

Forum: World Health Assembly

Issue: Promoting Accessibility to Healthcare, Nutrition and Proper Sanitation in Sub-Saharan/Central Africa

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Introduction

Primary healthcare is defined by the [World Health Organization](#) as a “whole of society approach to health and well-being centered on the needs and preferences of individuals, families, and communities.” It addresses the broader determinants of health and focuses on the comprehensive and interrelated aspects of physical, mental, and social health and wellbeing. The United Nations works to achieve 17 [Sustainable development goals](#) of which 3 goals are focused on zero hunger, good health and wellbeing, clean water and sanitation, and ensuring accessibility to such basics allows the achievement of such goals. Promoting increased access to healthcare, wellbeing, sanitation, and nutrition in the Sub-Saharan region will allow such societies to grow socially and economically.

When there is a lack of [Sanitation](#), malnutrition, and a weak [Healthcare system](#), communities and societies are placed under threat. For example, child malnutrition was associated with 54% of deaths in children in developing countries in the Sub-Saharan region. Lack of sanitation and contaminated water has led to the notable outbreak of Cholera disease of which Sub-Saharan Africa accounted for 86% of the reported cases and 99% of deaths worldwide in 2011. Finally, poor healthcare has made the citizens of the Sub-Saharan region more susceptible to killer diseases such as Malaria and AIDS. According to WHO, 50% of children under five who die of pneumonia, diarrhea, measles, HIV, and tuberculosis are in Africa.

A major technological breakthrough that has led to increased access to healthcare, nutrition, and proper sanitation in Sub-Saharan Africa is the development of technology and data. Taking into consideration that there have been vast improvements in the world of technological systems and data, it has transformed how healthcare and [Nutrition](#) are delivered in Africa giving more people in remote

areas to access better care. Easier access to data and technology has allowed both doctors and policymakers in the Sub-Saharan region to make better-informed decisions about improving the healthcare system and educating the citizens to improve their hygiene and nutrition system whilst such advancements do appear to be ultimate solutions to increased accessibility however there are bigger challenges the Sub-Saharan region faces such as but not limited to the worker shortage, [Counterfeit drugs](#) and changing medical needs of the population.

Definition of Key Terms

African Union

It is a continental union consisting of 55-member states located on the continent of Africa.

AfricaSan

Is an annual conference that discusses the possible opportunities for collaboration to facilitate hygiene and sanitation in Africa.

Agricultural Productivity

It is measured as the ratio of agricultural outputs to agricultural inputs.

Chronic Hunger

The insufficient intake of energy and proteins.

Counterfeit drugs

Are fake drugs. They may be contaminated or contain the wrong or no active ingredient. They are illegal and may be harmful to health.

Defecation

The discharge of feces from the body.

FAO

The Food and Agriculture Organization is an agency of the United Nations that leads international efforts to defeat hunger.

GDP

It is a Gross domestic product. It is the total value of goods and services produced in a country.

Healthcare system

A healthcare system consists of all organizations, people, and actions whose primary intent is to promote, restore, or maintain health.

Human Capital Index

It is a report prepared by the World Bank which measures which countries are best in mobilizing the economic and professional potential of its citizens.

LEDC's

Less Economically developed countries

MEDICRIME Convention

It is the council of Europe convention on the counterfeiting of medical products and similar crimes involving threats to public health is an international criminal law convention of the council of Europe addressing the falsification of medicines and medical devices

Mortality Rates

The number of deaths in a given area or period or from a particular cause.

Non-Profit Organization

It is a business that has been granted tax-exempt status by the International revenue services because it furthers a social cause and provides a public benefit.

Nutrition

The process of nourishing or being nourished, especially the process by which a living organism assimilates food and uses it for growth and replacement of tissues.

Out of Pocket Payments

They are defined as direct payments made by individuals to health care providers at the time of service use.

Private Organization

It is a corporation, partnership, or other organization that is operated for profit.

Sanitation

It refers to the provision of facilities and services for the safe management of human excreta from the toilet to containment and storage and treatment onsite or conveyance, treatment, and eventual safe end-use or disposal

Sewage infrastructure

It is the infrastructure that conveys sewage or surface runoff using sewers. It encompasses components such as receiving drains, manholes, pumping stations, storm overflows, and screening chambers of the combined sewer or sanitary sewer.

