Princeton Model United Nations Conference 2017

African Union
Chair: Gene Li
AFRICAN UNION PMUNC 2017

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Dear delegates,

Welcome to PMUNC! My name is Gene Li. I will be your chair for the African Union committee this year. First, I would like to introduce myself. I am a junior at Princeton University majoring in Electrical Engineering with a certificate in Statistics and Machine Learning. Besides PMUNC, I am involved as an Engineering School tour guide and I also do research in the ELE department. I especially enjoy cooking and checking out local coffee shops.

I’m excited for our debates and discussions over the course of the weekend. The African continent is comprised of a diverse range of cultures, religions, political structures, and economies. As you all strive to stay in the character of the country you are representing, you’ll find that skillful negotiation and creativity are a necessity.

The first topic is the role of the African Union in mediating armed conflict. We will discuss a few key conflicts that are currently ongoing on the African continent, as well as draw upon historical contexts of conflict on the African continent, especially ones where egregious human rights violations occur. Essentially, the question posed is: should the African Union condone or even pursue action that potentially violates a member state’s national sovereignty in the name of human rights? There is no easy answer.

As the populations and economies of African member states grow explosively, barriers to long term success remain. One of them is infectious disease such as HIV/AIDS and malaria, which remains one of the most potent killers on the continent. While it is true that billions of dollars are being
poured into infectious disease research internationally, infrastructure for treating these diseases on
the ground is inefficient or even nonexistent in some cases. What strategies should the African
Union recommend, both short term and long term, for dealing with this issue? In addition, how
should the African Union deal with issues such as the cultural stigma of HIV, weak healthcare and
pharmaceutical infrastructure, as well as religious opposition to contraceptives used to prevent
STDs?

I would like to remind you all that MUN has two key components: conceiving innovative policies
and communicating them effectively. I would encourage you all to keep this in mind as you prepare
for the conference, and during the conference. Lastly, please feel free to reach out with any
questions you have. Looking forward to the conference!

Best,

Gene
COMMITTEE DESCRIPTION

The creation of the African Union (AU) is one of the great institutional achievements of the 21st century. The AU’s predecessor was the Organisation of African Unity (OAU), established in 1963 with the objectives of ridding the continent of colonialism and apartheid, promoting union among African states, coordinating on development, safeguarding sovereignty of member states, and promoting international cooperation within the UN framework.\(^1\) Established at the Durban Summit in 2002, the AU consists of all UN member states on the African continent. The AU continues to strive toward the original objectives of the OAU, but broadly speaking, asserts a vision of “an integrated, prosperous, and peaceful Africa, driven by its own citizens and representing a dynamic force in the global arena.”\(^2\) Generally, the AU has shifted its focus from issues of colonialism and apartheid to development and integration.

The AU consists of many organs: the Assembly, composed of heads of state or their representatives, a Court of Justice, and financial institutions such as the African Central Bank, among others. Notably, the African Union has a Commission of leaders tasked with developing eight different portfolios concerned with peace/security, political affairs, infrastructure/energy, social affairs, human resources/science/technology, trade/industry, rural economy/agriculture, and economic affairs.

As you can see, the scope of the AU is extremely large. For our purposes, you should know that the African Union is a decision-making political entity that is able to promote plans of action on

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\(^2\) Ibid.
a wide range of topics, to facilitate international cooperation with entities such as NATO, the EU, and the UN, as well as to intervene politically and militarily when it sees fit.

In exploring these topics, I would encourage you to focus on how the AU can direct concrete, specific solutions as well as orchestrate cooperation with the broader international community. The AU is an extremely optimistic and forward-looking organization, but how can it achieve its vision? What must be done now, in five years, in ten, or even twenty?
TOPIC A: THE ROLE OF THE AFRICAN UNION IN MEDIATING IN ARMED CONFLICTS

Introduction

Resolving armed conflict on the African continent remains one of the great challenges of the African Union, despite being one of the foundational reasons for establishing the African Union. Armed conflict, not surprisingly, destroys economies, upheaves societies, and causes migration and refugee crises. The Peace Research Institute of Oslo finds that conflict severely prevents a country from achieving Millennium Development Goals (MDGs), a set of 8 goals that UN member states agreed to try to achieve by 2015 in the United Nations Millennium Declaration (Sep. 2000). While often underreported in Western media, conflict on the African Continent is some of the fiercest in the world. In 2015, conflict in Africa displaced 3.5 million new people, bringing the total number of internally displaced persons (IDPs) up to 12.5 million, the highest level of internal displacement in the world.

Scholars note a few overarching causes of conflict. The first is inequality - political, social, and economic. When societies are divided into factions which have unequal access to power, resources, and revenue, conflict breeds. State collapse is a second cause: as government institutions collapse or are unable to provide basic services to their civilians, a power vacuum is created in which certain groups attempt to seize power. The third is history – some regions are in conflict because of entrenched political violence, in part due to the Western society’s heavy-handed approach to colonizing and altering the African continent throughout the 19th and 20th centuries. For example,

the Cold War led to a division of African countries into “spheres of influence” whereby leaders of these countries maintained power (and were often propped up in the name of democracy/communism!) in exchange for allegiance to a superpower.\textsuperscript{5} Another historical source of conflict is the effect of arbitrary partitioning of borders during the period of imperialism, which led to many diverse ethnic groups (who were often in conflict) to be incorporated into one colony.\textsuperscript{6}


History of the topic

Perhaps the best way to illustrate the history of armed conflict in Africa is through example. The Rwandan Genocide and Somali Civil War will be discussed as case studies in this section. The chair encourages delegates to explore how other conflicts on the African continent have played out, with a focus on international involvement and/or African Union involvement when appropriate.

Past conflicts in Africa which this guide will not touch upon include Uganda’s fight against the Lord’s Resistance Army (LRA), the Egyptian Revolution of 2011, and the First Ivorian Civil War, among others. As of summer 2017, conflict on the African continent in Chad, Mali, Central African Republic, Ethiopia, and Kenya is being monitored.

