



MBMUN (Summer) 2021

African Union

Preparedness regarding public health crises in Africa, keeping in mind the effect of the COVID-19 pandemic



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LETTER FROM THE EXECUTIVE BOARD

Dear Delegates,

Welcome to the African Union! The AU is an organization of 55 countries that are responsible for the sustainable development of Africa -- including its health sector -- reinforcing the relevant sectoral institutions to support knowledge building, as well as managing emergencies and disease outbreaks in the continent.

Joshua George started his MUN journey in 2019 alongside a couple of his schoolmates. To date, he has been able to participate in numerous MUNs so far, with his most recent one being MONMUN 2021 which was held online. Apart from public speaking, he loves to watch and play numerous sports such as basketball and football; he also has a profound love for music.

Manaal has been involved in MUNs for the past 3 years. She first participated in MUN looking for opportunities to debate but instead found an astonishing amalgamation of multidimensional activities altogether. Her interest in public speaking and international relations grows exponentially with each conference. Having been to a diverse set of conferences in different countries and circuits, she has been able to gather an assortment of rich experiences as both a delegate and a chair, with her latest one being at Harvard MUN as a chair. Outside of MUN, she is a social entrepreneur, an active writer and an extremely passionate fan of Grey's Anatomy and Harry Potter.

Surabhi's MUN journey began right here at MBMUN. Her inaugural MUN was a result of an impulsive decision, and since then she has never looked back and has continued to immerse herself in the MUN circuit. Through this journey, she has learnt so much about diplomacy, international cooperation and conflict resolution. Previously oblivious to international happenings, her awareness has improved so much since her first MUN. As some of you are beginner delegates, she hopes to instill in you the same admiration that she has for MUN and cannot wait to do so!

If you need additional guidance on any aspect of the committee, please don't hesitate to contact us!

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INTRODUCTION TO THE AFRICAN UNION

Established in 2002, the African Union is a continental organization and the successor to the Organization of African Unity (OAU) which was a diplomatic body responsible for mediating and alleviating regional conflicts.

Although similar in structure and function, the AU was launched to build upon the work done by the OAU. The African leaders recognized that for Africa to build upon its potential for development, it needed to refocus its attention from the fight for decolonisation and ridding the continent of apartheid, which had been the focus of the OAU, towards increased cooperation and economic integration of African states.

Guided by its vision of *“An Integrated, Prosperous and Peaceful Africa, driven by its own citizens and representing a dynamic force in the global arena,”* the African Union has highlighted its aims in the Constitutive Act of the African Union and the Protocol on Amendments to the Constitutive Act of the African Union. Some of these are:

- Encourage international cooperation
- Promote and defend African common positions on issues of interest to the continent and its peoples
- Achieve greater unity and solidarity between African countries and their people
- Develop and promote common policies on trade, defence and foreign relations to ensure the defence of the Continent and the strengthening of its negotiating positions
- Promote and protect human and peoples’ rights in accordance with the African Charter on Human and Peoples’ Rights and other relevant human rights instruments;
- Defend the sovereignty, territorial integrity and independence of its Member States
- Accelerate the political and socio-economic integration of the continent

To ensure the specified objectives are worked upon, Agenda 2063 was proposed as a strategic framework of long-term transformation in the socio-economic sector and aimed to work towards a “prosperous Africa based on inclusive growth and sustainable development with a strong cultural identity, common heritage, shared values and ethics.”

The agenda also emphasised on “people-driven development” and highlighted caring for children as a top priority. It is significant to note that this can only be met through

multidimensional management of the healthcare sector and by addressing any related issues.

Along with this, the agenda also calls for increased support and recognition for Africa's initiatives to ensure that African aspirations are met and potential is fulfilled.

INTRODUCTION TO THE AGENDA:

The fairly young African Union strives to work for the betterment and development of the African States. Some major decision-making organs such as the Assembly of Heads of State and Government; Executive Council; Permanent Representatives Committee (PRC); Specialized Technical Committees (STCs); Peace and Security Council and African Union Commission aid the Union in fulfilling its objectives appropriately.

In this committee, we intend to delve into discussions about the 'preparedness regarding public health crises' in Africa.