Sustainable development goals

A list of goals compiled by the United Nations to be achieved by 2030 to lead to the Earth's sustainable growth.

The World Bank

The world bank is an International organization dedicated to providing financing, advice, and research to developing nations to aid their economic development.

UNESCO

The United Nations Educational, Scientific and Cultural Organization is a specialized agency of the United Nations aimed at contributing to the "building of peace, eradication of poverty, sustainable development, and intercultural dialogue through education, sciences, culture, communication, and information.

UNICEF

UNICEF is mandated by the United Nations General Assembly to advocate for the protection of children's rights and help meet their basic needs.

USAID

It is the world's premier international development agency and a catalytic actor driving development results.

World Health Organization

Is an agency of the United Nations specialized to deal with global issues regarding the health of the human population.

Zero hunger initiative

It is a program that aims to promote growth in the agricultural sector and help farmers to improve the marketability, profitability, and efficiency of their farms.

Key Issues

Issues in Healthcare Accessibility

The access to healthcare systems faces major challenges in the Sub-Saharan region, as the region experiences a disproportionate global disease burden of 24% with the least share of healthcare workforce at 3%. Unfortunately, limited resources, finance, poor communication, technology, and corrupt governments have made access to healthcare face bigger challenges so for example in Nigeria there is a limited number of medical staff as there is a low ration of 1 doctor per 2,000 inhabitants. If solutions aren't put in place to prevent such hazards and overcome those challenges, the Sub-Saharan region is at a bigger risk as diseases spread and [Mortality Rates](#) go higher.

Inadequate human resources

There is an inadequate number, mix, and distribution of supplies resulting from an inadequate output from training institutions. There is also poor availability of engaged healthcare workers to deliver services, resulting from healthcare worker strikes, attendance at private practice rather than public hospitals, and poor attitude towards work. Every component of the healthcare system in that region depends on

the people who manage and provide services. Out of 57 countries classified as having critical healthcare workforce numbers, 36 of them are in Sub-Saharan Africa. This may limit access to quality healthcare in rural areas. So, for example, Mali is focused on Mali's capital where around 4,000 healthcare workers work to keep 1.8 million people in good health and the rest of the country has less than 3,500 healthcare workers in total.

Inadequate financing of healthcare

In African countries, scarcity of funds for healthcare is a chronic problem. In more than half of the African countries, 40% or more of total healthcare expenditure is made out of [Out of Pocket Payments](#). The average total healthcare expenditure in African countries stood at approximately \$135 per capita in 2010 however only a small fraction of that is spent. These poor healthcare financing systems are prominent in the Sub-Saharan region despite the several declarations signed by African heads of state.

Poor leadership and management

A study on leadership challenges in healthcare revealed that one of the underlying reasons for poor leadership stems from managers' unfamiliarity with leadership techniques. Some authors also documented similar challenges in two previous studies in Nigeria and some of the management problems mentioned were lack of political will, corruption in healthcare systems, and poor resource management and healthcare programs. Poor leadership could lead to increased healthcare costs, reduced efficiency hence limiting access to healthcare. So, for example, in Mali which is the poorest nation in the world, 2.9% of GDP is spent on healthcare compared to 9% spent in South Africa.

Issues in Nutrition Accessibility

Almost one in four people in Sub-Saharan Africa were estimated to be undernourished in 2017, representing about one-third of the 821 million people suffering from [Chronic Hunger](#) globally. Overall in SSA, population growth, poverty, and agricultural production capabilities are critical factors when considering food security and accessibility. The populations of the Sub-Saharan region are still expanding by about 3% every year and food production continues to grow more

slowly than the population. Such low availability and high demand directly contribute to the lack of access as the Sub-Saharan region isn't able to supply its citizens and populations with the necessary food and water that they require. This directly results in an increased number of malnourished children and adults.

Poverty

The most frequent cause of lack of access to nutrition and chronic hunger is poverty. People living in the Sub-Saharan region lack adequate income or assets to purchase enough food for themselves and their families. As of 2015, the poverty rate for Sub-Saharan Africa stands at about 41% and of the world's 28 poorest countries, 27 are in Sub-Saharan Africa with a poverty rate of above 30% in each country. International factors such as unfavorable terms of trade and large external debts have affected economic performance. Civil wars and political instability have affected economic development which negatively impacts food security and access.