Rwandan Genocide

The Rwandan Genocide (1994) is one of the worst human rights violations on the African Continent to date, and illustrates many of the issues involved with mediating and resolving armed conflict. The conflict involved three ethnic groups: the Hutu, the majority ethnic group which controlled the government; the Tutsi, which comprises of most of the rest; and a small number of Pygmy Twa (hereafter referred to as Twa). Under League of Nations mandate, Rwanda was one of Belgium’s colonies. Post World War I, the Tutsi were favored by the Belgian government, until a revolution in 1959 which caused 300,000 Tutsi to leave the country, leading up to the Tutsi monarch being exiled in 1961. After Rwandan independence in 1962 and declaration of a republic, a Hutu-led government under Juvenal Habyarimana as president was put in power. In the early 1990s, a group of Tutsi refugees from Uganda led the Rwandese Patriotic Front (RPF) in an invasion of Rwanda,

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7 A good resource for learning about conflicts in Africa is through the Armed Conflict Location and Event Data Project (ACLED) which provides monthly conflict trend reports on conflicts throughout Africa and Asia. https://www.acleddata.com/research-and-publications/conflict-trends-reports/
ultimately leading to an agreement in '93 called the Arushu Accords between Habyarimana and the RPF, leading to a transition government that would include the RPF.

The stage was set for backlash from Hutu extremists, who did not want to see Tutsi in government. On April 6, 1994, Habyarimana’s plane was shot down over the capital city of Kigali. Genocidal killings of Tutsi and moderate Hutu began quickly in Kigali, led by the Presidential Guard, Rwandan Armed Forces, and Hutu militia groups. Over the next three months, some 800,000 people were slaughtered. Radio served as a valuable weapon – inciting citizens to kill their Tutsi neighbors, as well as accusing the Twa of aiding the RPF. Firearms, machetes, and garden implements were used in the “fastest, most efficient killing spree of the twentieth century".  

As the RPF resumed fighting against the Hutu extremists, a civil war broke out that ultimately displaced more than 2 million people, mostly Hutu. Ultimately the RPF proved victorious, setting out to establish a government that included both moderate Hutu and Tutsi, eventually holding Rwanda’s first-ever legislative elections.

International response to the genocide was lacking. The UN had stationed a mission to Rwanda called the United Nations Assistance Mission for Rwanda (UNAMIR) to oversee the transitional government under the Arushu Accords, but the UN Security Council had voted to withdraw most peacekeeping forces in April 1994. The UNAMIR personnel left in Rwanda were using hand-me-down vehicles from Cambodia, and medical supplies had run out by March 1994. The United States, under President Bill Clinton, had shown no interest in stopping the genocide, as they

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did not want a repeat of Bush’s intervention in Somalia in 1993. In fact, the US had worked towards removing most of the peacekeepers and refused to use its technology to jam radio broadcasts.\textsuperscript{10} France, in a UN approved operation called Operation Turquoise, created a limited “humanitarian zone” in southwestern Rwanda, which saved Tutsi lives but also helped some of the plotters of the genocide escape. Overall, by the time the UN was able to mount a significant humanitarian effort, most of the damage had already been done.

The Rwandan Genocide had a longstanding impact. Domestically, it led to deaths and displacement of civilians of all ethnic groups: Hutu, Tutsi, and Twa – as there were perpetrators of violence on all sides. Along with the massacre at Srebrenica, now a part of Bosnia and Herzegovina a year later in 1995, the Rwandan genocide made it clear that international bodies and countries should have an interest, even a responsibility to intervene in preventing genocide. In March 1998, on a visit to Rwanda, Clinton issued a “Rwanda apology” – stating on the tarmac at Kigali Airport, “We come here today partly in recognition of the fact that we in the United States and the world community did not do as much as we could have and should have done to try to limit what occurred” – a statement Samantha Power, former diplomat for the US, points out is erroneous because the US had done “virtually nothing”. \textsuperscript{11,12} This shift in international political thought ultimately led to the creation of a doctrine called the Responsibility to Protect (R2P), which tries to answer this question: when is it acceptable to intervene in foreign countries for humanitarian reasons? The R2P doctrine will be explained later in this background guide.

\begin{thebibliography}{99}
\bibitem{10} Ibid.
\bibitem{11} Ibid.
\bibitem{12} For a lengthier account of the Rwandan Genocide and its effect on international politics, Samantha Power’s \textit{A Problem from Hell} is recommended.
\end{thebibliography}
Somali Civil War

In 1991, clan militias, militant groups representing Somalia’s various ethnic clans, had significant military clout. Fighting between these clan militias and the government led to the capture of the capital, Mogadishu, forcing out dictator Siad Barre. This power vacuum bred conflict between two clan lords, Mohamed Farah Aideed and Ali Mahdi Mohamed. By 1992, 350,000 Somalis had died as a result of disease, starvation, and civil war, prompting George H.W. Bush to airlift food and supplies to Somalia. The UN Security Council also approved Operation Restore Hope to protect these shipments from warlords. By 1994, the U.S. had left Somalia. During the US’s involvement in Somalia, 1.7 billion USD was spent, 43 U.S. soldiers died, and another 153 were wounded. Among these were the deaths of 18 U.S. Army Rangers when two Black Hawk helicopters were shot down in Mogadishu. Widely regarded as a failure by Americans, the U.S.’s involvement in Somalia made Bill Clinton hesitant to respond to the Rwandan genocide.

The United Nations continued to aid Somalia through food shipments, however many of these were being hijacked by warlords, and ultimately food aid programs were suspended and the UN pulled staff and aid workers because of fighting conditions. In 2003, an interim government called the Transition Federal Government (TFG) was inaugurated in Nairobi, Kenya, functioning in exile until 2005, when conditions had calmed down enough to returned to Somalia. At this time, a faction called the Islamic Courts Union (ICU) began battling U.S.-backed warlords in the south, ultimately capturing Mogadishu. With support from Ethiopian troops, the Somali TFG began

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13 A good introduction to the role that the African Union Mission to Somalia (AMISOM) played in assisting the Somali government in its fight against Al-Shabaab can be found here: https://www.youtube.com/watch?v=3gl8GpMlkpw.
15 Made famous in the movie *Black Hawk Down*. 
pushing back, and the ICU splintered into many organizations, amongst them one called Al-Shabaab, which eventually became the strongest rebel faction.

On Jan. 19, 2007, the African Union Mission in Somalia (AMISOM) was approved by the UN Security Council. Resolution 1744(2007)13 authorized a six-month peace-keeping mission in Somalia. This mission has since been extended repeatedly. AMISOM, still active in Somalia today, is generally recognized as a successful African Union intervention in one of its member states. It has stabilized the country and “facilitated delivery of humanitarian aid, reconstruction, and sustainable development in Somalia”. AMISOM personnel have overseen training of the Somali Police Force (SPF) and the Somali National Army (SNA), helped reintegrate refugees and provide medical aid to them, and provided support for political processes, gender equality efforts, international journalists, and various civil affairs.

