



Forum: Special Commission on the African Union
Question of: Combating sickness and plagues in African slums
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I. Description of the Issue

The issue of combating sickness and plagues in African slums is multifaceted, involving public health, infrastructure, socio-economic, and governance challenges. It is estimated that about 218 million Africans reside in slums, which accounts for an average of 51.3% of the urban population. Slums, often referred to as informal settlements or shantytowns, are characterized by inadequate housing, overcrowding, and poor living conditions. These environments create a breeding ground for various infectious diseases and health conditions, exacerbating the vulnerabilities of the inhabitants. One of the primary characteristics of slums is the lack of proper housing. Many residents live in makeshift structures made from salvaged materials, which offer little protection against the elements. These homes are often overcrowded, with multiple families sharing a single room. Overcrowding facilitates the rapid spread of communicable diseases such as tuberculosis, influenza, and more recently, COVID-19. The lack of proper ventilation and space makes it challenging to maintain hygiene and social distancing, further contributing to the spread of diseases.

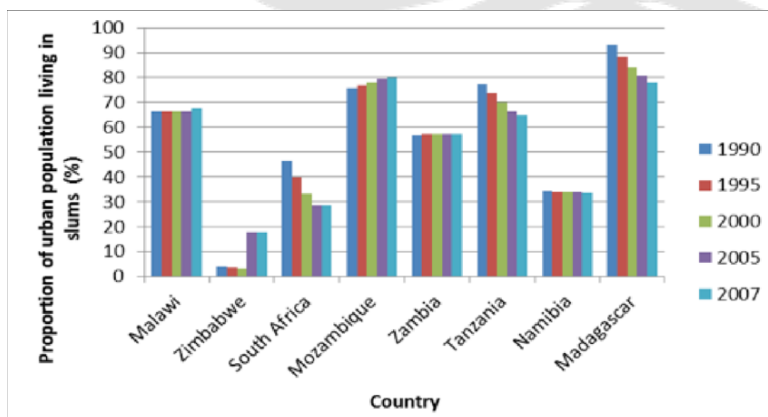


Figure 1: Proportion of urban population living in slums:



<https://www.researchgate.net/publication/265207586/figure/fig4/>

<AS:392306210426884@1470544497584/Proportion-of-urban-population-living-in-slums-in-selected-SADC-countries.png>

Sanitation is a significant concern in slums. Many slum areas lack access to basic sanitation facilities such as toilets and clean water. Open defecation is common, leading to the contamination of water sources and the spread of waterborne diseases like cholera, dysentery, and typhoid fever. The absence of clean water exacerbates these issues, as residents are forced to rely on polluted water for drinking, cooking, and cleaning. The high prevalence of diarrheal diseases is a direct consequence of these conditions, leading to severe dehydration and death, especially among children. Since dwellers of slums often rely on animal-based food from poorly sanitized sources in order to make meals more nutritious, zoonotic diseases like Rabies, the Plague or Ebola can spread much easier.

Healthcare access in slums is severely limited. Slum residents often live far from the nearest healthcare facilities, which are usually under-resourced and overcrowded. The cost of healthcare services is prohibitive for many slum dwellers, who may not have stable income or health insurance. This lack of access to healthcare means that diseases often go untreated, leading to high morbidity and mortality rates. Preventive measures such as vaccinations and health education are also less accessible, leaving slum populations vulnerable to outbreaks of preventable diseases.

II. Definition of Key Terms

Slums

Heavily populated urban areas characterized by substandard housing and lack of access to basic services such as clean water, sanitation, and healthcare.

Epidemic

A widespread occurrence of an infectious disease in a community at a particular time.

Pandemic

An epidemic that has spread across a large region, typically across countries or continents.



Sanitation

Measures designed to protect public health, including the provision of clean drinking water and the proper disposal of sewage.

Vector-borne Diseases

Infections transmitted by the bite of infected arthropod species, such as mosquitoes, ticks, and fleas.

Communicable Diseases

Illnesses caused by pathogens that can be spread from person to person, animal to person, or from the environment.