Declining food production

The Sub-Saharan region has a very low rate of Agricultural Productivity which averages 300 to 500 kg/ha as compared to 2.5 tons/ha in the United States of America. Farmers in Africa don't have access to improved seeds, fertilizers, and pesticides for efficient farming. The application of fertilizers in the region is the lowest at 11kg/ha compared to the world's average of 62kg/ha. Farmers in SSA lose approximately 15 to 25 percent of their crop in the field and another 15 to 20 percent after harvest to pests as farmers lack the skills to protect their fields and crops. Inappropriate land-use practices damage natural resources on which agriculture depends.

Shortage of human resources/ trained personnel

Farmers in the Sub-Saharan regions lack basic skills such as numeracy and literacy to apply improved agricultural practices. In 2017, statistics showed that the literacy rate for Sub-Saharan Africa was 65%. One third of the people aged 15 and above were unable to read and write. Such low rates result in the loss of human resources, especially for food access and security. The world Bank indicates that investment in the education of females has the highest rate of return of any possible

investment in development since it is estimated that women produce 60 to 80 percent of the basic foodstuffs in the SSA region.

Issues in Sanitation Accessibility

Globally, 2.4 billion people still live without access to basic sanitation and over 760 million of these people live in the Sub-Saharan region. Only 27% of the SSA's population does have access to basic sanitation and 220 million people still practice open defecation. Those [Defecation](#) in the open in Sub-Saharan Africa spend an average of 2.5 days per year trying to find a private location to defecate. Poverty is a huge barrier to access to water and sanitation and most of the world's poorest countries are in the Sub-Saharan region. So, for example, poor access to improved water and sanitation in Nigeria remains a contributing factor to high mortality rates among children under five. As of 2013, access to water supply was at 67% and access to sanitation facilities was 41% in Nigeria. In rural areas, only 42% of households have access to safe water and an estimated 100 million Nigerians lack basic sanitation facilities.

Access to Water Supply and Sanitation

About 25% of those defecating in the open in the world live in the Sub-Saharan region. When they don't have access to safe toilets, they choose to defecate in the open, and such exposed human waste is transferred back to water and food resources which impacts hygiene. The lack of access to safe infrastructure to defecate challenges sanitation to cleanliness and sanitation within the region. The lack of suitable infrastructure originates from the core problem of poverty and lack of economic development.

Sanitation Gap

The population of the region has nearly doubled in the last 25 years however access to sanitation has improved minimally leaving millions of the growing population behind. Even though the region has made improvements to access [Sewage infrastructure](#), there remains a big part of the population that lives without necessities. The countries in the Sub-Saharan region with the best water coverage rates, 1 in 4 still lack adequate sanitation. Economic funding is insufficient in rural areas as there are unreliable economic policies, poor development of human

capital and corrupt governments which don't utilize economic growth efficiently hence leading to an unequal distribution and economic funding in rural areas. to ensure access to the growing population. Most overseas development aid is directed towards the urban population and urban sanitation systems whilst the rural population gets a very minimal fraction of such International Aid to improve their access to sanitation.

Emergency and Disasters

Floods and droughts are extremely common in the Sub-Saharan region which contaminates drinking water and destroys hygiene and wastewater systems. The rate of climate change and increased frequency of disasters is speeding up the rate of infrastructural damage. Also, the lack of disaster management plans and disaster response is worsening the issue at hand as the destroyed sanitary infrastructure isn't replaced or managed, negatively impacting the access to sanitation facilities within the region. So, for example, the 2011 East Africa drought which occurred between 2011-2012 lead to 50,000-260,000 deaths during that period due to food insecurity and lack of hygiene and sanitation.