Most personnel function within the peacekeeping objective, as AMISOM currently numbers 22,000 troops. In October of 2017, they plan to start withdrawing troops and “expect to be fully out of the country by 2020”. AMISOM hopes to hand over control back to the SNA, which they have helped build up. Generally, peace has been achieved in urban centers, however AMISOM and the SNA are still battling Al-Shabaab.

However, there are several key issues regarding the Somali Civil War, the success of AMISOM, and whether similar results can be replicated in other conflict areas.

Firstly, the Somali Government has struggled to build a robust Somali National Army to replace the 22,000 troops of AMISOM, which come mostly from Uganda, Ethiopia, Kenya, and Burundi. The SNA current faces issues of “corruption, capacity, and its acceptance in regions beyond Mogadishu”. Many believe a 2020 withdrawal by AMISOM to be “untimely”. If Uganda and Kenya plan an early exit strategy, much of the gains against Al-Shabaab may be erased.

If anything, the success of AMISOM is heavily hinged on international aid. According to the “Somalia – A Nation Reborn” video linked at the beginning of this section, a good 85% of aid comes from the European Union. Troop salaries, food, medical supplies, etc. are all paid for by EU funding. Long term success of AMISOM is not insured, as Al-Shabaab has not been decisively defeated.

Thirdly, consensus of a legitimate federal government and regional administration is needed. A report states that “This settlement must include agreement on how to govern Somalia, a shared vision of the roles of the country’s security forces and a roadmap for integrating the numerous armed groups that currently proliferate”. Taxes are not being paid by civilians, making it difficult to pay Somali soldiers.

The African Union’s intervention in Somalia highlights how difficult intervention is. Somalia’s future is still hanging in the air – as the groundwork for an extensive state-building policy work has not been laid yet, and the military strength of Somali soldiers is questionable.

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18 Ibid.
19 Ibid.
Current situation

This section will begin with an outline of the powers of the AU in mediating in armed conflict. Next, it will describe the present nature of armed conflict in Africa. Lastly, it will describe a current ongoing conflict, the crisis in South Sudan. While in committee, delegates are expected to propose solutions regarding a broad framework for conflict resolution, as well as solutions specific to the South Sudan situation.

AU and Conflict Resolution

The chief piece of infrastructure the AU has for dealing with armed conflict is the Peace and Security Council, which was “established to be a collective security and ‘early warning’ arrangement with the ability to facilitate timely and efficient responses to conflict and crisis situations” in 2002.\textsuperscript{21} According to the PSC’s website: “The PSC’s core functions are to conduct early warning and preventive diplomacy, facilitate peace-making, establish peace support operations and, in certain circumstances, recommend intervention in Member States to promote peace, security and stability.” The PSC can issue sanctions, put peace-keeping troops on the ground, as well as facilitate humanitarian action in armed conflict situations.\textsuperscript{22}

The agenda for PSC meetings is set by the Chairperson, which is a monthly rotation of the 15 African Union member states which sit on the PSC. The Chairperson “may bring to the PSC’s attention any matter that may threaten peace, security and stability in the continent.”\textsuperscript{23} Proposals for

\textsuperscript{22} Ibid.
\textsuperscript{23} Ibid.
discussion are submitted by the Chairperson of the AU Commission and by member states. Decisions are guided by consensus. When consensus is not possible, decisions are made by a simple majority and on more substantive issues, two-thirds majority. This is different from the UN Security Council, where five countries (U.S., France, U.K, Russia, and China) have the power to veto any resolution. Notably, members of the AU that are party to the conflict under discussion may not participate in the discussion or decision-making process of the PSC.

Conflict in Africa

Conflict in Africa has taken on a “new warfare” dimension, which is characterized as regional conflict involving conventional state forces engaged in either protecting key resources or engaged in attritional warfare with other states. Smaller factional forces – i.e. warlords such as those active in Somalia in the 1990s – act as proxies and buffers for the larger conventional state forces. This means that multiple groups are in conflict, and support for one group in the form of arms or money may have larger repercussions on the long-term stability – think US’s backing of the Mujahideen in Afghanistan, which led to long-term instability in the region. Ethnic conflict is on the rise, and is increasingly being sanctioned or exploited. Usually, an internal conflict sparks off regional intervention, as was seen in Somalia when Ethiopia invaded in cooperation with the Somali government.

General Issues with Conflict Resolution

Responsibility to Protect
After Rwanda, there was much heated discussion among the international community about what they could have done to avoid the tragedy of gross and systematic human rights violations. According to the UN, “The question at the heart of the matter was whether States have unconditional sovereignty over their affairs or whether the international community has the right to intervene in a country for humanitarian purposes”. In 2000, then UN Secretary-General Kofi Annan put forth the question: "If humanitarian intervention is, indeed, an unacceptable assault on sovereignty, how should we respond to a Rwanda, to a Srebrenica, to gross and systematic violation of human rights that offend every precept of our common humanity?"

And so, the concept of responsibility to protect was born. Loosely speaking, R2P doctrine gives the international community, specifically the Security Council, authorization of intervention in countries where genocide or large-scale killing is occurring, legitimizing intervention even in cases where the member state in question does not condone it. This was formalized at the 2005 UN World Summit, where all member states agreed to accept this responsibility.

Critics of R2P see “responsibility to protect” and its cousin the “War on Terror” as simply different sides of the same coin of “Cold War” foreign intervention to advance political, economic, and strategic interests. Countries will usually intervene when there is significant domestic support – a lesson learned from the U.S’s intervention in Vietnam. Heavy-handed intervention has often created more problems than it has solved. According to Elizabeth Schmidt, history professor at Loyola University Maryland, R2P and the war on terror has “increased American and European presence on

25 Ibid.
26 Ibid.
the continent, generated new external support for repressive governments, and contributed to escalation of violence.27

Since 2005, the R2P doctrine has been invoked multiple times in Africa to varying degrees of success. President Obama’s intervention in Libya in 2011 was widely regarded as “Obama’s worst mistake”, as the UN and the U.S. had not prepared for the post-Gaddafi power vacuum that led to instability and strife, failing to rebuild civil society. On the flip side, the swift and decisive UN intervention in Cote d’Ivoire in 2011 was very successful. When Cote d’Ivoire President Laurent Gbagbo refused to concede a loss in a UN-overseen election, openly attacking civilians, UN forces were put on the ground, defeating Gbagbo in a matter of 12 days and restoring peace.28 These brief examples indicate the difficulty of determining when and how the international community should intervene, even when human rights violations occur.