The past year has augmented the issues faced by the public and the government. The COVID -19 pandemic has added to the already pressurized healthcare infrastructure and has made the troubled state of Africa more problematic.

- More than 90% of the estimated 300-500 million cases of malaria worldwide are in Africa
- The highest prevalence rate of HIV has been recorded in many Sub-Saharan countries with the highest being Eswatini at 27% in 2019^[5]
- 19 of the 20 countries with the highest maternal mortality rates are in Africa
- Sub-Saharan Africa expects an approximately 1.3 billion (fourfold) rise in population in 2050 and at the moment only 56% of city-dwellers have access to piped water, down from 67% in 2003, and just 11% to a sewer connection ^[6]

The aforementioned statistics highlight only a minor portion of the reality of the healthcare requirements and their current status. Diseases like yellow fever, dengue, diarrhoea, tuberculosis, Ebola and many more continue to add to the burden and showcase the fragility of African public health systems. Pervasive poverty, underdevelopment, lack of support and awareness are not mere results but also symptoms of a faulty system.

Some factors that make Africa more susceptible to health issues are as follows:

- Approximately 40% children under the age of 5 years are undernourished compromising their immunity and making them easy targets of various diseases.
- About 56% of the African population lives in overcrowded areas and poorly serviced slum dwellings. Adequate sanitation and vector control are two preventive measures central to all communicable diseases. Additionally, non-communicable diseases (for example- those that are water borne) can also be influenced by an unhealthy environment. While addressing key health issues, it is absolutely necessary to keep in mind how a particular environment affects bacterial/viral/pathogen growth and affects their resistance and ability to breed.
- Only 34% of the population has access to basic sanitation facilities like washing hands. ^[7]

In the first stage of the pandemic, Africa's overall fatality rate was lower than all other regions across the globe and was attributed to factors like relatively younger population and possible cross immunity from other coronaviruses. However, according to the CDC the fatality rate has risen by about 4% in the past month and around 21 of the 55 countries that are being monitored are reporting fatality rates higher than the current global average which is 2.2%. ^[8]As of a report of 21 May 2021, more than 1.2 million people need health assistance in Cabo Delgado province in Northern Mozambique due to the recent and recurrent armed attacks. ^[9]

According to a study published in the Lancet, ^[10] patients who are critically ill with COVID and are admitted in African hospitals are far more likely to perish compared to in other countries and regions and this is a direct result of the limited resources (such as oxygen tanks) in healthcare setups across the continent.

Africa had only seen less than 2% of 690 million COVID-19 vaccine doses administered worldwide in early April, 2021. "Although progress is being made, many African countries have barely moved beyond the starting line. Limited stocks and supply bottlenecks are putting COVID-19 vaccines out of reach of many people in this region," said Dr Matshidiso Moeti, the World Health Organization (WHO) Regional Director for Africa. "Fair access to vaccines must be a reality if we are to collectively make a dent on this pandemic."^[11]

Moving forward, there will be a greater demand for efficient vaccination drives, amplified resources, prepared workers and a strengthened resistance to the variants that may emerge in future through ample research, advocacy and prevention. It is absolutely critical to understand that in Africa, other epidemics and issues like invasive poverty, lack of

fundamental facilities and resources and humanitarian conflicts cannot be overlooked at any cost as they are imperative to be addressed concurrently to the pandemic. It is essential to keep in mind the interconnected nature of different factors while making decisions and recommending multidimensional and comprehensive solutions.

KEY TERMS

AU: African Union is a continental organization and the successor to the Organization of African Unity (OAU) which was a diplomatic body responsible for mediating and alleviating regional conflicts.

Agenda 2063: Agenda 2063 was proposed as a strategic framework of long-term transformation in the socio-economic sector.

Along with this, the agenda also calls for increased support and recognition for Africa's initiatives to ensure that African aspirations are met and potential is fulfilled.

Major organs of the AU: Assembly of Heads of State and Government; Executive Council; Permanent Representatives Committee (PRC); Specialized Technical Committees (STCs); Peace and Security Council and African Union Commission aid the Union in fulfilling its objectives appropriately.

Universal Health Coverage: As described by the WHO, Universal Health Coverage refers to the provision of equal health services to all (including prevention, promotion, treatment and rehabilitation).