Major Parties Involved and Their Views

World Health Organization (WHO)

The World Health organization's primary role is to direct international health within the United Nations' system and lead partners in global health responses. WHO plays a prominent role in managing the allocation of resources and finance directed towards healthcare systems focused on LEDC's such as the SSA region. For example, the world health organization has prepared a guidance manual to identify appropriate practices for health care waste management. The organization has been working towards achieving increased access and increased financial aiding to develop healthcare systems in the SSA region. Additionally, WHO puts strategic plans and futuristic strategies to overcome the limited access to healthcare. They have released multiple analytical reports identifying the leading cause of this issue which is a lack of human workforce and skilled medical staff.

The food and Agriculture Organization (FAO)

[FAO](#) aims to make sure people have regular access to enough high-quality food and to lead active and healthy lives. They mandate to improve nutrition, increase agricultural productivity, and raise the standard of living within Central Africa. The food and Agriculture organization has already identified key priorities on which it is best placed to intervene. For example, it has helped set the AU Agenda 63 which sets the continent's development vision over the next 50 years towards a prosperous Africa. Furthermore, they helped implemented the [Zero hunger initiative](#) which has contributed to increasing awareness and triggered the need to increase the promotion of the right to food into actions through investment and promoting nutrition. The food and Agriculture Organization has also announced a joint declaration along with the [African Union](#) to support access to food and nutrition during this pandemic. They were successful at gathering the 55 African Union member states. All 55-member states put into place strategic plans collaboratively to lessen the impact of COVID-19 on food security in the region. The initial collaboration and cooperation between all member states was an indication of success however as of now, there has been no action taken.

The World Bank

[The World Bank](#) has recently launched the [Human Capital Index](#) in 2018, to assess the extent to which human capital in each country measures up to its full potential. If the quality of water supply and sanitation are poor, then a person is more likely to get diarrhea, which ultimately leads to poor health and stunted growth. The world bank is deeply committed to addressing these challenges in Africa and 13 countries have already signed as early adopters to improve human capital. The world bank has spent 13 billion dollars on sanitation in the past 25 years and is reaching millions of people in the SSA region. It is addressing water and sanitation issues with large scale financing and technical assistance to support increasing access to sanitation services and improving the quality of services being delivered. So, for example, such finance and assistance has proved to be effective in Ghana as the World bank now supports a multifaceted sanitation intervention. The project involves subsidies for poor household to buy toilet facilities, construction of a fecal treatment plant etc. which have allowed Ghana to have an improved sanitation system. The world bank has carried out dialogues with delegations from Nigeria,

Kenya, and Tanzania to review their different sanitation goals, ongoing bank program support, and critical actions needed to bring access to scale. The Bank has also co-convened two sessions at AfricanSan: “Funding Urban Sanitation in Africa: the role of the African urban sanitation investment fund and other mechanisms with insights.” And “investing in sanitation, investing in people: laying the foundations for human capital in Africa”

France

France has a strategy for global health to extend universal health coverage by working to “bolster health systems while fighting illnesses.” It is particularly active in Africa and the Sub-Saharan region which has the most concerning health indicators. In October 2019, France hosted an international conference to replenish the global funds to fight AIDS, tuberculosis, and Malaria. Combating such diseases is of France’s priority, especially in Africa. France also has several other activities in the region such as promoting national and community-based health systems that are accessible, durable, and resilient and high quality to achieve universal health coverage. France is also committed to supporting sexual and reproductive health programs. The French Muskoka fund which is a joint program of four United Nations agencies (UNICEF, WHO, the UNFPA, and UN Women) was rolled out from 2011 in the region in countries such as Mali. It works to combat infant mortality and support nutrition, health systems, and the reproductive health of adolescents. The French president wishes to step up private French investments in the Sub-Saharan region to open high-quality clinics and develop human resources in healthcare to meet health challenges. The country is also committed to fight the growing trade of counterfeit drugs which is a public health threat in the region hence it has ratified the [MEDICRIME Convention](#) which seeks to prosecute those accused of counterfeiting medical products, protect the rights of victims and promote nation and international cooperation between health, police and customs authorities.

France is an important trade partner for Africa and is the second largest exporter to the continent making it a very powerful source for the region. Since the early 2000s, foreign direct investment in Africa has grown at a rapid rate and France has been a key investor. French companies are investing heavily in Africa. Over 1,100 French groups are present in the Sub-Saharan region with over 2,109

subsidiaries. French businesses are one of the leading job creators in North Africa as nearly 470,000 jobs area created directly. Angola has received 8.7 billion pounds French investments followed by Nigeria which received 8.6 billion pounds. Such heavy investments leave the region heavily dependent on France to generate jobs and economic benefits.

