Intermediate United Nations Crisis Council
W.H.O. and Diseases in Africa
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A Background Guide Written By Fairview MUN Officers

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Background Information

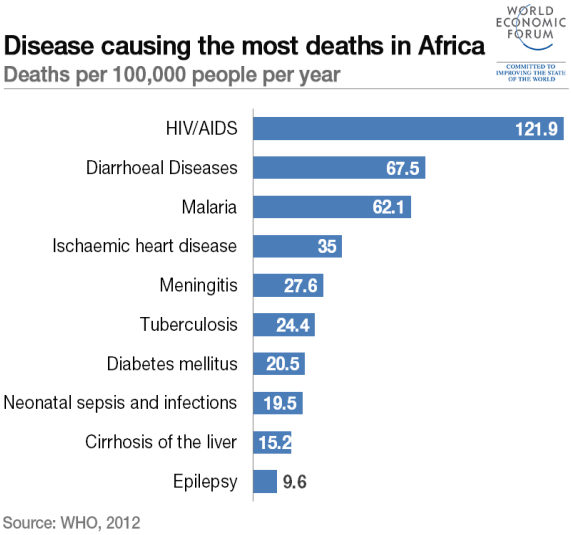
The **World Health Organization** (WHO) was created in 1948 after World War II to coordinate health affairs within the United Nations. Its main purpose was to handle outbreaks of malaria, tuberculosis, venereal diseases, and both women's and children's health. WHO has worked with member states of the UN to identify public health issues and areas in which medical research is needed. The organization classifies diseases in countries and coordinates with UN agencies, donors, non-governmental organizations (NGOs), and the private sector to investigate and manage outbreaks. Since 2003, WHO has had established offices in 141 countries, as well as budget of $2.23 billion.

However, one of the main limitations of WHO is that it has no authority to police how member states respond to outbreaks and health problems. Its lack of power has resulted in the initiation and exacerbation of countless outbreaks across the globe.

Diseases in Africa have been a predominant focus of the UN for many years, as their diverse landscapes and ecosystems often have the potential to cause quick and widespread outbreaks. All diseases are rooted in their environment, and as time has gone by, the natives' relationship with land has changed, especially in Africa. Before 5000 B.C., Africa was primarily composed of hunter and gatherer nomadic groups; contrary to popular belief, the number and severity of diseases among these populations was very low, largely because the groups continued migrating before the water sources were contaminated. Thus, waterborne illnesses such as dysentery and cholera were much lower among these people. Additionally, with no exposure to livestock, diseases such as smallpox and measles were not present. However, as technology developed, the nomadic lifestyle became obsolete.



As the African people began to turn towards an agricultural lifestyle and permanent settlements, diseases became far more prevalent. The very landscape of the continent was disturbed, causing significant changes to the disease environment, as well as how it affected the groups living there. The introduction of new types of

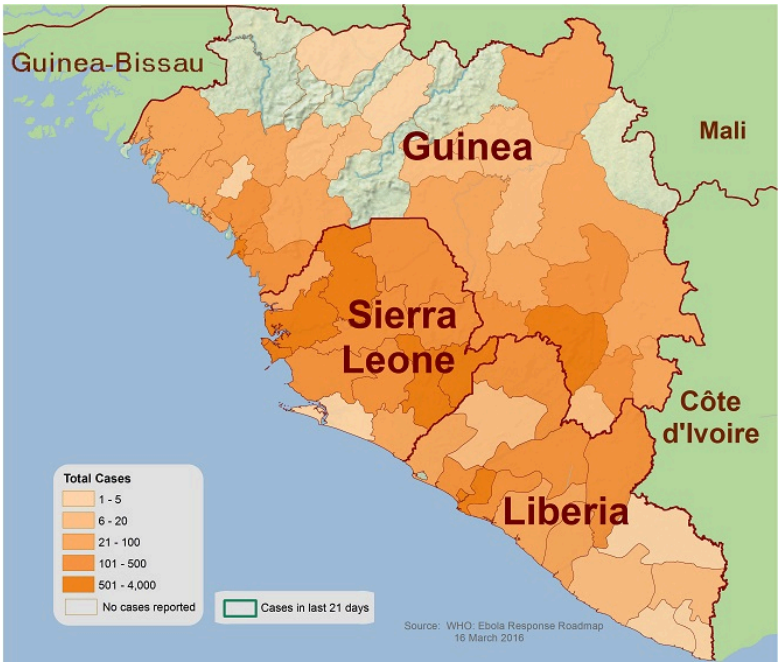


diseases because of the Atlantic slave trade and widespread European colonialism was the apparent catalyst to a large - scale shift in the way Africans handled dangerous diseases.

