed cases of which 24 464 died (WHO Africa, 2020).

The COVID-19 pandemic is hitting Africa. Like any other continents, Africa counts its dead day after day. For the time being, the pandemic has not reach a stage of panic. Divided as it is between false myths, fake news and various conspiracy theories, the

1 The word *Ubuntu* in African philosophy manifests the natural unity of the person with himself, with God and with nature. According to the philosophy of *Ubuntu*, there is a common bond between us and it is through this bond, through our interaction with our human companions, that we discover our own human qualities. "Umuntu Ngumuntu Ngabantu". In his book *Ubuntu, Me in You and You in Me*, Michael Battle makes an intelligent description and analysis of the South African concept of *Ubuntu*. It defines the concept of *Ubuntu* as one in which identity is understood as generated by interdependence within the community.
The "-ntu" is identifiable in "Ubu-ntu" as "ba-ntu". This "ntu" means human being and after this root *Ubuntu* means human person. The idiomatic expression "Ubuntu ungamntu ngabanye abantu" crystallizes the entire philosophical and theological essence of this concept of *Ubuntu*. Which translated literally means "a person is a person through another person". In *Bantu* existential philosophy, it is difficult or impossible for a person to exist alone. The concept of person, so to speak, is not defined in relation to oneself, but in parallel to the relationship that unites me and projects me towards others. It is the other that defines me. It is the other that gives content to my "ego". To exist humanly, my "ego" needs to be articulated by the presence, memory and interaction with the other. The other is my horizon, he is the future towards which I project myself, he is the one that gives meaning to my tomorrow. In my relationship with "other", he exercises, develops and fulfills a double individual and community potential of my being.

continent strive for survival. As Ruth Maclean of the *News York Times* already recognized in March,

> Sub-Saharan Africa has not been hit as hard or as early by coronavirus, despite predictions by many experts who had warned that the high traffic between the continent and China, where the outbreak started, would set off the infection in Africa. Instead, it has been mostly people coming from Europe and North America who have carried the virus to Africa. (Maclean, 2020)

The total health expenditure/ inhabitant is 3.400 FCFA (5,66$) per year and the share allocated to health care by the state has fluctuated between 5.5 and 7% since 2011

The President of the World Health Organization (WHO) *Tedros Adhanom* Ghebreyesus has repeatedly warned the world of the great dangers and disproportionate risks facing Africa: its inadequate health system, lack of equipment and financial means, under qualification health personnel, and the ineffectiveness of their data transmission system[2].

In this brief reflection, I intent to centralize my attention on the case of Cameroon where I come from. Explore how COVID-19 is affecting the country as I point out some lines of ethical reflection for better management of this crisis.

2. Epidemiological Map of COVID-19 in Cameroon

2.1. Cameroon: Africa in miniature

Cameroon is located in Central Africa. It is considered Africa in miniature because of its natural, demographic, cultural and social diversity. The country has a population of 26.453.106 of which 49.9% are male and 50.1% female (Worldometers, 2020). According to the WHO, life expectancy for men and women is 57/59 and the average age is 18.4 years. 57.6% of its population lives in urban areas. According to demographic forecasts, its population will grow to 36.883.632 inhabitants in 2035 and will increase to 49.817.390 inhabitants in 2050 (Cameroon Population, 2019).

According to the same statistics from the WHO, in 2016, the probability of dying between the ages of 15 and 60 was 362/1000 for women and 321/1000 for men, the per capita spending on total health was $122 and the total spending on health expressed in percentage of GDP was 4.1 while that of the US at the same period were 17.07 (Cameroun: statistiques, 2019). This comes as no surprise because the total health expenditure/inhabitant is 3.400 FCFA (5,66$) per year and the share allocated to health care

2 According to the WHO, in 2014, Cameroon had as medical equipment: 1 Magnetic Resonance Imaging, 14 Computerize Tomography Scanner, no Positron Emission Tomography Scanner, 1 Nuclear medicine, 15 Mammograph, no Linear Accelerator, 3 Telecobalt Unit (cobalt 60) and 3 Radiotherapy.

by the state has fluctuated between 5.5 and 7% since 2011, while the Abuja declaration recommends 15% (Ndoumbe, 2018).