Nigeria

Nigeria is one of the two African countries which are in the list of global growth generators countries that have been identified as attractive places for investment because of the growth potential they have. It is predicted that Nigeria will have the highest average growth in GDP in the world between 2010 and 2050 which means Nigeria is bound to have more bargaining power in the International system and important relations with countries like the United States hence allowing increased international Aid and resources to promote access to healthcare facilities and food security. Nigeria is the twelfth largest petroleum producer and has the tenth largest proven oil reserves which have been a source of its economic growth. Such economic growth directly benefits the entire of the Sub Saharan region as relationships with strong economies are built.

However, Nigeria's hasn't been able to make use of its economic growth and strong relationships. Their healthcare system and network have been ranked among the worst in the world as its rank as the 142nd country out 195 countries however there have been recent improvements to the healthcare system and infrastructure including a decentralized disease control network and improved vaccine storage so the country is now better equipped to fight deadly diseases. The polio system improved the logistic and material system. The country has placed emergency operation centers which consist of health experts to aid different emergencies. Offices in each state in Nigeria coordinate immunization programs and collect data at a local level hence can quickly respond to outbreaks. This polio program helped improve vaccine storage and their response to outbreaks.

Mali

Mali is one of the world's poorest nations and is greatly affected by poverty, malnutrition and inadequate sanitation. It does have its own healthcare however it is

heavily dependent on International aid. In 2015, the health expenditure by the government was only 5.8% of the total GDP. There are 0.08 physicians per 10,000 citizens and in 2009 there were only 729 physicians for more than 10 million people. In 2009, the government of Mali was aided by China to be constructing a 4th hospital however the government minimally invested into health with only 2.9% of the funding coming from the government of Mali. The distribution of healthcare in Mali is poorly managed and resources are wasted. Pharmaceutical policies are also lacking hence there is an uneven medical drug distribution.

In 2000, 62-65% of the population had access to safe drinking water whilst 69% had access to sanitation facilities and 8% had access to modern sanitation facilities. Little more than a third of Mali had proper sanitation. The conditions of clean water haven't improved much since 2000s. unsafe drinking water and poor sanitation results in the death of over 9,000 children from diarrhea. A village needed around 50,000 liters of water a day and it has shown that two electronically powered pumps could provide this much water.

South Africa

South Africa has the best healthcare system in the Sub-Saharan. There is an excellent level of care in private hospitals. It's uncommon for patients to be flown in for treatment from other countries however this is against a backdrop of a poor standard of public healthcare and one of the shortest average life expectancies in the world. South Africa spends almost 9% of the total GDP on the healthcare system however the doctor to population ratio is low at 1:1000 which is below the world average. Public facilities are poor equipped and overcrowded hence most residents opt for private medical insurance.

In 2017, statistics showed that 82% of households had access to improved sanitation. According to Statistics South Africa's general household survey of 2018, the number and percentage of households with access to piped water increased from 2006 as 13.8 million households had access to piped water in 2018 compared to 9.3 million households in 2006. About 2/3 of households rated the water services "good" in 2018. South Africa is known to be one of the most advanced countries in

the region allowing it to benefit countries such as Mali to improve its healthcare, sanitation and nutrition systems.

Development of Issue/Timeline

Date	Event	Outcome
1968 to 1980s	A drought in the Sahel region	It led to 1 million deaths in Mali, Chad, Niger, Mauritania and Burkina Faso due to lack of healthcare workers as well as livestock and crops died which lead to cash crops such as cotton to lose income leading to unemployment. With less food grown, food prices increase as there is an increase in demand.
1980 to 1981	Drought and conflict in Uganda	Widespread hunger and malnourishment in Uganda. If such disaster didn't occur, the Ugandan economy would have grown by 3.5% over the two years. The production losses of goods and services in many sectors and higher costs of production due to scarcity of materials generated a negative impact on economic growth.