Zoonotic diseases

Infections that are naturally transmissible from vertebrate animals to humans

III. Background information

The plight of slum dwellers in Africa is shaped by a combination of social, political, and economic factors that collectively exacerbate health challenges. These factors include poverty, inadequate infrastructure, lack of political representation, and economic instability.

Slum populations often consist of marginalized groups, including migrants, refugees, and ethnic minorities. These groups face social exclusion and discrimination, which further limits their access to resources and opportunities. Social cohesion is weak in slums, and crime rates are often high, creating an environment of insecurity and instability. The lack of social support networks exacerbates the vulnerability of residents to health crises.

Slum areas are frequently overlooked in political agendas and urban planning. They often lack representation in local government, which means that their needs are not adequately addressed in policy-making processes. This political marginalization results in insufficient allocation of resources for essential services such as healthcare, sanitation, and education.

Corruption and bureaucratic inefficiencies further hinder the effective delivery of services in these areas.



Economic instability is a defining characteristic of slum life. Most slum dwellers rely on informal employment, which is typically low-paying, unstable, and lacks social protection benefits such as health insurance and pensions. This economic precarity makes it difficult for residents to afford healthcare, nutritious food, and other basic necessities. The informal economy also limits the ability of slum dwellers to invest in their housing and living conditions, perpetuating the cycle of poverty and poor health.

The health challenges in African slums have far-reaching implications for the broader society. The high burden of disease in these areas strains local and national healthcare systems, leading to increased healthcare costs and decreased economic productivity. The spread of infectious diseases from slums to other parts of the city poses a significant public health risk, highlighting the interconnectedness of urban populations.

The high prevalence of communicable and non-communicable diseases in slums places a heavy burden on healthcare facilities, which are often already under-resourced. Hospitals and clinics become overwhelmed, leading to longer wait times, reduced quality of care, and higher mortality rates. This strain on the healthcare system has a ripple effect, affecting the quality of care available to the broader population.

Illness and disease in slums reduce the workforce's productivity, as sick individuals are unable to work and contribute to the economy. The economic burden of disease, including direct costs such as medical expenses and indirect costs such as lost income, further impoverishes slum dwellers and limits their ability to escape poverty. This perpetuates a cycle of economic stagnation and poor health.

Health issues in slums also affect educational outcomes. Children who suffer from malnutrition or frequent illness are less likely to attend school regularly and perform well academically. This limits their future economic opportunities and perpetuates the cycle of poverty. Additionally, parents who are ill or burdened with caring for sick family members are less able to support their children's education.

The historical context of African slums is rooted in the colonial era, which left a legacy of inadequate infrastructure, poor urban planning, and socio-economic inequality. Post-independence, rapid urbanization and population growth have exacerbated these issues, leading to the proliferation of slums.



During the colonial period, urban planning and development were designed to serve the interests of the colonial powers, with little regard for the needs of the indigenous populations. This resulted in the segregation of urban areas, with inadequate infrastructure and services provided to areas inhabited by the local population. The neglect of these areas laid the groundwork for the development of slums.

Following independence, many African countries experienced rapid urbanization as people migrated from rural areas to cities in search of better economic opportunities. However, this urban growth was often unplanned and unmanaged, leading to the expansion of informal settlements. The influx of people into cities outpaced the development of infrastructure and services, resulting in the proliferation of slums.

Economic policies implemented in the post-independence era, such as structural adjustment programs, often had adverse effects on urban populations. These policies, imposed by international financial institutions, required cuts in public spending on social services, including healthcare and housing. This further exacerbated the living conditions in slums and limited the ability of governments to address the health needs of these populations.

Communicable diseases such as tuberculosis, malaria, cholera, and HIV/AIDS are prevalent in slums due to the overcrowded living conditions, poor sanitation, and limited access to healthcare. These diseases spread rapidly in densely populated areas, leading to frequent outbreaks and high mortality rates. The recent COVID-19 pandemic has further highlighted the vulnerability of slum populations to infectious diseases.