Engineering Successful Peace Processes

Peace processes are often rushed and incorrectly analyzed, giving combatants time to rearm and reorganize. Intervention must be sustainable – the question of what will happen when the peacekeeping force leaves must be answered before any intervention is implemented. In addition, humanitarian assistance is often mishandled, as relief supplies often increase tensions because opposing sides fight over these resources. In many African conflicts, there is little to no recognition of international humanitarian standards, resulting in dangers to humanitarian aid workers and civilians receiving aid.

A challenge the AU faced in its early days was trying to build a peace and security architecture while armed conflict was raging – as a working paper by the Council on Foreign Relations states, this is like trying to build a fire brigade while the neighborhood burns.\(^2^9\) The AU lacked leverage in dealing with significant conflicts, and AU member states were often in disagreement about how relationships between the UN and regional organizations should be.

As the African Union gains power and credibility in dealing with various armed conflicts, they must develop a framework for responding a variety of situations. This framework must address the complex socio-economic, political, and cultural relationships amongst the inhabitants of the regions involved in armed conflict.

**How do we engineer successful peace processes?**

A dedication to state-building is vital. Developing a national government that is inclusive of all ethnic and regional groups goes a long way toward mitigating future conflict. Moreover, this government must be legitimate in the eyes of the people. As we see in Somalia, the government is struggling with garnering support outside of Mogadishu – something that needs to be resolved for it to continue to grow. Legitimacy of government is established through a “strong commitment to reestablishing and delivering basic services” such as education and health care.\(^3^0\) Power, especially military power, must be consolidated in a legitimate fashion.


\(^3^0\) “The causes of conflict in Africa”
A British paper by the Department for International Development also notes that economic growth and natural resources must be managed. Countries with large deposits of natural resources often are subject to widespread corruption – this is exactly the issue at hand with “blood diamonds”, diamonds mined and sold to finance war. Throughout the 20th century, Angola, Cote d’Ivoire, and Sierra Leone have engaged in diamond sales primarily to fund conflict. Economic success and sustainable management of natural resources is tied to a legitimate government which can regulate the economy.

In drafting solutions, delegates should emphasize sustainability. How can the African Union intervene, such that 10 years later, peacekeeping troops are not still in the country fighting insurgents? How can the African Union intervene in such a way that puts the country on the track of economic and political stability? The chair notes that these are questions that even the most seasoned interventionist entities such as the United States and the EU have no satisfactory answer for.

International Relationships and Aid

In most cases of mediating armed conflict, the military manpower is provided through a few African Union countries, such as Ethiopia, Kenya, and Nigeria, among others. However, African Union member states on a whole do not have the monetary resources to sustain intervention in other countries, and must rely on international aid in almost all cases. International aid is fickle at times, as it is highly dependent on domestic support in those international players as well as whether the intervention is in line with foreign policy agendas. Keep in mind that the agendas of international entities are never completely in line with those of the African Union. One of the main

31 Ibid.
criticisms of international aid given to AMISOM to quell the Somali Civil War was that the Somali Civil War was fought with African blood and European money.

Since in the short term at least, the African Union must rely on international support for intervention, the question becomes, how can the African Union convince these international players to commit to long-term strategies that emphasize state-building and sustainability? The African Union should explore how to advance diplomatic ties with international bodies such as the United States and the European Union that keep African Union member states in control of the conflict situation and leading the decision-making processes, while addressing the inherent limitations of international aid.

One international country that presents an interesting opportunity is China. African Union member states are split on what their economic and political relationships should be with China. Chinese investors have increasingly turned to Africa for opportunities. In December 2015, President Xi Jinping committed 60 billion USD to investment in capital projects on the African continent to develop local economic capacity. China in recent years has targeted “industrialization, agriculture modernization, infrastructure, financial services, green development, trade and investment facilitation, poverty reduction, etc.” As of September 2016, Chinese companies had invested $14 billion in Africa.

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34 Ibid.
There are a few criticisms of Chinese investment. Historically, Chinese companies have been accused of forming aggressive, one-sided partnerships with local governments. In Angola’s oil business, Chinese companies have been accused of “ignoring local issues, for example by importing many materials from China rather than sourcing it locally, and even hiring Chinese only, excluding local Angolans.”

In addition, China has always been opposed to intervention and disregards human rights issues when it comes to business. China has oft been criticized for investing and building up infrastructure in countries which have no regard for human rights, just so they can tap into new economic markets. China is a major supplier of conventional arms to African states, and these arms have sometimes been used in human rights violations in Sudan, Zimbabwe, and the Democratic Republic of the Congo. China’s demand for energy and resources may adversely affect countries which do not have strong internal management and regulation of these resources, potentially breeding conflict. Much of this criticism has come from Western media and countries that have strong ties to the West. On the flip side, others believe that China offers great potential for African economic growth, as “China has never has enslaved or colonized the continent”, and doesn’t make false promises. They provide unconditional aid and investment in infrastructure without any strings attached. In a Quartz publication, 63% of people polled in 36 African countries responded that Chinese influence was positive. It is up to the African Union to decide whether they want to pursue stronger economic relationships with China, and perhaps even develop stronger military partnerships.

35 “Conflicts in Africa: Introduction.”
37 “How China’s $60 Billion for Africa Will Drive Global Prosperity.”
South Sudan Conflict

Historically, the roots of conflict in Sudan stem from the differences between north and south, with the north being more modernized and Muslim, while the Christian majority south being neglected economically. Multiple civil wars have been fought in Sudan in the 20th century, invariably involving destruction of infrastructure and decimation of the civil population. The Second Sudanese Civil War was fought between the Sudanese government and the Sudan People’s Liberation Movement (SPLM), a rebel group that sought liberation of the south from government under Omar al-Bashir, president of Sudan.