The epidemiological profile of Cameroon shows that the country is dominated by communicable diseases. HIV/AIDS, malaria and tuberculosis are responsible for 23% of deaths. Among children 0-5 years of age, malaria is the leading cause of death. Between 2011 and 2014, respiratory diseases, diarrhea and malaria accounted for 43% of the mortality of children aged between 0 to 5 years. The prevalence of malnutrition was around 30% during the same period (Cooperation strategy between WHO and the Republic of Cameroon: 2017-2020, 2019).

2.2. COVID-19 and cases of infection

The first case of COVID-19 in Cameroon dates back to February 24, 2020. The carrier of the virus was a French citizen. The second case was detected on March 6 and turned out to be a close relative of the first virus carrier. On September 25, according to the COVID-19 dashboard of the CCSE (Center for systems science and engineering) at John Hopkins University, the number of confirmed cases was 20.712, and the global dead amount to 418. For the time being, all the 10 regions of the country are affected with large predominant foci in the Littoral (Douala), the Center (Yaoundé) and the West (Bafoussam).

3. The Main Challenges of the Presence of COVID-19 in Cameroon: Political, Health, Socio-Economic and Cultural Impact

COVID-19 crisis poses a real problem of public health in Cameroon. The impact of this pandemic is felt in various sectors of public life. Let's list up some impacts:

3.1. On the political level

The epidemiological profile of Cameroon shows that the country is dominated by communicable diseases. HIV/AIDS, malaria and tuberculosis are responsible for 23% of deaths

As early as March 18, the country's prime minister, Joseph Dion Ngute, announced 13 protectives and preventives barriers measures against COVID-19, measures taken by the head of state (Coronavirus: mesures instruites par le Président Paul BIYA, 2020). Among these measures, the closure of all air, sea and land borders. On April 10, the government announced seven additional measures, including: (1) the wearing of masks in all public spaces, (2) the local production of drugs, screening tests, protective masks and hydro-gel alcoholic, (3) the establishment of specialized treatment centers for COVID-19 in all the centers of regional capitals, (4) the intensification of screening campaigns with the collaboration of the Pasteur Center, (5) the intensification of campaigns awareness in urban and rural areas in both official languages, (6)

the continuation of activities essential to the economy in strict accordance with the directives of March 17, 2020 and (7) sanctions.

Awareness campaigns are made across the national territory but with very little impact on populations living in extreme poverty. With regard to the strategy to fight the pandemic, there is a deep divergence between the different members of the political parties. Among others setbacks is the overall political situation. Since 3 years now the country is divided in two: in the North West and the South West Regions by the Anglophone crisis; in the far North with the Boko Haram attacks. All this added to the already complicated political atmosphere weaken any effort for effective strategy of fight against the COVID-19.

3.2. On the health level

Public health sector, not only is undermined by the corruption of some of its members, but also suffers from its antiquated equipment

For people who meet the case definition for COVID-19, isolation and treatment centers have been set up at Yaoundé Central Hospital, Laquintinie Hospital in Douala, Garoua Regional Hospital and Kribi District Hospital. In Yaoundé, the capital of the country, two centers have been built. The government declared that the State were to take care of the patients. But this support is slow to materialize on the field.

The emphasis laid mostly on prevention and awareness-raising campaigns. The big challenge is to make people aware of the existence of COVID-19. For many Cameroonians, especially in rural and some poor sectors of urban areas, the coronavirus, like AIDS in its time, is an invention of “whites” or Westerners to divert their attention from important matters.

Outreach workers have therefore to fight not only against all modern forms of fakenews, theories of conspiracy but also against the multiple traditional taboos: the vaccine, the so-called hidden agenda of the west to sterilize Africa and reduce its population; the myth of the African as guinea pig for other continents and a nationalist and political dimension of some pan-africanists who, building up on the dark past of colonization, see in the coronavirus crisis a possible instrument of neo-colonization. Social medias are then used as tool for that digital propaganda purpose.

Public health sector, not only is undermined by the corruption of some of its members (overcharging, drug repetition, lack of genuine follow up), but also suffers from its antiquated equipment which are neither maintained nor renewed. In addition to the fact that health coverage is absent, the public health sector is saturated with patients. The cost of invoices is high. This justifies the life expectancy of the population, which is still 57/59.

The few referral hospitals in the country are limited to the regional cities. The wearing of masks is compulsory and one can observe as well the presence of buckets of water in public places for hand washing. In the absence of protective and preventive measures (wearing masks, gloves, hand washing, flash temperature to detect fever), the country in general is ill-prepared for a major stopover of the pandemic.