1984 to 1985	Famine in Ethiopia. Drought in the northern highlands and problems delivering aid	Led to over 1 million deaths and displacements. 70% of the country's land is now categorized as dryland. Ethiopia now spends an average of 1.1 billion dollars on drought.
1991 to 1992	Drought and Civil war in Somalia	Famine and hunger. Drought-related damages are \$1.02 billion and losses are \$2.23 hence the total effects of the drought are \$3.25 billion.
1998 to 2004	There was starvation and disease in the second Congo war	More than 3 million people died in the Democratic republic of Congo
2011 to 2012	The horn of Africa hunger crisis occurred	It was responsible for 285,000 deaths in East Africa
2012	The first Emergency operation center in Nigeria was established with funding from Bill and Melinda Gates foundation	Within three months, Nigeria contained Ebola as a result of the EOC's built and the polio system put into place
2015 to 2016	A strong El Nino affected almost all of East and Southern Africa	It led to food insecurity for more than 50 million people
2016	Gates Foundation invested \$5 billion in Africa over five years	African countries have made progress in reducing child mortality, eradicating polio and

		fighting malaria and HIV/AIDS epidemic
2017	Inter-communal conflict occurred in Ethiopia	More than 800,000 people were displaced and 25 million people needed humanitarian assistance
2018	Africa was home to more than half of the global total of acutely food-insecure people	East African had the highest number of 28.6 million people, followed by southern African at 23.3 million people and West Africa at 11.2 million people
2019	Food security is deteriorating	It is expected to worsen in some of the countries in the Sub-Saharan region
2020	The World Health Organization has sent about 80 experts from WHO to 30 countries to help member states develop a plan to mobilize resource to respond to COVID-19 cases	Africa is now the continent with the least COVID-19 cases and deaths

Previous Attempts to Solve the Issue

The intervention of the World Bank

The world bank has already collaborated with key development partners. Along with Bill and Melinda Gates Foundation, they were encouraging a radical shift in the way urban sanitation challenges are tackled. They worked and still are working

with [UNICEF](#), WaterAid, Plan International, and [USAID](#) to rethink the rural sanitation programs within the Sub-Saharan region. They have also partnered with bilateral and multilateral development banks on the sanitation agenda to share knowledge, better utilize public funding, and implement effective solutions. The 5th AfricaSan regional conference on Sanitation and Hygiene took place in Cape Town in South Africa. The AfricaSan conference is formed as a result of two organizations joined in Cape Town to deliver a unique program to increase opportunities for collaboration and partnership between different governments in Africa. AfricanSan partnered with the 5th International fecal sludge management conference. The world bank co-convened two sessions at the [AfricaSan](#) conference. The first one revolved around funding urban sanitation in African and the role of African urban sanitation investment fund and other mechanisms and insights with the African development bank and the second one revolved around investing in sanitation and laying the foundations for human capital in Africa. The bank has also delivered one session on container-based systems and capacity building and workshops on public health data in sanitation planning. Such sessions and workshops allowed increasing awareness and collaboration to achieve safe sanitation in the Sub Saharan region. The world bank has also had conversations with the Gates Foundation to discuss the next steps of the Urban Sanitation Innovation partnerships with the African Development Bank to work on the existing collaboration and work more closely with the most impacted countries.

The bank has already worked with the Gates Foundation on sanitation for the past two and a half years and has committed \$10 billion to water and sanitation services over the past 25 years. The bill Gates foundation along with the world bank did prove such partnership to be effective as they helped invent \$350 toilets powered by solar power rather than electricity which isn't heavily available in most countries in the Sub-Saharan region. The AfricaSan 6 conference will be held post the COVID-19 crisis to discuss further projects funded by this partnership.

Formation of the AU 2063 (African Union 2063)

Agenda 2063 is a set of initiatives that were proposed and are currently under implementation by the African Union. It was adopted on 31st January 2015. The agenda includes several goals such as the eradication of poverty within one

generation, political integration, the establishment of security and peace on the entire African continent, etc. The agenda has 55 states involved including the Democratic Republic of Congo, Ethiopia, Equatorial Guinea and Cameroon. The agenda has identified flagship projects directly related to healthcare, sanitation, and nutrition which included: the formulation of a strategy for transforming the African economy from a supplier of raw materials to one that actively uses its resources, the establishment of an annual African economic forum, and finally the establishment of financial institutions. Up until now, the African investment bank and African monetary fund are established with headquarters to be built in Libya, Cameroon, etc. Such establishment of financial institutions allows the strengthening of the SSA region and allows improved funds and monetary aid to promote healthcare, nutrition, and sanitation.