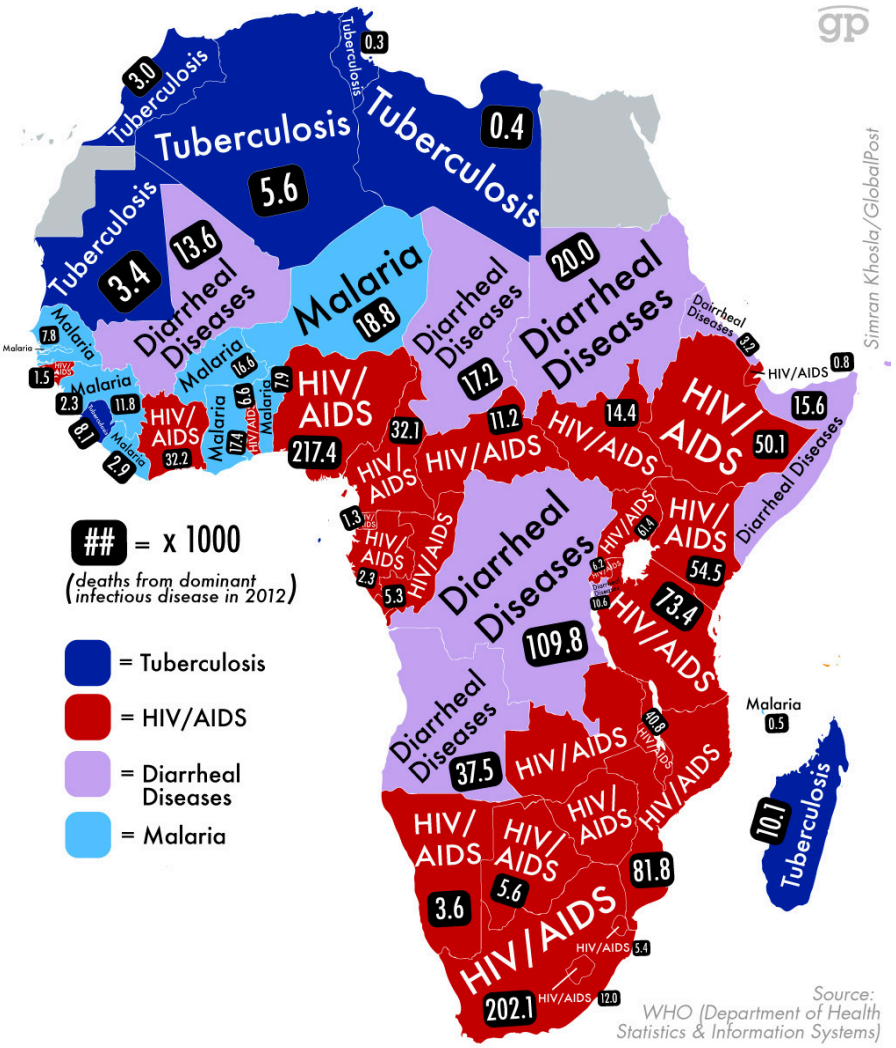


Currently, Africa is characterized as having the "greatest infectious disease burden and, overall, the weakest public health infrastructure among all regions in the world," often relying on WHO and the UN for aid in these situations. One of the more recent changes is the reemergence of easily-preventable infectious diseases in the 21st century (e.g., the plague, cholera, Ebola, Zika, and Chikungunya). It is necessary for research to be prioritized on emerging infectious diseases. Tools available for improving Africa's frequent health concerns include "streamlined communications, strengthened public health surveillance, the use of standard case definitions, criteria for minimum data requirements, and emphasis on feedback through integrated forms, as well as research and training opportunities."