Public health facilities and equipment are old and inadequate. Medical equipment updated to meet the requirement of the modern science and technologies are absent. The lack of appropriate health facilities and infrastructure remains the big challenge. To this must be added a lack of an overall strategy capable of converging synergistically the efforts of all professionals towards the same objectives.

The absence of an IT platform that uses technologies, big data and AI for COVID-19 preparedness, readiness and response is drastically missing. The lack of reliable information, access to online services, provision of educational tools as it had been for example the case in China make it difficult for the country to act fast and effectively. In South Korea or China, access to digital had been one of the key factor in the fight against the virus.

Another problem lies in what can be termed as clinical case management. The management of the signs and symptoms which are determining in the inflection curve (increase or decrease) of the disease. Just looking at the way things are done, and how the patients are being taken care off, one can't fail to ask how accurate is the Case Fatality Rate (CFR) in Cameroon in absence of testing. The test deficit is a factor of multiplication or reproduction of the number of cases (R0). WHO recommendations (to test widely, contact trace, and quarantine) at this level are hardly viable in families. We must therefore predict that the prevalence of HIV, malaria, cholera, tuberculosis, hypertension, and diabetes, coupled with weak health-care systems in Cameroon, might lead to high mortality rates among comorbid populations.

Many infected patients are not aware of their epidemiologic status. They are anonymous patients, barely patients without faces

Some hospitals have become places of death. This has created a psychosis in the imagination of the ordinary patient who thinks that going to the hospital is comparable to a death sentence because it indirectly implies the possibility of being contaminated. The consequence being that many suffer from other illnesses at home and prefer to give in to practices such as decoctions and self-medication for fear of going to the hospitals which are, in the popular imagination, centers of infections.

Many infected patients are not aware of their epidemiologic status. They are anonymous patients, barely patients without faces. They suffer and die without being fully aware of what they are suffering from, or even worst what causes them to die, unable as they are to afford the cost of the diagnosis. One evil begets another. Chronic patients with diabetes and hypertension can no longer follow their treatment normally, they reduced their visits to hospitals and of which no follow-up. Pharmacies no longer place orders. This leads to shortages at pharmacies that are no longer supplied with medicines because the focus is on products that could treat COVID-19 cases.

For some, confinement in Cameroon is nonsense due to the congestion of family homes which are not suitable for confinement. To this must be added the precariousness of the means of transport and the poor state of the economy which is essentially of subsistence. As a result, large proportions of the population are condemned to live day after day, given the fact they don't even have light supply and fridges to conserve their foods.

Let us take a real concrete example of a family in Douala that we know.

Paul is father to a family in Douala. He was affected by COVID-19. Having some financial means, he was able to be taken care of in a private establishment with a minimum of suitable equipment especially for reanimation. But he spent a lot of money till he was unable to pay his bills. A week later, he returned home. Still contagious, certainly, in isolation in his room. He has 12 children in the house ranging from the age of 21 to under 2 years. His situation required being follow-up. He represents a serious risks of contamination for his large family in one tree rooms apartment without a garden, etc. He is not healed; he speaks with great difficulty because he cannot control his breath.

What is the future of this family in short and long term?

In many cases, they prefer to turn towards herbal treatment means such as traditional medicine with its decoctions, witchcraft practices with its fetishes, naturopathy with its plants

With the lack of tests, some positive asymptomatic cases or with symptoms that are not very expressive feed the chain of contamination. Some cases worsen and die, others more resistant heal without knowing that they are contagious for others, the loved ones in particular.

The country is well aware of the limited means of its health system, as well as its inability to cope with a large-scale pandemic. Its health system has neither the capacity nor the means for an adequate policy for managing the COVID-19 crisis on the scale of what we have seen in Italy, Spain or even in the USA (New York). So, prevention, protection and awareness are its three main weapons.

Prevention is done through large protection and awareness campaigns in families, associations, neighborhoods, villages and cities. The content of these preventions as everywhere else is: stay home as much as you can, keep a safe distance, wash your hands as many times as possible, cover your face and call if you are sick (OMS, 2020).

In Cameroon, there is a new form of marginalization which is being felt. Natives or foreigners coming from abroad are considered by the locals as potential patients. Too often, they are the vectors of disease's transmission. The later, even when they are aware of potentially carrying the virus, avoid reporting their situation to the local authority for fear of being stigmatized. And to this should be added the difficult quarantine conditions imposed by the civil authorities (isolation without follow up by the state, limited resources, poor conditions of life, risks of accentuated deterioration of health, risk of contamination). In many cases, they prefer to turn towards herbal treatment means such as traditional medicine with its decoctions, witchcraft practices with its fetishes, naturopathy with its plants.