The NEPAD agency, which is the implementing agency of the African Union, has been tasked to fast-track the implementation and the monitoring of major continental development programs and frameworks. The African Union Commission and NEPAD agency has already commenced the first 10-year implementation plan into national and regional plans to ensure that the entire region is working at an effective and aligned pace. Work has also progressed in developing indicator frameworks to track the effectiveness of Agenda 2063. Such indicator frameworks are allowing them to move at the correct pace.

Intervention of WHO

The WHO regional office which is located in Africa is one of WHO's 6 regional offices around the world. It is responsible for serving the WHO African region including the Sub-Saharan region, it comprises of 47-member states and the regional office is in the Republic of Congo. WHO works with the Member States in the Sub-Saharan region and development partners to improve the health of people. WHO supports countries within the SSA region to achieve better health outcomes through technical and policy advice, development of norms and standards and generation and sharing of knowledge and convening health partners. WHO has already helped allocate resources and send extra financial aid to help the region combat outbreaks such as Ebola and HIV which are prominent diseases within the region. So, for example, in 2014 they provided healthcare staff to the West-African

region during the Ebola outbreak to treat the patients who contracted the disease and to educate citizens about its dangers. They have sent immediate help in response to healthcare disasters and emergencies within the region allowing them to combat outbreaks such as Malaria.

WHO's strategies have proven to be mostly effective. They have alerted several developed nations who did provide aid to the Sub-Saharan region such as France. Furthermore, they have invested finance and resources into biomedical research projects which have helped the region gain greater access to technology. Currently, WHO is working in multiple projects. They are working on a project to deliver climate-resilient water and Sanitation in Africa. The global framework for climate services adaptation programmed in Africa is currently in its second phase and finally a project which focuses on improving engagement, evidence, action in Sub-Saharan African Countries in the healthcare sector. Such projects are all focused on developing healthcare and emergency response systems within the region.

Possible Solutions

Improving access to Primary Care

Extending the reach of primary care and improving healthcare performance in the Sub-Saharan region requires several actions and those can include but aren't limited to new delivery models to increase access, a greater role of [Non-Profit Organization](#) and [Private Organization](#) in service delivery and the introduction of performance incentives. In developing countries, community health workers only have limited training however they do carry out health promotion activities and serve as helpers to better-trained staff. Every village can have its community health worker hence allowing the basics of healthcare to be available to every village in the SSA region. Mobile healthcare can also allow workers to travel to surrounding villages that aren't served to bring basic medical supplies. Basic call centers that are staffed by nurses can support the community. The healthcare system could also offer its workers incentives to improve their motivation to improve performance. Tanzania has already begun to move in this direction as it offers to pay for performance

bonuses to healthcare workers. The SSA region could also work on encouraging nonprofit and private organizations to provide primary care. For example, in Kenya, more than 65 franchised dispensaries provide healthcare to more than 350,000 patients every year. Incentives must also be supported by operational data on the number of patients seen and the conditions treated.

Extending the Workforce

Tanzania has a twiga initiative which is a document and legal framework to focus on health worker supply and to double the country's capacity to train healthcare workers to 7,500 a year from 3,850. Additional measures such as new workers with shorter training, improved staff retention, training capabilities, and staff productivity. In Tanzania, most healthcare workers receive at least 2 years of training however such time could fall if the whole region introduces one type of healthcare worker which would provide basic primary care and another type of healthcare worker which is specialized. Such a system could allow healthcare workers to be trained in only one year so at this rate Tanzania could educate other 26,500 workers in ten years. The Sub Saharan region faces a huge shortage of staff within the rural communities and to attract healthcare workers towards rural communities, countries could offer student loans and incentive packages and increased commitment from local districts. Workforce training programs will be expanded, creating and delivering e-learning capabilities and developing new mentorship programs. Enhancing clinical leadership skills and forming networks to establish a more effective primary care system is essential. Developing such networks could also increase the delivery of medical education and improve collaboration between facilities. Some hospitals could also partner with international educational institutions to access information about recent advancements in healthcare. Finally, healthcare facilities could undertake performance improvement programs to result in increased motivation and productivity for their workers.