In the early 2000s, international pressure led to a north-south peace process, resulting in the Comprehensive Peace Agreement (CPA) signed in 2005 by Bashir’s government and the SPLM. This paved the way for referendum which led to South Sudanese independence in 2011. The SPLM was subsequently installed as the ruling party, with Salva Kiir elected president. Two and a half years later, conflict broke out among the upper echelons of the SPLM as the army split into factions loyal to Kiir and his former deputy Riek Machar, who created a rebel movement named the Sudan People’s Liberation Army – In Opposition (SPLA-IO). Many siding with SPLA-IO believed that the government was being run poorly and favored President Kiir’s Dinka tribe (Riek Machar is a member of the Nuer tribe). This conflict quickly devolved into an all-out ethnic conflict between the Dinka and Nuer tribes, drawing in Uganda and Sudan, disrupting Kenyan investments in South Sudan, and causing political agitation in Ethiopia.

38 To give the reader an idea of the diversity in South Sudan, there are over 64 different tribes in South Sudan.
The Agreement on the Resolution of the Conflict in the Republic of South Sudan (ARCSS) was signed in August 2015 between Kiir and Machar, brokered by the Intergovernmental Authority on Development (IGAD) – an eight country regional bloc, and backed by the African Union, US, UK, Norway, China, the UN, and EU. ARCSS was supposed to end the violence, reinstate Machar to vice president, reintegrate the rebels into the army, and split up government positions between both sides. In July 2016, fighting broke out in the capital city of Juba during a meeting between Kiir and Machar, and Machar’s people were forced to flee the capital. A faction led by Taban Deng Gai, Machar’s chief negotiator, claimed leadership of the SPLM-IO, replacing Machar as vice president and hoping to reintegrate into the SPLM. Deng Gai was recognized as vice president by then-U.S. Secretary of State John Kerry, as well as other international bodies. However, many of Machar’s faction remained loyal to Machar did not declare allegiance to Deng Gai. Machar fled to South Africa, and his faction is still fighting the SPLM and gaining significant ground in Equatoria, the southernmost region of South Sudan.

While as of June 2017, conflict has reduced, this is in part due to the onset of the rainy season, and conflict is expected to intensify in November. In a UN report, those who have fled violence have reported “killing of civilians, destruction of homes, sexual violence, and looting of livestock and property”. To complicate matters, South Sudan is undergoing a famine, and it appears that the government is denying aid to civilians in rebel-held areas. The refugee situation is horrendous, as almost a million refugees are currently in Uganda, with over half a million arriving over the past year.

40 https://unmiss.unmissions.org/sites/default/files/final_proposed_compromise_agreement_for_south_sudan_conflict.pdf
43 Ibid.
The UN currently has a mission to South Sudan called UNMISS, established in July 2011 under resolution 1996(2001). Currently there are 15,000 troops in South Sudan, with over 13,000 uniformed personnel, 2,000 civilian personnel, and 400 UN volunteers. The focus of the UNMISS mission has shifted from peacebuilding activities to “protecting civilians; facilitating humanitarian assistance; monitoring and reporting on human rights; preventing further inter-communal violence” as conditions have worsened. Notably, it has shifted to an impartial stance between the two parties, as atrocities are being committed on both sides.

South Sudan: Issues to consider

The African Union is tasked with developing an emergency resolution to the crisis in South Sudan. Below are a set of issues to consider. This is by no means an exhaustive list; the chair welcomes additional points of contention in the resolution of this crisis.

Failures of ARCSS

From the beginning, ARCSS was doomed to fail, for various reasons. ARCSS has been described as “overly ambitious”, and South Sudan lacked the human capital to tackle the provisions. South Sudan’s rulers were “uninterested in reform,” as the “very political and institutional foundation for the existence of a state… has yet to be forged.” Instead, the ruling parties were primarily preoccupied with regaining their “pre-war” glory, i.e. asserting their military

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46 “The AU’s three options in South Sudan”
and political dominance over other tribes. After signing ARCSS, Kiir attached 19 different reservations “revealing how his government intended to interpret it,” and it soon became clear that the South Sudanese government would only selectively implement parts of ARCSS that it deemed favorable to maintaining power.

Another criticism of ARCSS is that ARCSS set out not to craft a new future for South Sudan, but instead to return the country to pre-conflict status quo, by brokering a peace between the three principal regions of the country: Bahr El Ghazal, the Equitorias, and Greater Upper Nile. ARCSS at its core was a power-sharing agreement that ignored the “sharp personal, ethnic and institutional disagreements that led to the conflict in the first place.”

When certain factions such as Machar’s SPLA-IO were pushed out of government, the government lost its social and political diversity, which was the mechanism that ARCSS relied on for stability.

Ineffectiveness of International Peacekeeping and Humanitarian Aid

The biggest objective for UNMISS is to protect civilians in vulnerable regions, an objective UNMISS has repeatedly failed to meet. A UN report noted that peacekeepers responded in an ineffectual way to violence, citing incidents of Chinese peacekeepers abandoning their positions and Nepalese peacekeepers failing to stop looting inside of UN compounds. UN aid workers and staff housed at one hotel compound were attacked by South Sudan soldiers, and peacekeepers stationed “just 1km away failed to come to their aid despite multiple requests from China, Ethiopia, India, and Nepal for forces to be dispatched.”

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48 “The AU’s three options in South Sudan”
UNMISS must be freely able to move in the region and conduct monitoring on human rights, with UN compounds respected. In fact, each UNMISS contingent in the area reported that their troops were already fully committed, resulting in civilians being subjected to “gross human rights violations, including murder, intimidation, sexual violence and acts amounting to torture perpetrated by armed government soldiers.”50 UNMISS soldiers showed a risk-adversity to intervene when sexual violence occurred, and they were described as refusing to conduct foot patrols, instead “peer[ing] out from the tiny windows of armoured personnel carriers.”51 Consequently, the commander of the UN peacekeeping force in South Sudan, Kenyan Lt. Gen. Mogo Kimani Ondieki, was sacked.

UNMISS and the AU currently have no method for collecting information and prosecuting human rights violations, especially those that occurred during the July 2016 violence in Juba. One of the provisions of ARCSS was to establish a Hybrid Court for South Sudan (HCSS) to prosecute human rights violations, but the South Sudan government has repeatedly failed to deliver on this provision. South Sudan contends that claims of genocide are baseless, and that the conflict is purely political with no ethnic dimension. South Sudan furthermore contends that “government forces have not targeted civilians or used sexual violence as a war tactic.”52 Without an accurate picture of what is happening on the ground, there is no way for the AU and the UN to evaluate the validity (or more accurately, the invalidity) of these claims.