3.2.1. Towards herbal medicine

Speaking of herbal medicine, it is good to mention some possible ways of coronavirus treatments such as those proposed by the Catholic Archbishop of Douala Mgr Samuel Kleda. He has just put into circulation a potion called MSK. The Archbishop of Douala,

economic capital of Cameroon, with more than 30 years of experience in herbal medicine, says he has a plant-based protocol with the capacity to cure the COVID-19. Until proven otherwise, the Catholic pastor claims to have facilitated the healing process to many coronavirus patients.

Patients of COVID-19 can obtain free of charge the products from one of the three approved diocesan hospitals present in the city of Douala. After a controversy that followed the media coverage of his investigations, the prelate nonetheless affirmed that his protocol, made of natural remedies only relieve — or even treat — the symptoms of COVID-19: "I did not say that I found a cure for the coronavirus. He recognizes that serious studies are needed to reach this conclusion" (Glez, 2020). This is why the government, through the Ministry of Public Health, has offered to support the Archbishop initiative in a search for a scientific and therapeutic approach to the pandemic. The protocol of the plants he uses are jealously kept secret. Many initiatives to popularize his treatment and make it available to the general public free of charge are being made through the patronage of some of the country's businessmen (Denwo, 2020).

The COVID-19 crisis has not yet hit Africa as hard as we would have imagined, but an economic disaster is still to be feared

The protocol of the Archbishop of Douala recalls another which is widespread on the African continent: Covid-organic (CVO) which is a medical initiative in vigor in the island of Madagascar, and whose exportation already covers the health areas of many countries in the West and Central Africa sub-region (Equatorial Guinea, Guinea Bissau) while Tanzania, Senegal and Congo Brazzaville promised to place their order within in the coming days. Indeed, a few days ago, the scientific committee of Senegal by the voice of the head of the Parasitology-Mycology Service of the University Cheikh Anta Diop of Dakar gave the green light to the Covid-organic based on artemisia from Madagascar (Finacial Afrik, 2020).

According to the president of Madagascar Andry Rajoelina and the Institute for Applied Research of Madagascar (IMRA), Covid-organic (CVO) and herbal tea derived from the plant artemisia, can serve both as a preventive and curative treatment for COVID-19. He claims that "all the effects and tests have been conducted and their effectiveness in reducing symptoms has been proven for the treatment of COVID-19 patients in Madagascar". The WHO warnings and reservations have been expressed about its efficacy that has neither been proven nor tested. In Africa, Artemisia is used for a variety of medical conditions. It is recognized for its anti-malarial properties (France 24, 2020).

3.3. On the economic level

The COVID-19 crisis has not yet hit Africa as hard as we would have imagined, but an economic disaster is still to be feared[3]. Some African countries have taken advantage of the COVID-19 crisis to advocate for an outright debt cancellation. An opinion that

3 On France 24, the head of the OIF pleads for a "moratorium" on the African debt see https://www.youtube.com/watch?v=RXEMYoN_9KU

does not share the general secretary of the Francophonie Louise Mushikiwabo. On the contrary, she pleads for a "moratorium". Africa, according to her, must get up and stand on its feet to learn how to take care of its destiny.

The COVID-19 has weakened the Cameroonian economy since the care of a patient is very expensive (7.000$) for the government. Even if many think this amount is just mentioned to fool the citizens. The lock down of the economy and the commercial sectors (bars, hotels, markets, leisure centers such as beaches and tourist areas, etc.), and the reduction of passengers in the means of transport (motorbike, taxi, bus) have had a negative impact on the economic activity. Limiting the number of staff or employees in companies has reduced the production rate. The suspension of certain taxes and the extension of payment dates, the public assistance to businesses is emptying the coffers of the public treasury.

Many do not believe that COVID-19 exists. Like AIDS, they think that COVID-19 is another hoax invented by the western world to keep Africans from focusing on issues of basic existential interests

Many families live on a daily basis. This is due to their low-income activities such as trading and domestic breeding. Concretely, they sell their chicken in order to buy red oil or other product of first necessity. With confinement measures, one either can sell or buy also. Added to this is the fact that some products are over abundant in certain areas of the country due to lack of flow, penalizing farmers who cannot make a living from their farm activities. On the other hand, there is scarcity and overpricing. More than 60% of the population does not experience the phenomenon of food reservation through fridges and freezers, etc.