Immunization: A key human right and a great healthcare investment, immunization refers to the process of vaccinating a group to protect them against a disease.

Apartheid: A system of legislation used in South Africa that promoted discriminatory policies against non-white citizens is called Apartheid.

Sustainable development Goals: Sustainable Development Goals or SDG's refer to the 17 interlinked goals that were designed by the United Nations General Assembly in 2015 "to be a blueprint to achieve better and more sustainable life for all." They are envisioned to be achieved by 2030.

HIV/AIDS: Human Immunodeficiency Virus is a virus which infects a person and affects the immune system leading to a condition called AIDS or Acquired Immunodeficiency Syndrome.

Safe drinking water: Water that is not only essential but also harmless and healthy for human consumption and use (in food preparation) can be described as safe drinking water.

Minority: There is no internationally agreed definition of a minority however Article 1 of the United Nations Minorities Declaration refers to them based on national or ethnic, cultural, religious and linguistic identity.

Malnutrition: A condition in which the body does not receive the accurate amount and type of nutrients required for normal functioning is called malnutrition.

IMF: International Monetary Fund or the IMF for short is an organization "working to foster global monetary cooperation, secure financial stability, facilitate international trade and also promote employment and sustainable economic growth" to aid in the reduction of global poverty.

Vaccine: A product of biological research and based on fundamental principles of the immune system, a vaccine is a medicine that helps build resistance/protection against a particular virus causing disease.

PROPOSED SOLUTIONS

In proposing a sustainable African health system, it is important to appreciate the fact that a human resources issue is both a quantitative (appropriate numbers) and qualitative (appropriate skill, mix, motivation) issue. Focusing on such issues as the shortage of the right people, in the right place, with the right attitudes and skills mix must be addressed to produce professionals with skills that are not only technical but also managerial and relational. Health professionals in Africa should be able to see beyond the direct causes of ill health to indirect and proximate determinants of health such as poverty, disparity, ignorance and lack of education, and political or social marginalization. They should be able to facilitate, mobilize, organize, discuss, work and provide feedback with people as partners, in order to improve the value of human capital and hence make the entire population less vulnerable to the shocks of a pandemic.

Furthermore, there is a need to emphasize disease prevention in Africa. Capacity building for disease prevention should be a major concern of the government. Therefore, greater consideration should be given to developing the capacity to investigate suspected infectious disease outbreaks and prevent sporadic cases, especially of known disease, from escalating to epidemics. Furthermore, more resources for training, supplies, funds and foreign expertise should be provided for establishing and maintaining a sustainable disease surveillance system in Africa.

African countries should implement programs that are geared towards the attainment of universal health coverage. Health sector reforms should be explicit about reducing inequality in access to health services and ensuring that public health systems mitigate the impact of socioeconomic inequalities. Experience has shown that prioritizing for-profit private healthcare delivery is extremely unlikely to deliver better health outcomes for poor people, thereby frustrating the attainment of universal health care. Private health systems are highly regressive, serving the rich far more than the poor. Several studies have also demonstrated higher levels of exclusion of poor people from treatment and care while the wealthy receive the best available medical care. The poor are excluded from most privately funded health insurance schemes. Many poor people are forced to rely on low-quality health care administered by unqualified staff and make out-of-pocket payments for treatments or 'simply do without' and this has had significant access implications, particularly in developing countries.

African states can maximize their gains from external assistance for health if they take leadership in coordinating health activities in their countries within the context of a comprehensive national health plan. Experience to date in Rwanda lends credence to this

view. The Rwanda health sector is dominated by donor project support, with donors contributing 43% of all health sector funding and government 32%. Unlike many African countries, where such donor assistance has contributed to the verticalization and fragmentation of services, the Rwandan Ministry of Health has managed to direct donors to align their contributions with national policies through a donor mapping study and a systematic costing of the health sector strategic plan. Each year all donors meet with the government to evaluate progress made and plan for future activities. As a result, Rwanda has become the only African country with near-universal health coverage. Immunization (for common diseases) rates in Rwanda, at 95%, are among the highest in Sub-Saharan Africa. The proliferation of new aid mechanisms should not detract from African governments' commitment to finance health care for their citizens. This is because a population's health is principally a national responsibility; studies have shown that in the long term, healthcare systems and trends that rely on foreign medical aid are not sustainable. African countries owe their citizens a comprehensive package of essential health goods and services under their obligations to respect, protect and fulfill the human right to health.