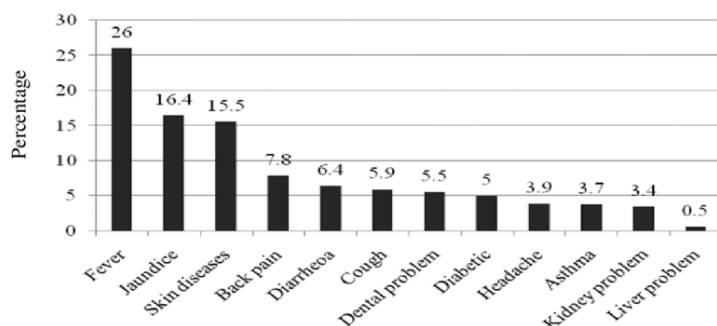


Figure 2: Diseases that slum dwellers are suffering from:

<https://www.researchgate.net/publication/308703436/figure/fig7/>

<AS:567226307497985@1512248698579/Diseases-that-slum-people-suffering-from.png>



IV. Major Countries and Organizations Involved

Countries:

Nigeria

Home to some of the largest slums in Africa, such as Makoko in Lagos, which faces significant health challenges.

Kenya

Nairobi's Kibera slum is one of the largest in Africa, with high incidences of HIV/AIDS, tuberculosis, and cholera.

South Africa

Despite being more developed, South Africa has significant slum areas like Khayelitsha in Cape Town, where healthcare services are often strained.

Japan

Supports Africa CDC and the Global Fund to Fight Aids, TB and Malaria as well as working together with African scientists to develop new methods to combat diseases.

USA

Works together with Africa CDC and governments and has invested nearly \$20 billion in health programs in the Africa region.



Organizations:

Africa Centres for Disease Control and Prevention (Africa CDC)

Public health agency of the African Union which supports the public health initiatives of member states and strengthens the capacity of their health institutions to deal with disease threats.

World Health Organization (WHO)

Provides guidelines and support for disease prevention and control in slum areas.

UN-Habitat

Focuses on improving living conditions in urban areas, including slums.

Médecins Sans Frontières (MSF)

Offers medical assistance in slums during health crises.

The kENUP Foundation

Funds health and development projects in slum areas.

V. Timeline of events

When:	What:
1960s-1970s	Rapid urbanization begins in many African countries, leading to the growth of slums.
1980s	The spread of HIV/AIDS exacerbates health conditions in slums.
2000s	Increased international attention to the Millennium Development Goals (MDGs) brings some improvements in health and sanitation.
2010s	Outbreaks of Ebola and other infectious diseases highlight the vulnerabilities of slum areas.



2020	COVID-19 pandemic disproportionately affects slum populations, exposing gaps in healthcare and infrastructure.
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VI. Previous attempts to solve the issue

Sanitation Improvements

Programs such as the UN's Water, Sanitation and Hygiene (WASH) initiative have aimed to improve access to clean water and sanitation facilities in slums. These efforts have been critical in reducing the incidence of waterborne diseases like cholera.

Healthcare Access

Mobile health clinics and community health worker programs have been deployed to increase healthcare access in slum areas. These initiatives have provided essential services such as vaccinations, maternal care, and treatment for infectious diseases.

Socioeconomic Interventions

Economic empowerment programs and educational initiatives have been implemented to address the root causes of poor health in slums. These programs aim to improve the overall living conditions and economic prospects of slum dwellers.

VII. Possible solutions

Integrated Health Systems

Developing integrated health systems that combine preventive, promotive, and curative services that can ensure comprehensive healthcare coverage in slums. This approach involves strengthening primary healthcare, increasing the availability of essential medicines, and improving health infrastructure.

Community-Based Interventions



Empowering communities through participatory health programs can enhance the effectiveness of health interventions. Community health workers can play a pivotal role in educating residents about disease prevention and providing basic healthcare services.

Sanitation and Infrastructure Development

Investing in sanitation infrastructure, such as clean water supply and waste management systems, is crucial. Public-private partnerships can be leveraged to fund and implement these projects.