3.4. On the socio-cultural level

Many do not believe that COVID-19 exists. Like AIDS, they think that COVID-19 is another hoax invented by the western world to keep Africans from focusing on issues of basic existential interests. Distance measures are a difficult ascent for a population for whom physical contact (by hugs, handshakes) is the cultural mode *par excellence* to express welcome, love, friendship, proximity, compassion and solidarity for others. In traditional circles, only strangers are greeted from a distance and by simple verbal words. Usually we stop and exchange handshakes. For the closest, it is through hugs that this closeness manifests itself.

In northern Cameroon, for example, the cultural situation is more complex in this time of coronavirus. They eat from the same plate, all sitting on a mat. Canaries of water, signs of welcome *par excellence*, litter the front of the houses, and any passerby can drink directly from the calabash. It brings to a higher level a possibility of contamination from one person to the next.

Among the Bamileke tribe in western Cameroon, there is a further anthropological issue at stake. Funeral practices are of paramount importance. The announcement of the death of a community member is an event of celebration and social sharing. Burial rites are significant community loaded events. It is here that the soul of the Bamileke

people, their spirituality, their philosophy and their vision of the world meet to celebrate the sacred union between God, the ancestors and the rest of the living.

There is a spiritual loss of great importance that is being generated and process by the crisis. Both the tradition of remembering those who are present and those who are absent is in jeopardy

The COVID-19 crisis puts these ancestral traditions to the test, since the Bamileke who dies of COVID-19 is buried by civil authorities (foreigners), far from his land (abroad), and this without reference to the tradition of the ancestors (total alienation). There is a spiritual loss of great importance that is being generated and process by the crisis. Both the tradition of remembering those who are present (the living) and those who are absent (the dead) is in jeopardy. On a metaphysical level, there is a symbolical breakup of the sacred union that binds the living (us), the dead (our forefathers) and the traditional gods (ancestors). In the traditional vision of the world, this is believed to generate greater havoc. A form of curse that the family tree will have one day to exorcise through a triple step process: removal, reparation and restoration.

4. Advocacy in Favor of an African Bioethics: Steps Forward a Cameroonian Medical Based-Ethics

In black Africa, life is a gift.
When it is announced, we wait for it.
And when it arrives, we receive it.
When it bends down, we straighten her up.
And when it leaves, we accompany her.
This is our Hippocratic Oath.
This is our gospel of life.
This is our bioethics.

Mons. Sébastien -Joseph Muyengo and Dr. Evariste Likinda

5. A Passerby Journey to African Ethics

As we can see, these perspectives of herbal medicine open the door to new challenges to global bioethics as we can understand it locally on African soil. A global bioethics which would fit well into the logic of Achille Mbembe's *ethics of the passer-by*[4] whose

4 It is important to explore Achille Mbembe's understanding of the concept of the "passer-by" and then be ready to name, deepen and analyze the specific elements of this ethics as apply to medical science. Getting alongside as one the ethic of care and that of the passer-by. All of this in an attempt to bring together what is not yet, what is in process and what is yet to come.
"I finally believe that our world is divided in two. On the one hand, there are those who, like me, are convinced that we are only passers-by, who walk knowing that to walk is to seek in uncertainty and the unknown. On the other, there are those who believe they have ready-made truths, and who seek to impose them on everyone, no matter how diverse the experiences and situations. The gap between us keeps widening" cf. Achille Mbembe, *Lettre aux Allemands*.

inspiration he draws from the beautiful formula of the "pharmacy of the passer-by" of Franz Fanon (Coquio, 2017).

My intellectual practice can be defined as a never-ending journey or, rather, an endless journey from shore to shore. This is what I call crossing. It requires leaving the comfort of what we already know and consciously exposing ourselves to what threatens to destabilize our own certainties. To think in this context is to take risks, including the risk of being misunderstood or misinterpreted. (…) The truth is that I strive to develop a thought of crossing - crossing the seas, crossing borders, crossing identities and defetishizing origins. (Mbembe, 2020)

Today, more than ever, the question of a Cameroonian bioethics perspective is a matter of necessity

In my opinion, here lie avenues that future generations of African bioethicists will have to be creative and daring enough to explore scientifically and critically, because the healing of the African patient cannot be achieved without their cooperation. As Achille Mbembe rightly put it, the present time is not incline to an ethic of borders and fortifications. It ventures us towards collaboration and freedom. Modern medicine can and should create space wide enough to accommodate traditional herbal medicine. Its presence doesn't contradict or represent in any way a threat to the modern medicine as we know and practice today. On the contrary, it may serve as a valid alternative that complement it.