Policy Approach for Mediating

50 Ibid.
51 Ibid.
Currently, there are a few main categories of proposed solutions to solve the crisis in South Sudan.

The first is a judicial approach of sanctions and indictments, backed by the United States and other Western countries of the UNSC. This approach, seeking to identify perpetrators of violence, would be similar to the Nuremberg Trials. The main criticism of this approach is that “peace with justice” is impossible in a country where the “accountability infrastructure is beholden or indeed run by the very individuals alleged to have commit violations.”

The second approach is a return to the power-sharing arrangement in the spirit of ARCSS. International players that back this are China and Russia. China and Russia contend that the “peace with justice” approach will exacerbate the violence, and thus suggest a brokering of peace without judgement of human rights violation.

The third is a technocracy, i.e. a transitional trusteeship lead by the AU or the UN. Mahmood Mamdani, professor at Columbia University and member of the African Union Commission of Inquiry that investigated the violence in South Sudan in 2013, has promoted this approach. He believes that an AU trusteeship, which would provide a panel of external leaders of South Sudan, would be most effective. This panel of leaders would be overseen by the AU PSC and the UNSC and control the transition to a more democratic system, i.e. a three-person transitional executive drawn from Equitoria, Upper Nile, and Bahr el Ghazal regions of South Sudan. Critics of this approach believe that an external government proposal is “foolhardy, if not outright

53 “The AU’s three options in South Sudan.”
54 “Can the African Union save South Sudan?”
patronizing”, seeing as the country had just come out of five decades of external rule post-WWII. The trusteeship would invariably lack the infrastructure to make any meaningful contributions.\textsuperscript{55}

The last approach is a realpolitik one, which proposes Ugandan shift in policy. Uganda currently backs the government of South Sudan in the capital Juba because it views South Sudan as a buffer to Sudan. President Museveni of Uganda has significant leverage in dealing with South Sudan players. It is proposed that Ugandan intervention and a genuine national dialogue would be the “best prospect for ending the mayhem.”\textsuperscript{56} This more-or-less unilateral approach would be unpopular with many other African Union countries, but is an option on the table.

**Country policy**

**Ghana:** As one of the most prosperous countries on the African continent, Ghana has upheld traditions of peaceful and institutional democracy. Elections in Ghana are managed peacefully, fairly, and credibly, in contrast to many other African countries such as Kenya and Zimbabwe, which do not have as strong democratic traditions and have often responded violently to post electoral allegations of electoral fraud.\textsuperscript{57}

Accra (the capital of Ghana), continues to have a strong commitment towards international peacekeeping, with 20% of the total army contributed towards UN peacekeeping. Ghana has contributed peacekeeping troops to multiple UN missions since the 1960s. In 2014, Ghana deployed

\textsuperscript{55} “The AU’s three options in South Sudan.”
\textsuperscript{56} Ibid.
over 800 troops to UNMISS. Ghana’s military and police officers also serve under the African Union in AMISOM. Ghana’s decision-making in allocating military personnel is well documented.\(^{58}\)

**Intergovernmental Authority on Development.**

IGAD is an 8-country regional bloc in East Africa comprised of Djibouti, Ethiopia, Somalia, Eritrea, Sudan, South Sudan, Kenya, and Uganda. IGAD, in collaboration with a few international players such as the U.S., Norway, the EU, etc. oversaw the peace agreement of ARCSS in August of 2015. IGAD countries have the largest stake in the South Sudan conflict, as it has adversely affected all of them. The influx of refugees into Kenya, Ethiopia, Uganda, and Sudan has become unsustainable, and these countries have stopped registration of refugees. Uganda alone has received almost 1 million refugees since July 2016. The official stance of the IGAD bloc is that implementation of ARCSS is the way forward. IGAD takes the side of the South Sudan government, and recognizes the legitimacy of Salva Kiir and SPLA. IGAD has banned Riek Machar from entering South Sudan or participating in peace implementation.\(^{59}\)

**South Sudan:** South Sudan has stated that their government has taken “practical steps to realize lasting peace by implementing national political inclusivity.”\(^{60}\) They reject all claims of genocide as “baseless” and stress that the conflict is “political and has no ethnic dimension.”\(^{61}\) They have repeatedly warned international players that sanctions and arms embargoes would exacerbate tensions and have reaffirmed the government’s dedication towards ARCSS.

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\(^{60}\) “UN Security Council 7906th Meeting (S/12761)”

\(^{61}\) Ibid.
Countries which have significant peacekeeping troops in UNMISS: Ethiopia, Ghana, Kenya, Rwanda are the largest contributors to the UNMISS peacekeeping mission. These countries have a strong dedication to peacekeeping and are concerned with the instability of South Sudan.

Other Countries: While it is true that the countries primarily concerned with the conflict in South Sudan are the ones in IGAD, most countries in Africa have had some sort of violent conflict in the past century. Delegates should investigate how these conflicts were resolved, and how the government views conflict resolution. Do they take an active approach in contributing peacekeeping troops to the AU and UN? Do they believe more in national sovereignty than having some “responsibility” to intervene? Delegates should also research how their country relates to the others stated above which have a direct stake in the conflict.

Keywords

Responsibility to Protect/2005 UN World Summit: At the 2005 UN World Summit, all UN member states “formally accepted the responsibility of each state to protect its population from genocide, war crimes, ethnic cleansing, and crimes against humanity.” World leaders agreed that when a state fails to meet this responsibility, the international community has a responsibility to intervene – peacefully at first through diplomacy and humanitarian aid, but if necessary, through force mandated by the UNSC. Even though all UN member countries have publicly accepted this “responsibility to protect”, they differ greatly in exact interpretations. For example, China and Russia have approved of armed intervention very sparingly.

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African Union Mission to Somalia (AMISOM): AMISOM is an active mission in Somalia for the purpose of combatting Al-Shabaab. AMISOM personnel have overseen training of the Somali Police Force (SPF) and the Somali National Army (SNA), helped reintegrate refugees and provide medical aid to them, and provided support for political processes, gender equality efforts, international journalists, and various civil affairs.

Peace and Security Council: The African Union’s chief infrastructure for managing armed conflicts. The Peace and Security Council has fifteen members who are voted on and represent all regions of Africa. The PSC can issue sanctions, put peace-keeping troops on the ground, as well as facilitate humanitarian action in armed conflict situations.