Adequate COVID-19 testing is a crucial part of the pandemic response, providing essential data for case numbers. However, Salyer and colleagues found that as of Dec 31, 2020, 17 of the 55 member states in Africa reported tests per case ratios less than the recommended ten to 30 tests per case ratio; 36% (four of 11 countries for which data were available) had adequate testing capacity (tests per case ratios >10) at the peak of the second wave. At the start of the first wave, testing strategies varied widely in terms of target population and pretest probability of having a positive result. As a result, the tests per case measure probably belies heterogeneity in testing algorithms, populations, and local access within countries, and might not always reflect adequate testing capacity. The data challenges faced by Salyer and colleagues underline the severe need for stronger official data collection at every level. Furthermore, they report on the heterogeneous nature of COVID-19 case definitions used by African countries, leading the authors to assume that case definitions met WHO criteria; the need for this assumption further indicates the requirement to devote resources to case finding and reporting in most African countries. We need to improve data collection and communication and strengthen pathology and laboratory systems across Africa, because an absence of information about cases limits our understanding of heterogeneity in disease burden and hinders our response.

MAJOR COUNTRIES INVOLVED

South Africa

Racial and gender discrimination, the migrant labour system, the destruction of family life, vast income inequalities, and extreme violence have all formed part of South Africa's troubled past, and all have inexorably affected health and health services. In 1994, when apartheid ended, the health system faced massive challenges, many of which still persist. Macroeconomic policies, fostering growth rather than redistribution of welfare, contributed to the persistence of economic disparities between races despite a large expansion in social grants. The public health system has been transformed into an integrated, comprehensive national service, but failures in leadership and weak management have led to inadequate implementation of good policies. The HIV epidemic has contributed to and accelerated these challenges. All of these factors need to be addressed by the new government if health is to be improved and the Sustainable Development Goals achieved in South Africa.

Gabon

Gabon's medical infrastructure is considered one of the best in West Africa. By 1985 there were 28 hospitals, 87 medical centers, and 312 infirmaries and dispensaries. As of 2004, there were an estimated 29 physicians per 100,000 people. Approximately 90% of the population had access to health care services. In 2000, 70% of the population had access to safe drinking water and 21% had adequate sanitation. The HIV/AIDS prevalence is estimated to be 5.2% of the adult population (ages 15–49). As of 2009, approximately 46,000 people were living with HIV/AIDS. There were an estimated 2,400 deaths from AIDS in 2009 – down from 3,000 deaths in 2003.

Ethiopia

The current Ethiopia health care financing strategy focuses on financing of primary health care services in a sustainable manner. It envisions reaching universal health coverage by 2035. The prioritized initiatives are mobilizing adequate resources mainly from domestic medical equipment suppliers, reducing consumers' out-of-pocket spending, enhancing efficiency and effectiveness, strengthening public private partnership and capacity development for improved health care financing. To operationalize the strategy, various reform measures were implemented. These reforms include: revenue retention, which basically focuses on reinvesting monetary items into equipment and facilities, more than regular health care suppliers and use at the health facility level; systematizing a fee waiver system; standardization of exempted services; setting and revision of user fees; allowing establishment of private wings in public hospitals; outsourcing of non-clinical services; and establishment of health insurance systems.

Ethiopia's main health problems are said to be communicable diseases caused by poor sanitation and malnutrition. These problems are exacerbated by the shortage of trained manpower and health facilities. As of 2012, Ethiopia has a relatively low average life expectancy of 62 to 65 years. Only 20 percent of children nationwide have been immunized against all six vaccine-preventable diseases: tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles. Rates of immunization are less than 3% of children in Afar and Somali Regions and less than 20% in Amhara, Benishangul-Gumuz, and Gambela. In contrast, almost 70% of children have received all vaccinations in Addis Ababa and 43% in Dire Dawa; children in urban areas were three times as likely to be fully immunized as children living in rural areas in 2008. Ethiopia's priority (reflected in the other African countries that have comparatively adequate healthcare capacity but struggle with inequitable access for the poor & minorities to said facilities) will now be to make sure that the quality of medical care available around the country is consistent.