The governments ruling the region should invest in better policy making to build workers skills. They need to place a business environment that allows investors from developed regions to develop digital tools to boost the low-skilled workers' productivity and attract more residents into working in the healthcare system. The government should also encourage investors to create a business environment that

helps boost productivity. Public policies that want to achieve formalization should mainly focus on larger informal firms that distort incentives of formal firms allowing a more organized healthcare system which results in an increased number of job demand from the residents.

Increased Funding

The system needs to receive increased funding to be able to sustain its success however the current economic conditions during COVID-19 make significant increases unrealistic. As of today, the healthcare system only reaches about 1/3 of the region's population. If changes don't occur within the system, funding might have to be tripled to provide sustainable health care to the whole population. Rising GDP could be a key to increased funding. The countries within the Sub-Saharan region are known to have rich natural resources which could be traded off to developed countries. Such trade could increase [GDP](#) and if such GDP remains strong, the governments might be able to increase the share of its budget which is devoted to healthcare. If budget allocation rises from its current level, the healthcare system could successfully implement the other suggested solutions however along with GDP growth, out of pocket funding and overseas development aid must continue. So, for example, the world bank would be a key organization in aiding out the healthcare system in the region. As the World Bank is affiliated with the United Nations, they could provide funding to aid the healthcare system. A key source of funding would also be large multi-national organizations or private investors which would want to aid the healthcare system in return for positive publicity or money.

Improved Governance and Management

The government and management team are responsible for translating inputs into outputs. An effective and successful government will make use of existing resources effectively and increase the availability of such resources improving the produced outcomes. The effectiveness of the government and management lies in the realm of governance. The Sub Saharan region is known to involve many countries that do have corrupt governmental systems as a result of choosing the wrong candidates. For example, in South Africa, an electrical utility known as Eskom was nearing bankruptcy in the 1980s and 1990s however afterward Eskom

established an International reputation for both business success, social responsibility, and social leadership, and such outcome was achieved by the leadership of John Maree. Electricity utilities do contribute to the degree of sanitation within a country, such example displays the importance of management and government systems in the improvement of sanitation systems. One key method through which this can be achieved is through the arrangement of institutional framework which clearly details national and local strategies for each country in the Sub-Saharan region providing a legal framework. Such institutional framework would be the first step for every African government to have a clear idea of the goals and strategies which need to be implemented to act which is a key responsibility for any leader. Such method would allow all governments within the region to coordinate and collaborate in order to achieve a clear vision.

Strengthening food and nutrition program implementation

It is significant to place strategic framework and guidance which ensures that the food security and nutrition targets for the region set by the WFS, ICN, etc. are attained. Such actions could be achieved by providing increased supervision, leadership, and support to the members of each state to revise national action plans which do consider new and emerging problems such as AIDS. Nutrition could also be integrated into the AU Portfolios and the development agenda. Due to the improved use of technology, support of member states could be done through establishing a database on the best practices in nutrition, and such a program could be made available to the member states of each nation allowing increased awareness. Furthermore, a minimum nutrition package could be developed to define the several areas of action taking into consideration the current emerging issues to achieve improved outcomes.

Promote Community Participation and involvement

The key step to promoting increased access to nutrition would be ensuring that communities and the people of the region themselves are addressing their food and nutrition problems. Several strategies could be implemented such as creating community awareness of food and nutrition problems to allow the citizens to communicate their problems and needs which allows the government to analyze their problems and act upon it. Such awareness could allow the creation of programs

to build on available indigenous knowledge. Most importantly make use of the people to be involved in sustainable strategies to address the current nutrition problems. Such strategies could be carried out through actions such as but not limited to developing community capacity to address the people's problems, strengthening community-based growth monitoring and promotion, establishing a database which could communicate the current knowledge of the indigenous groups that would support food and nutrition through the promotion of food fairs and finally create sustainable community awareness and update the community regularly. Identifying the community and people's needs in the region would be the first step to act upon such needs.

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Appendices

- I. UHC in Africa: A framework of Action
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