



World Health Organization (WHO)

“Boosting healthcare systems and pharmaceutical supplies in the African region”

Study Guide

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1. Welcoming Letter

Dear Distinguished Delegates:

Welcome to the 2023 ARCMUN Conference! As your committee chairs, we are looking forward to meeting you and hearing your ideas for boosting healthcare systems and pharmaceutical supplies in the African region.

The United Nations (UN) depends on the cooperation and goodwill of its 193 Member States. Because each state has unique interests and concerns, it is challenging to write, negotiate, and pass resolutions. Every stage of the process demands creativity and diplomacy.

As your committee chairs, we will work to keep the World Health Organization committee running smoothly. We will do our best to help you understand parliamentary procedure and to ensure that the views of all delegates are heard and respected.

We expect each delegate to come to the conference with an understanding of his or her country's positions and a willingness to forge agreements. To ensure that you act professionally and diplomatically, please learn and practice ARCMUN's Rules of Procedure. Those documents and many more can be found on the ARCMUN website. It is highly recommended that you print the above documents, plus your position paper, the topic and background guides for your committee, and any additional research regarding your country compiled in a binder or folder to give you easy access to these resources at the conference.

We look forward to seeing you at the Aristotelio College on Thursday, March 9 and wish you the very best in your preparations.

Sincerely,

Alexandra Topalidou

Despoina Georgiadou

2. Introduction to the committee

The WHO is the international organization in charge of health within the United Nations. The role of the WHO is to direct as well as coordinate efforts related to health, such as setting and leading global health agendas, collecting and giving information to member states as well as setting the norms and rules both for healthcare and healthcare professionals, amongst other things. As the world is constantly changing and modernizing, the organization has also evolved in order to meet the medical challenges of the 21st century. Founded on 7th April 1948, the WHO started out with 55 members. As of today, the WHO has 193 states and 2 associate members, who come together every year during the World Health Assembly to discuss and approve budgetary measures, set the annual global health agenda and also elect a new Director-General once every five years. The Health Assembly is the ultimate decision-making entity within the organization, but the WHO also employs about 8000 staff all over the world in order to carry out the WHO objectives, which may range from strengthening healthcare systems all the way to providing emergency medical care in crisis situations.

The WHO has been instrumental in reducing disease all over the world, notably for illnesses such as polio, smallpox as well as yaws, which have either been eradicated entirely or reduced by more than 90%.

Now that we have an understanding of what WHO does, we can move on to the main focus of the conference. This study guide will provide you with essential information about the current healthcare quality as well as the pharmaceutical trade, supply and distribution on the African continent so as to aid your participation during committee sessions and crafting of resolutions.

3.Definition of Key Terms

GDP: Gross domestic product (GDP) is a monetary measure of the market value of all the final goods and services produced in a specific time period by countries.

National insurance scheme: The National Insurance Scheme (NIS) is a compulsory contributory funded social security scheme covering all employed persons in Jamaica.

Abbott: Abbott Laboratories is a Chicago-based medical products company known for its diagnostics, medical devices, nutrition products, and branded generic pharmaceuticals.

Sanofi: Sanofi is a French multinational pharmaceutical and healthcare company headquartered in Paris, France.

Novartis: Novartis is a global healthcare company based in Switzerland.

Pfizer: Pfizer Inc is an American multinational pharmaceutical and biotechnology corporation headquartered on 42nd Street in Manhattan, New York City.

GSK: GSK plc, formerly GlaxoSmithKline plc, is a British multinational pharmaceutical and biotechnology company with global headquarters in London, England.

HIV: HIV (human immunodeficiency virus) is a virus that damages the cells in your immune system and weakens your ability to fight everyday infections.

NCD: Noncommunicable diseases (NCDs), also known as chronic diseases, are not passed from person to person. They are of long duration and generally slow progression.

Diabetes: Diabetes is a chronic disease that occurs when the pancreas is no longer able to make insulin, or when the body cannot make good use of the insulin it produces.

4. Introduction to the topic

Diverse and growing, the African continent is home to a vast range of national identities and regional cultures.

In terms of health care, governments face a number of challenges, including lack of funds and poor infrastructure. This is compounded by epidemics, poverty and the brain drain of homegrown doctors moving abroad, in search of higher wages and a better standard of living. Varying wildly from country to country and region to region, public health care does exist but most expats will want to use the private sector (often based in large cities and major tourist locations) or have the international health insurance and funds to be evacuated to another country.

Nigeria has a public health service financed through a national insurance scheme. Public health care is improving, but it faces a number of difficulties including a low ratio of doctors at only 1 per 2,000 inhabitants and an infrastructure struggling to cope. The country spends 3.7% of its GDP on health care: a figure well below global average but on par with many of the countries around it. Although it has a network of multi-discipline hospitals, mainly in the more urban areas, health personnel complain of low pay.

There is an excellent level of care to be found at the private hospitals in the major cities and around the game parks in **South Africa**, so much so, that it's not uncommon for patients to be flown in for treatment from other countries. As a whole, the country spends nearly 9% of its GDP on health care, on par with countries like Spain and Malta, but the doctor to

population ratio is just under 1 to 1000, well below the world average. The public facilities can be poorly equipped, overcrowded, and waiting times long which does not allow poorer citizens to have a stable and safe health care conditions.

With **Kenya** spending on health care just 5.7% of GDP, low by global standards, it is higher than that of some neighbouring countries like Sudan and Ethiopia. There is one doctor per 5,000 inhabitants and there can be huge variation in standards of care across geographical areas, private and public facilities, and the type of treatment available. The best private hospitals are to be found in the larger cities such as Nairobi and Mombasa, offering the kind of provision akin to that available in developed countries for many conditions.