Some of the well-known outbreaks of disease have been recently in the 21st century with Ebola especially, flaring up in February 2014, taking two years to put out due to the lack of preparation "for this unfamiliar and unexpected disease at every level, from early detection of the first cases to orchestrating an appropriate response.". The shortage of medical supplies, workers and volunteers, as well as the lack of government aid inflamed the spread of the virus. The hardest hit areas of Africa were Liberia, Guinea, and Sierra Leone as they are "among the poorest countries in the world, had only recently emerged from years of civil war and unrest that left basic health infrastructures severely damaged or destroyed." The civil war, besides destroying many hospitals and clinics, resulted in the three nations' governments lacking sufficient funding to repair health centers, while the violence discouraged aid organizations from helping. This situation lead to the rampant expansion of Ebola, which put many of the nations next to Liberia, Guinea, and Sierra Leone in danger as well.



Topic and Issues



Infectious diseases are responsible for about one quarter of all deaths worldwide at the beginning of the 21st century. Infectious diseases have caused at least 10 million deaths per year, particularly in tropical countries. Most infectious diseases exist in lower-latitude developing countries such as tropical Africa. Emerging infectious diseases create a high burden on global economies, in addition to being detrimental to public health.

In Africa, diseases run rampant almost always due to the lack of medical care available. Approximately 1.6 million Africans in 2015 alone died of malaria, tuberculosis, and HIV related illnesses. These diseases are easily preventable and treatable, but only with timely access to the appropriate medicines, vaccines, and other medical services. In Africa, very few people have access to adequate medical care leading millions to die every year from preventable diseases. Often when people in Zimbabwe for example seek medical treatment, because of the incredibly scarcity of medicine in Africa, nurses and doctors should give painkillers as a treat-all drug because they have nothing else. Additionally, only 2% of the total drugs consumed in Africa are produced in the continent. The lack of locally produced, and therefore locally available medicines, and due to the average income level of people from Africa most people cannot afford to buy imported drugs leading to a lack of treatment. This susception to commonly treated diseases extend to children. According to the WHO of the children who die under the age of five due to pneumonia, diarrhea, measles, HIV, tuberculosis, and malaria 50% of them are in Africa.

The World Health Organization defines have access to medicines as “having medicines continuously available and affordable at health facilities that are within one hour’s walk of the population.” This is not the case for most people living in Africa. Nearly 80% of Africans,

mostly middle and lower bracket rely on public health facilities for medical treatment. With nearly all public health facilities in Africa facing chronic shortages of even the most basic of medicines, many Africans die from easily curable diseases. In addition, to lack of affordable drug imports in Africa, Africa's inefficient public sector supply of medication is filled with poor procurement processes which makes them unavailable or extremely costly. Add to that a mismanaged transportation system, very minimal storage facilities, and next to no manufacturing capacity and some of Africa's easy susception to commonly treated diseases becomes more logical.



Based on the biennial report by the world health organization in 2015 there has been remarkable progress towards polio eradication and huge strides towards the reduction of vaccine preventable deaths. For example, in Africa the WHO accelerated the introduction of new vaccines. Additionally, there has been a huge push to provide free or severely reduced prices for people in Africa to get vaccines. The ultimate goal of the WHO in Africa is to guarantee access to basic health services to all people which will help ensure healthy lives and promote well-being of all ages.

Questions to Address

- Has your member state had any notable outbreaks of infectious disease? What measures were put in place to discourage the spread of the disease?
- How prominent is geography and history in the spread of disease? Consider the physical geography and history of your member state.
- How do disease outbreaks potentially affect the political, socioeconomic, and economic aspects of a nation?
- Who should take control of the regulations and measures put in place to curb the spread of disease? Is this an international or national responsibility?
- Do fellow member states have a moral obligation to the global community to aid fellow nations experiencing global health crises?

- What role should WHO play in curbing international health crises? To what extent should they be responsible for facilitating outbreaks?
- What are some potential preventative and acting solutions to address the health crisis?