Hippocrates liked to say that before healing someone, you have to ask him if he is ready to give up those things that can make his health worse. Through this affirmation, what Hippocrates puts forward is not only the importance of personal initiative which must come from the patient whose *duty is to collaborate* in the process of its own healing, but also that of *his freedom of choice as far as its right* to integrate or not certain elements of his African pharmacopoeia in his healing process is concerned.

5.1. Bioethics with a Cameroonian perspective

Today, more than ever, the question of a Cameroonian bioethics perspective is a matter of necessity. A bioethics that goes beyond medical ethics and encompasses biology, cybernetics, law, politics, philosophy and theology is highly needed. In that sense the COVID-19 crisis is a boon for our context. For Cameroon in particular, this is an opportunity to be seized especially with regard to a positive critic of the elements that structure our medical environment. This crisis reveals and highlights the weaknesses of an inadequate and feverish health system; its injustices, its double standards and its two measures. Much remains to be done.

The Cameroonian medical universe is experiencing many difficulties; from non-compliance with certain ethical principles to the escalation of ethical conflicts that characterize some practices in the health sector. The public health sector is faced with challenges. The country and some of its health institutions suffer from a considerable lack of ethics which could serve as a soul supplement. The dividing line is not always clear in medical training centers which are responsible for the education of young medical students. The

dividing line between professional (deontological) ethics and medical ethics remains to be defined. The temptation to remain at the moral level is high, limiting bioethics to the medical field as a disparaged form of deontology of the border between good and evil.

Another dimension of reasoning and critical examination should be added to this when making certain decisions in situations where conflicts are pronounced and where it is practically impossible to get out of problem without negative consequences. In such situation, the understanding that Federico de Montalvo Jääskeläinen, president of the Spanish bioethics committee, has of bioethics, has become relevant. He claims that bioethics "tends to evolve in the area of difficult cases and tragic decisions, since its usual role is to reflect and propose decision-making in relation to conflicts involving the most important values (life, integrity, privacy, etc.) and in which, on many occasions, the solution requires sacrificing one of them" (Montalvo Jääskeläinen, 2020).

One thing is sure, Africa, just as the whole world, will never be the same again. The whole of the health system will have to be thought differently

Health, which is one of the key sectors in the life of people, is not taken as seriously as it should. Until recently, some Cameroonians still had the luxury of medical evacuations in European hospitals. Often, at the root of the problem, it is not always a lack of financial means. The problem lies between a poor management and an unruly way of thinking the common good and the human person. Many of those poor Africans countries have a lot of wealth. Cameroon therefore needs its own way of thinking about the essential questions which undermine its medical universe. Thus at stake is the poor combination of a set of factors specific to our political, social, moral and cultural environment and our medical universe alien to former African traditional values such as that of the *Ubuntu*. Barbara Nussbaum perceived this very well when in one of her reflections on *Ubuntu: Reflection of a South African on our common humanity* she spoke of the "eclipse of the Ubuntu" (Nussbaum, 2003).

It would perhaps be necessary here to assume once more a plea that I had the opportunity to make in another forum: that of an African, Cameroonian or local bioethics, which open to the great ethical concerns of the patient, prepare to understand the later in relation with the context in which it finds itself (Noudjom Tchana, 2019).

6. Conclusion

The challenges as we can see are many. Just for the case of Cameroon, the list is not exhaustive: access to health care services, the medical-patient relationship, respect for life, the relationship with the world of phytotherapy and naturopathy, dialogue with the traditional medicine, pharmacopoeia, poverty and vulnerability, the digitalization and the modernization of health equipment, etc.

One thing is sure, Africa, just as the whole world, will never be the same again. Tomorrow will be different because the whole of the health system will have to be thought differently. After the crisis of COVID-19, the "next normal" of African health care system

will highly rely on the kind of bioethics it is envisioned, the deep of its ethical debate, the character and the determination (resilience and efficiency) of health agents to promote and serve a more just system of health care for all (Sneader & Singhal, 2020).

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