Egypt

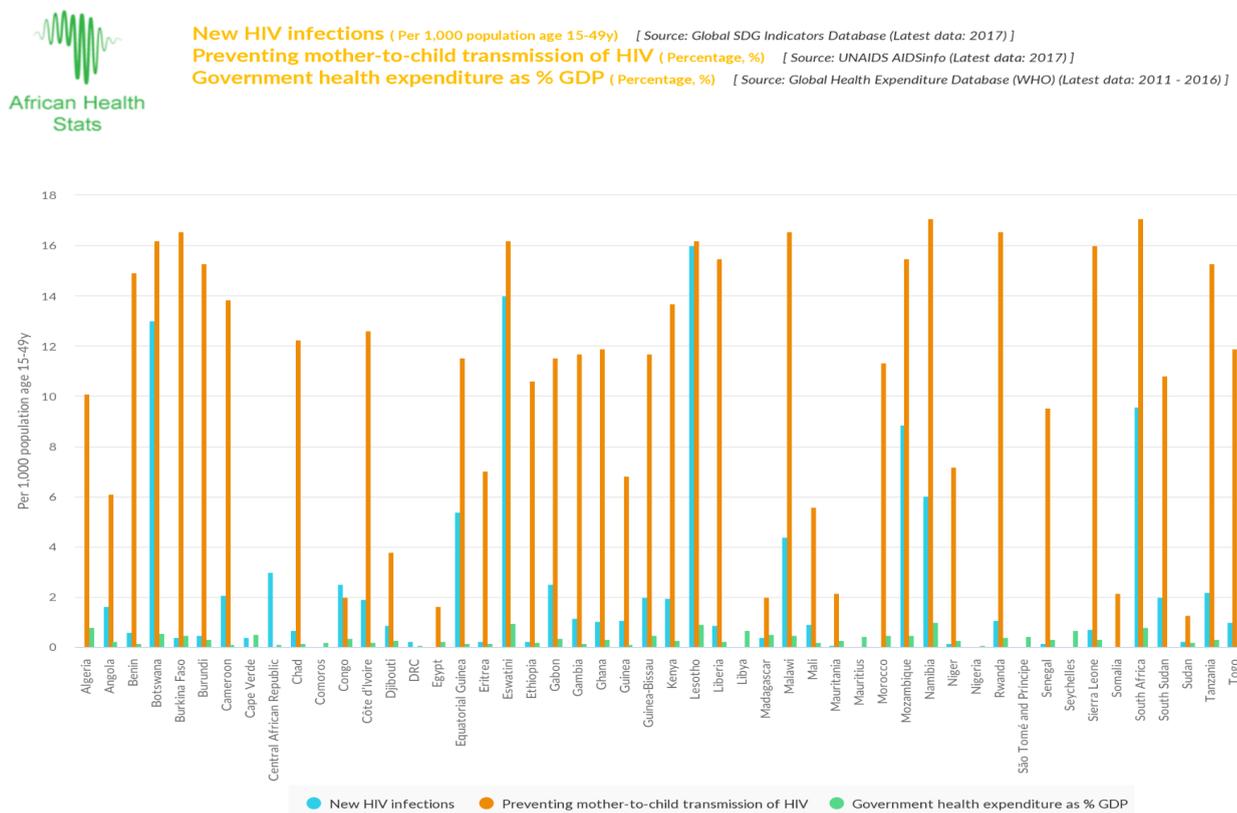
Healthcare in Egypt consists of both a public and a private sector. For several decades, the government has provided a subsidized healthcare system that is meant to ensure health care for those who cannot afford it. The system relies on four distinct financial agents, including the government and the public sector as well as private organizations and out-of-pocket payments made by individuals and families. Due to its pluralistic nature, healthcare providers from the various sectors compete. Therefore, patients have the liberty of choosing their doctor on the basis of their financial abilities.