The availability of staff, beds, technology, and pharmaceuticals is unreliable in hospitals in **Zimbabwe** and, although the government has promised to improve the health of the nation as a whole, many foreign nationals will find that provision is underfunded and varies in standard. Have access to enough cash to cover emergency care, as many private clinics will not treat patients until they have paid up front, with just 1 doctor per 10,000 people.

Although **Zambia** has a basic public health care system, wealthier Zambians use the private system. With much of the international community and commerce based around Lusaka, this is where the best private hospitals are located. The country as a whole spends 5% of its GDP on health care. Public facilities are below the standard found in more developed countries and, with doctors receiving better pay in private hospitals and abroad, the country is struggling to keep its talent – there is roughly 1 doctor per 6,000 inhabitants.

One of the poorest countries in the world, the standard of health care facilities in **Tanzania** is low by global standards. There has been much improvement in recent years but challenges such as underfunding with just 5.6% of GDP, chronic staff shortages just one doctor per 30,000

inhabitants, and a lack of medical technology mean that provision is inadequate for both the population and foreign workers alike.

While the standard of medical facilities in **Uganda** is different to those found in developed countries, there are private clinics in Kampala that offer a good level of provision – some employing British doctors. Publicly run hospitals, and those in rural areas, may be overcrowded and under-stocked, and private clinics very expensive, so expats will want to consider having comprehensive private medical insurance. It's worth investigating whether the insurance covers treatment and evacuation to countries with better facilities, such as South Africa, as well as repatriation if necessary. There is roughly one doctor per 1,000 people and its population spends 7.2% of its GDP on keeping healthy.

The Future Of The Pharmaceutical Trade And Market In Africa:

Improving healthcare systems are driving a rising demand for drugs for chronic diseases which is expected to reach US\$30 billion in sales by 2016 and potentially US\$45 billion by 2020. An increasing number of working-age Africans is leading to a rising middle class of more than 30% of the population.

By 2050 the African urban population is expected to exceed that of China and India. Changes in Africa's economic profile show an increased demand for Chronic care drugs and a shift towards treatments for non-communicable diseases (NCDs) and HIV/AIDS African Market Increase And Focus: Since 2011 health system infrastructure increases in Northern and Southern Africa increased the pharmaceutical trade and sales in countries such South Africa, Egypt, Algeria and Morocco. In South Africa a new focus on chronic diseases was the major change, whilst in Algeria the overall political and economic changes created improvement in public health policies.

In Nigeria healthy GDP growth and a large population created a strong demand for pharmaceuticals: HIV and malaria which remain the leading causes of death. NCDs which are rapidly appearing to be a major public health challenge, particularly in the urban slums in which are over half of Nigeria's population reside.

All of this brings new opportunities to market treatments for malaria, HIV and NCDs, and diabetes.

Major Challenges Of Pharmaceutical Trade And Distribution In Africa:

- Inadequate regulatory oversight
- Risk of the entry of substandard and counterfeit medicines.
- Weak infrastructure in cold chain. Lack of expertise in stock management.
- Poor education and irregular energy supply are major contributors.
- Fragmented wholesale and distribution channels.
- Credit issues and quality of operation among local distributors.

Challenges In Marketing Of Products:

- Lack of knowledge among physicians regarding disease states and medicine needs.
- Weak education and insufficient numbers of pharmacies and clinics to distribute medicines.
- Limited business experience and talent among staff.

5.Points to be addressed

1. The international community and specifically the UN have already addressed the issue of healthcare systems and pharmaceutical supplies in the African region. Why is it, though, that to this day the issue still exists and many people are at immediate risk due to insufficient healthcare services?
2. Is there any connection between the profits of pharmaceutical industry and this issue? If so, how could this profitability be prevented?
3. What effect does the healthcare insufficiency in Africa have globally?
4. How can the educational system work in favor of this issue?

5. How can governmental and non-governmental organizations cooperate in order to address the issue under discussion? How can Social Media be beneficial?
6. What measures should be taken from the African countries as well as other UN countries in order to prevent further reduction of medical staff and pharmaceutical supplies.

6.Actions already taken

In 2001, African countries agreed to allocate at least 15% of their budgets to health care. Yet 15 years later, only six countries (Botswana, Burkina Faso, Malawi, Niger, Rwanda and Zambia) have met this commitment. Even in these countries, universal access to decent health care is still unrealized.

It takes a lot of ingenuity to turn the ship around. For example, Rwanda has managed to setup a national health insurance scheme which now covers 91% of all Rwandans. This is in sharp contrast to other African countries where medical insurance schemes cover, on average, less than 8% of the population, according to WHO.

There are a few bright spots in fighting some diseases. Africa is finally making headway in the fight against malaria, the leading cause of deaths in the region. WHO announced last year that the global incidence of malaria had finally been slowed, largely due to a massive rollout of mosquito nets, anti-malaria medicines and use of insecticides.

Over the past decade, thanks to heightened emphasis on prevention, treatment and care, the rate of new HIV infections is slowing down as more infected people are receiving antiretroviral drugs. Africa's key challenge, however, is confronting what still needs to be done

7.Conclusion

Inadequate human resource and healthcare financing and poor leadership and management are the major challenges of healthcare systems in Africa. Furthermore the growing challenges of pharmaceutical trade and distribution burden the restoration of healthcare systems even more.

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