UNMISS/Resolution 1996(2001): Resolution 1996(2001) is the Security Council resolution that established UNMISS for an initial period of one year. The initial intent of UNMISS was to support the South Sudanese government in state-building and economic development, as well as stabilizing the country. Following the violence in 2013, UNMISS has since shifted towards a neutral position that seeks to protect civilians from armed combatants on both sides, increases reporting of human rights violations, and facilitates humanitarian aid.

Agreement on the Resolution of the Crisis in the Republic of South Sudan (ARCSS): ARCSS is the peace agreement brokered by IGAD and several international bodies such as the U.S., U.K, Norway, etc. It envisions a return to the pre-conflict status quo, emphasizing diversity in the government by incorporating leaders from all three main regions: Equatoria, Upper Nile, and Bahr El Ghazal.
National Sovereignty: Political theory term that nations have an independent right to govern without foreign interference. The country must consent to any external actions from bodies such as the AU and the UN, i.e. intervention or supervision.

Questions

• What are proper channels for seeking foreign aid?
• How can the African Union leverage the aid it receives from powerful foreign countries, taking into account the fact that these foreign countries have their own personal agendas?
• Should the African Union pursue stronger economic and military relationships with China?
• Which solution should the African Union pursue to resolve the crisis in South Sudan?
• How can the African Union build a stronger commitment to state-building?
TOPIC B: COMBATING INFECTIONOUS DISEASE

Introduction

Perhaps even more life-threatening for Africans than any armed conflict is infectious diseases. Namely, Sub-Saharan Africa, with its tropical climate, is a breeding ground for emerging pathogens and infectious diseases. In addition, disastrous extreme weather conditions, such as floods and droughts brought on by global warming, hasten the spread of diseases and prevent efficient treatment. Heavy rains create breeding sites for mosquitos that carry malaria and dengue, among other viruses, and contaminate drinking water.63

Despite these environmental factors, as well as other economic, transportation, and political factors that prevent effective treatment of diseases, African countries on a whole have made significant progress in their fight against infectious diseases since pledging to get rid of AIDS/HIV, malaria, tuberculosis, and other diseases in 2000. The eradication of infectious disease is still a high priority for African policy makers, as evidenced by the African Union’s meeting in July of 2016 to discuss a framework for ending AIDS and eliminating malaria by 2030.64

For the purposes of our discussion, we will limit ourselves to two such infectious diseases, which for decades have been the focus of the African Union. These two diseases are malaria and AIDS/HIV. The African Union is tasked with developing a continental framework on eradicating malaria and AIDS/HIV. While it is generally agreed upon by the African community that eradicating

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these two diseases is of utmost importance, many African countries have lagged in their plans on eradication and differ in how they believe eradication should be accomplished.

Delegates should be aware that many other infectious diseases affect Africans every day. For instance, tuberculosis is also on top of the agenda of the AU’s efforts in disease control. In addition, there are emerging diseases such as Ebola, which broke out in 2014 and by mid 2016, when it was controlled, had claimed over 11,000 lives in the West African countries of Guinea, Sierra Leone, Liberia, and others.65

The background guide for this topic will be broken up into two sections for malaria and AIDS/HIV, each with their own discussion of the history, current situation, and issues. It will conclude by discussing issues pertaining to general African Union policy for combating infectious disease.

**History of the topic**

**Malaria: History**

Malaria is a potent disease caused by parasites that are transferred through bites of female mosquitoes. There are five different parasites that cause malaria. Symptoms of malaria include fever, headache, vomiting, etc., which emerge about 10-15 days after the mosquito bite.66 Young children and pregnant women are most at risk. More than 2/3 of all malaria deaths occur in children under the age of 5, including 303,000 African children in this demographic group in 2015 alone. Sub-

Saharan Africa has a disproportionate number of the total number of malaria cases worldwide: 90% of malaria cases and 92% of malaria deaths occur in this region. Two countries alone, Nigeria and Democratic Republic of Congo, are responsible for 35% of all malaria deaths.\(^{67}\)

Combating malaria falls under the two categories of prevention and treatment. Due to medical advances, both are relatively cheap nowadays and not a significant economic burden on those who are infected. Malaria can be prevented through use of insecticide-treated mosquito nets, which are effective for 2-3 years and cost approximately 10 US dollars. The most effective prevention method is indoor residual spraying (IRS), which is the spraying of insecticide inside buildings. IRS is more expensive than the use of mosquito nets, but with at least 80% buildings of the sprayed down, is very effective for 3-6 months.\(^{68}\)

Treatment for malaria is done through artemisinin-combination therapy (ACT), which uses the WHO-recommended chemical artemisinin along with a few other companion drugs. ACT is highly effective, fast acting, and has a low risk of resistance developing (although it has been noticed that some strains have developed some sort of resistance to ACT recently). ACT nowadays is relatively cheap, at 2 US dollars per treatment.

The first global attempt at eradicating malaria was in 1955, when WHO launched its Global Malaria Eradication Programme (GMEP), which relied on the drug chloroquine for prevention and treatment, and the chemical DDT for mosquito eradication. 15 countries and one territory, none of which were on the African continent, eliminated malaria under GMEP; virtually no progress was

\(^{67}\) Ibid.  
made in sub-Saharan Africa. GMEP was discontinued in 1969, and malaria had a resurgence globally in the subsequent years due to a cut in investment and funding, as well as emerging mosquito resistance to DDT and parasite resistance to chloroquine.

At the turn of the century, malaria regained importance in global health policy, as the WHO developed a Global Malaria Control strategy in collaboration with senior health leaders. In 2000, African Union member states signed the Abuja Declaration of Roll Back Malaria in Africa, which aimed to reduce malaria on the African continent by 50% by the year 2010.\(^6^9\) Globally, research expenditures drastically increased, yielding new technologies such as long lasting insecticide treated nets, rapid diagnostic tests, and artemisinin-based combination therapy. By 2014, global investment for malaria had increased to USD $2.5 billion annually, leading to a 37% fall in malaria incidence from 2000 to 2015. In Africa, malaria mortality fell by 66% among all age groups.