Policy and Governance Reforms

Strengthening governance and policy frameworks to address urban poverty and inequality can have a significant impact on health outcomes in slums. This includes ensuring political representation for slum dwellers and integrating slum development into national health strategies.

VIII. How to prepare as a delegate

In order to contribute to the discussion, you should be familiar with your country's involvement in this issue including statistics about slums and poverty, the spread of diseases in your country and any aid programs your country might be involved in. Furthermore, you should find solutions to solve this issue according to your nation's interests and in line with the ideas of other nations that may be your allies in the debate.

All delegates are obligated to write **at least one draft resolution and a minimum of two preferably three position papers** to cover all topics of the forum. The **deadline to send in the documents is the 21.09.24**, any documents which are sent in after the deadline will not be corrected by Student Officers and the documents in question cannot be included in the decision-making when it comes to the awards.



Questions Delegates Should Consider during Research

- How much is your country affected by this problem?
- Does your country provide aid or support aid organizations in this area?
- How can access to healthcare services in slums be improved?
- What role should international organizations play in supporting health initiatives in slums?
- What best practices from other regions can be adapted to the African context?

IX. UN resolutions

- **UN Resolution 70/169 (2015):** The right to adequate housing as a component of the right to an adequate standard of living. <https://documents.un.org/doc/undoc/gen/n15/442/72/pdf/n1544272.pdf?token=rbdmsE5k83EsRoahLN&fe=true>
- **UN Resolution 71/256 (2016):** Adoption of the New Urban Agenda, focusing on sustainable urban development. https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_71_256.pdf
- **UN General Assembly Resolution 64/292 (2010):** Recognizing the human right to water and sanitation. <https://documents.un.org/doc/undoc/gen/n09/479/35/pdf/n0947935.pdf?token=j2MOWyCUuAsCBkw83X&fe=true>

X. Useful links

- Urbanization and Infectious Diseases: General Principles, Historical Perspectives, and Contemporary Challenges: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7119955/>
- Emerging infectious diseases in Africa in the 21st century: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205565/>
- The Story of Ebola: <https://www.youtube.com/watch?v=XCrOde-JYs0>



- The story of Cholera: <https://www.youtube.com/watch?v=jG1VNSCsP5Q>

XI. Sources

Urbanization and Infectious Diseases: General Principles, Historical Perspectives, and Contemporary Challenges:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7119955/>

Slum health: Diseases of neglected populations:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1829399/>

[#:~:text=These%20included%20hypertension%2C%20diabetes%2C%20asthma,infections%2C%20and%20reproductive%20health%20problems.](#)

Tackling Africa's slums:

<https://iris.who.int/bitstream/handle/10665/48539/WH-1991-Mar-Apr-p14-15-eng.pdf?sequence=1&isAllowed=y>

Factsheet Plague:

<https://www.afro.who.int/health-topics/plague>

Plague overview:

<https://africacdc.org/disease/plague/>

Emerging infectious diseases in Africa in the 21st century:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6205565/>

In Africa, 63% jump in diseases spread from animals to people seen in last decade:

[https://www.un.org/africarenewal/magazine/july-2022/africa-63-jump-diseases-spread-animals-people-seen-last-](https://www.un.org/africarenewal/magazine/july-2022/africa-63-jump-diseases-spread-animals-people-seen-last-decade#:~:text=the%20remaining%2030%25.-,Ebola%20Virus%20Disease%20and%20other)

[decade#:~:text=the%20remaining%2030%25.-,Ebola%20Virus%20Disease%20and%20other](#)



[%20viral%20hemorrhagic%20fevers%20constitute%20nearly,making%20up%20the%20remaining%2030%25.](#)

Bubonic plague festers in Madagascar:

<https://www.dw.com/en/bubonic-plague-festers-in-madagascars-slums/a-18085422>

African Union chairperson commends ongoing national and international efforts in the battle against plague in Madagascar:

<https://africacdc.org/news-item/african-union-chairperson-commends-ongoing-national-and-international-efforts-in-the-battle-against-plague-in-madagascar/>

Politics of disease control in Africa and the critical role of global health diplomacy: A systematic review:

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7967135/>