Egypt is now considered the second most highly populated country in the MENA region, with Cairo being among the world's most densely populated cities. The Egyptian population is relatively young, with 37% being children under the age of 15. The high population density, as well as increasing fertility rates, have challenged the healthcare system. High levels of pollution and overcrowding trigger health concerns. Egypt is a lower-middle-income country with high levels of unemployment. Despite the government's efforts to further the economy, 32.5% of Egyptians live in extreme poverty. The increasing poverty level resulted from the austerity measures imposed on the government by the IMF. With an increasing population and changing socioeconomic environment, Egypt faces great challenges in adapting to such developments in terms of healthcare facilities.

Medical care offered by the public health insurance system is generally of poor quality. Although the system ensures basic universal coverage, it faces several shortcomings in

terms of quality of service due to underfunding. In fact, only 4.75% of the GDP in Egypt is dedicated to investments in Healthcare services. Almost half of the public healthcare facilities suffer shortages of medical equipment and personnel. It is presumed that only 20% of the 660 government hospitals are committed to safety and infection control standards

An example of the effects of a common and deadly disease in Africa, HIV, is detailed below in the bar chart. From this chart, we're able to conclude that due to the extremely low government health expenditure provided, the number of new infections are at an all time high accompanied by a very low transmission prevention of HIV between mother and child. This chart acts as a visual representation of the struggles the member states of the African Union are facing.



<https://africanhealthstats.com>

PAST INTERNATIONAL ACTIONS/TIMELINE:

Year	Event Description
2014 - 2016	Second Ebola virus outbreak, most complex outbreak

	starting in Guinea then moving across land borders to Sierra Leone and Liberia
8 April, 2020	Ethiopian Prime Minister Abiy Ahmed declares a state of emergency to combat the spread of COVID-19.
15 May, 2020	A study by the World Health Organization found that coronavirus could potentially infect 231 million people in Africa by the end of 2020. Concerns were raised that the healthcare systems in many African nations could be quickly overrun if there were to be a sudden rise in infections.
23 May, 2020	The first trials for a potential coronavirus vaccine have begun in South Africa, making them the first trials in the African continent. South African pharmaceutical company Aspen Pharmacare also announced that it could potentially produce 10 million dexamethasone tablets in a month.
13 August, 2020	The Africa Centres for Disease Control and Prevention announced that seven countries - Cameroon, Liberia, Morocco, Nigeria, Sierra Leone, Zambia and Zimbabwe - will begin administering COVID-19 antibody tests to begin to understand the extent of the spread of coronavirus around the continent.
18 December, 2020	South African health authorities have reported the detection of a new COVID-19 variant known as the 501Y.V2 variant in the provinces of Eastern Cape, Western Cape, and KwaZulu-Natal. This variant is similar to a British strain detected that same month, and both are considered to be more infectious than earlier strains.
7 January, 2021	South African Minister of Health Zweli Mkhize announced that the country would be receiving one million doses of the vaccine developed by the University of Oxford and biotech firm AstraZeneca in January 2021 and another 500,000 in February 2021.

8 February, 2021	South Africa suspends the use of the Oxford–AstraZeneca COVID-19 vaccine following a trial that it did not have an effect on South African variants of the virus.
17 February, 2021	Johnson & Johnson vaccine is administered in the country proving to be effective against the variant.

QUESTIONS A RESOLUTION MUST ANSWER (QARMAs):

1. How could such diverse effects on the population of Africa be minimised during past epidemics?
2. How can we standardize public healthcare in Africa? How can the quality of healthcare be maintained and upgraded?
3. What are some changes that can be made to legal frameworks to help with the current situation?
4. What measures across borders should be taken to prevent intercountry transmission of diseases?
5. How can the healthcare system in Africa be improved to cater better to those living in remote rural areas who actually need medical assistance?
6. Is the current health care framework satisfactory to combat various infectious diseases? Is it adequately equipped to address the major public health problems?
7. What are the sources of funding in case of public healthcare emergencies?
8. What is the administration plan to ensure the equitable distribution of the COVID 19 vaccines?
9. Keeping the current COVID-19 pandemic in mind, going forward, what are some important lessons Africa can take after learning from its major public health crises?

FURTHER RECOMMENDED READING

- **African Union official website:** <https://au.int/>
 - To give all delegates basic insights into the operations of the AU; this webpage also contains some key information regarding Africa’s vaccination campaign.

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