

ISS TODAY OP-ED

Political promises haven't solved Congo-Brazzaville's illegal medicine trade



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The country faces a public health crisis characterised by a poor supply of affordable medicines and too few pharmacies.

In August 2024, Congo-Brazzaville President Denis Sassou Nguesso received a World Health Organization (WHO) award for his commitment to promoting health in Africa and his country. His achievements included a decade of work to address the counterfeit medicine trade in Congo-Brazzaville and across the continent.

But despite these efforts, the illegal trade in fake medicines and genuine medication not authorised for use in Congo-Brazzaville persists. In major cities like Brazzaville and Pointe-Noire, medicine supplies (<https://assets.zyrosite.com/YDo6oBPNMKHZObql/les-faux-maia-c-dicaments-mp8vW33xX3cDgbqQ.pdf>) are largely provided by the private sector (59%), with 28% of supply from the illegal trade and the remaining 13% from the public health system.

This indicates a public health crisis characterised by the low availability (https://www.santetropicale.com/manelec/fr/resume_oa.asp?id_article=3663#close) of drugs at health facilities, few pharmacies and their inequitable geographical distribution. Medicines provided by official sources are costly – even generic drugs can be seven times more expensive (<https://sante.gouv.cg/wp-content/uploads/2021/09/POLITIQUE-NATIONALE-DE-SANTE-2018-2030-PNS-2018-2030.pdf>) than their international reference prices.

In contrast, *bana manganga* (which refers to both the sellers and the practice of selling illicit drugs – “bana” meaning “the children of” and “manganga” meaning “medicine”) – provide widespread access to various drugs, including antibiotics and painkillers. Street medicines are cheaper, accessible on credit and available in small quantities if needed.

Ray Mankele, pharmacist and president of the Congolese Foundation for Access to Medicines, says the continued use of illicit medication is linked to limited public awareness of the potential harms. Knowledge is also lacking about the availability of alternative generic medications, which can be cheaper than street drugs. Pharmacists often fail to recommend generics because they profit more from selling brand-name medicines.

Bana manganga are mostly younger people without health science backgrounds, who act as prescribers, dispensers and wholesalers. Their products are displayed on exposed makeshift stands, where unsanitary conditions can compromise their quality. These medicines escape regulation by health authorities, seriously limiting their efficacy and safety.

Other street vendors selling illicit medicines include veterans from the 1997 civil war trying to earn cash when other options are limited. For them, selling street medicine is a form of economic reintegration, a local journalist who requested anonymity said.

Organised transnational criminal supply chains and distribution networks facilitate the *bana manganga* process. A local Congolese police official told the ENACT organised crime project that much of the illicit flow comes from the Democratic Republic of Congo (DRC).

Shalina Healthcare, the DRC branch of an Indian firm known for inexpensive medications, produces drugs approved for the DRC but not for Congo-Brazzaville. These medicines enter the country through illicit supply chains, are stored improperly and sold by unqualified vendors.

More expensive and unauthorised street medicines are also smuggled (https://www.lemonde.fr/afrique/article/2019/04/10/le-nigeria-principale-porte-d-entree-de-faux-medicaments-sur-le-continent_5448472_3212.html#:~:text=Nigeria-,Le%20Nigeria%2C%20principale%20porte%20d'entr%C3%A9e%20de from India and China into Nigeria, and then trafficked into Congo-Brazzaville. The country acts as a distribution hub for illicit medicines trafficked into neighbouring countries, specifically Cameroon, Angola and Gabon. In July 2024, about 80,000 counterfeit tablets en route from Congo-Brazzaville were seized (<https://www.union.sonapresse.com/fr/trafic-de-medicaments-pres-de-80-mille-comprimes-contrefaits-saisis-par-loclad>) in Gabon.

ENACT interviews with journalists, pharmacists and police officers reveal the well-established distribution of these medicines. The flows are facilitated by lax border controls and corrupt officials who divert approved medicines from public purchasing centres or pharmacies to sell to *bana manganga*. Wholesalers smuggle medicines into local towns, supply public hospitals and sell directly to retailers on the streets.

This illicit trade undermines health outcomes. Global Health Progress reported (<https://globalhealthprogress.org/collaboration/fight-the-fakes/>) that an estimated 170,000 children die annually from pneumonia due to poor-quality and fake medicines in sub-Saharan Africa alone. Globally, the illegal medicine trade generates substantial profits for criminal organisations, reportedly yielding (<https://www.leem.org/sites/default/files/2020-05/Leem-DP-Faux-M%C3%A9dicaments-1209-VF.pdf>) up to 20 times more than heroin trafficking.

Fake medicines on Congo-Brazzaville's streets also weaken the rule of law. In 2021, a pharmacy belonging to the head of a pharmacists' association was ransacked (<https://www.rfi.fr/fr/afrique/20210902-congo-brazzaville-les-pharmaciens-demandent-des-actes-face-au-commerce-illicite-de-m%C3%A9dicaments>) following a police crackdown on *bana manganga*. There were no arrests or prosecutions, leaving pharmacists feeling vulnerable.

In 2016, Congo-Brazzaville signed the MEDICRIME Convention to tackle pharmaceutical crime. In 2017, Nguesso urged the global community to prioritise fighting fake medicines and ensured that the country actively participated in the Lomé Initiative against trafficking (<https://www.brazzavillefoundation.org/app/uploads/2022/12/Brochure-Initiative-Lome-EN.pdf>) in substandard and falsified medical products.

In June 2023, Congo-Brazzaville adopted the Central African Economic and Monetary Community regional plan (https://www.csgabon.info/file/f2/Politique%20Pharmaceutique%20Commune_CEMAC.pdf) to address counterfeit medicines and illicit distribution networks. At the national level, the fight against the trade is a focal point in the country's National Health Policy.

However, political intentions have not led to implementation. Scant statistics on the scale, types and effects of illicit drugs lead to scepticism about their risks, and a lack of urgency in addressing the issue.

While the government has adopted the WHO's definitions regarding "substandard", "unregistered" and "falsified products", it lacks the capacity for effective quality control. This includes conducting effective post-market controls and bioequivalence studies on all medicines.

Good oversight of manufacturing practices for imported medicine is nonexistent, despite Congolese pharmacists advocating for expanded regulations on imported medication, particularly storage and handling conditions.

Despite signing the Lomé Initiative, laws against the sale and possession of drugs outside official channels remain unenforced in Congo-Brazzaville, allowing vendors to operate with minimal risk. Sporadic police raids do little to prevent *bana manganga* from returning afterwards to sell their products. Disagreement among stakeholders about how to define illicit medicines complicates legal frameworks and punitive measures aimed at discouraging and penalising criminal activities related to the trade.

While Congo made strides by establishing a central purchasing centre (<https://sante.gouv.cg/loi-26-2015-du-29-octobre-2015-portant-creation-de-la-centrale-dachat-des-medicaments-essentiels-et-des-produits-de-sante/>) for essential medicines in 2015 and adopting a pharmaceutical policy, challenges remain.

More pharmacies, spread over a wider area, are needed. Access to affordable generics and stringent penalties for corruption along the illegal distribution chain are essential. Without these steps, efforts to oversee the import of quality medications, train customs officials to inspect medical products, and impose criminal penalties for illegal trading are unlikely to succeed.

A dedicated process to reach consensus on operational definitions of illicit medicine is needed, along with awareness-raising campaigns that highlight the benefits of generics and the health risks associated with illegal drugs. **DM**

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