This success is largely attributed to widespread distribution of bed nets and increased access to cheaper treatment, as it is estimated that since 2000, one billion insecticide treated bed nets have been distributed on the African continent, bringing the percentage of children under age of 5 sleeping under bed nets from 2% to 68%.\(^7^0\)

**AIDS/HIV: History**

We must begin with an understanding of what AIDS/HIV is. HIV stands for human immunodeficiency virus. The HIV virus infects humans only and, as its name suggests, attacks the T cells that comprise the immune system.\(^7^1\) Once someone acquires HIV, they have it for life. It is transferred between people through exchange of bodily fluids, i.e. unprotected sex, contaminated

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needles, tainted blood transfusion, etc. A mother can also transfer HIV to her child during pregnancy. A person can live with HIV for years. As HIV progresses to its most severe phase, it causes AIDS, which stands for Acquired Immunodeficiency Syndrome, which is when the person infected has drastically low numbers of T cells and is open to opportunistic infections – defined as infections caused by viruses, bacteria, and fungi that would not normally affect a person with a healthy functioning immune system. After contracting AIDS, people on average do not live more than three years.

A medicine called antiretroviral therapy (ART) is the main way HIV is treated. Through the regular use of ART and fast diagnosis of HIV, today, patients with HIV can live almost as long as people who do not have HIV can. It is important to note that ART is not a “cure”, but a control measure for the virus HIV.

Research has concluded that HIV originated on the African continent, from a viral ancestor called Simian Immunodeficiency Virus (SIV) which was transferred to humans in 1930 from chimpanzees. In 1970, the first AIDS epidemic occurred in Kinshasa, the capital of the Democratic Republic of Congo. The opportunistic infections associated with AIDS included pneumonia, tuberculosis, and meningitis. The virus propagated through the urban sexual network. By 1980, HIV had reached epidemic levels in Eastern Africa (specifically Uganda, Rwanda, Burundi, Tanzania, and Kenya), propagating quickly due to labor migration, and a “high ratio of men in urban populations, low status of women, lack of circumcision, and sex workers”. By 1986, 85% of sex

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73 “What are AIDS and HIV?”
74 Ibid.
workers in Nairobi, Kenya were infected. By the end of the 1980s, southern countries of Malawi, Zambia, Mozambique, Zimbabwe, and Botswana were plagued by the epidemic.\(^76\)

In the early days of the AIDS epidemic, doctors and scientists in Africa did not know about the transmission factors. This lack of information prevented any actionable plans from occurring. People believed that you could get HIV through “an apple or an orange”, or just by looking at people, leading to a public anxiety of the disease. HIV was soon associated with “prostitution, promiscuity, and high-risk lifestyles.”\(^77\) People usually found out they had HIV when they contracted AIDS, and were often stigmatized as a result. The prevailing mentality was “why get tested if there was no treatment and no cure – if you were sent home to die, shunned by your family and neighbors.”\(^78\)

In the 1980s initially, government strategies were centered on prevention: “encouraging people to revise their sexual behavior by abstaining from sex or delaying first sex, being monogamous, or using condoms.”\(^79\) This caused backlash among Christian and Muslim leaders, who found “condom promotion difficult to reconcile with their teachings”. According to UNAIDS, “fear of offending powerful religious constituencies…created gridlock in national governments” In many countries such as Uganda, Senegal, Zimbabwe, and South Africa, AIDS/HIV treatment was not given a priority and in some cases even banned from the press; AIDS/HIV was also seen as secondary to the main killer of malaria. Overall, prevention campaigns were a failure. In 1996, an expensive combination therapy known as HAART (predecessor of the commonly used ART medicine used today) became available, dropping death rates for HIV positive citizens in

\(^{76}\) Ibid.
\(^{77}\) Ibid.
\(^{78}\) Ibid.
\(^{79}\) Ibid.
developed countries by over 84%. However, Africa during this time was left out of the picture, because HAART costs over $10,000 a year. Under pressure from South Africa, the US and pharmaceutical companies eventually began to allow local companies to manufacture or import generic drugs at a lower cost by increasing flexibility in enforcement of US drug patent laws. This was a huge victory for poorer nations, but initially did not cause much impact because countries still had to foot out the bill to manufacture these drugs or import them. Eventually in 2000, five pharmaceutical companies offered to reduce prices for AIDS drugs greatly, and a “price war” arose between pharma giants like GlaxoSmithKline and generic drug makers in Brazil and India.  

The lowering of AIDS drug prices and manufacturing of generic versions was the first step in combatting AIDS/HIV, but the question remained of whether this antiretroviral treatment could be extended to the 20 million living with HIV in Africa (in 2001), under generally shoddy healthcare infrastructure. As a result of the creation of the Global Fund and U.S. President George Bush’s President’s Emergency Plan for AIDS Relief (PEPFAR), by 2004, AIDS funding had more than tripled to 6.1 billion USD. Over the past 16 years, African countries have been launching national antiretroviral treatment projects. Botswana proved to be the most successful, with 95% of HIV positive people being treated with ART by 2007. Namibia (74% in 2006), Rwanda (72%), Kenya (44%) have all been reasonably successful.

Current situation

Malaria: Current Situation

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80 Ibid.
81 Ibid.
The fight is far from over for malaria. Today, only one country in Africa is malaria free (Morocco), and the WHO projects only 6 countries in Africa to fully eliminate malaria by 2020 (meaning that there are no new cases in a single year): Algeria, Botswana, Cabo Verde, Comoros, South Africa, and Swaziland.\(^\text{82}\)

Economists estimate that malaria costs Africa 12 billion USD every year in economic productivity, agriculture, tourism, and trade, slowing economic growth by 1.3\%.\(^\text{83}\) In the public health sector, malaria may account for upwards of 40% of all public health spending in Africa. It is estimated that 6.4 billion USD is needed for malaria control by 2020, a significant chunk of that going to African countries.\(^\text{84}\)

What are countries doing now?

For the most part, “malaria elimination efforts are driven by ministries of health in endemic countries”.\(^\text{85}\) This is true for most African countries, which have some form of public health policy that combats malaria to varying degrees of success. Funding for these policies often comes from international funds, the main one being the Global Fund to Fight AIDS, Tuberculosis, and Malaria. Depending on the country, the Global Fund supports programs to raise awareness, increase IRS of homes, distribute insecticide-treated nets, or destroy mosquito breeding sites.\(^\text{86}\) In addition, ministries of health aim to educate civilians about malaria medicines and increase access to those

\(^\text{82}\) “Eliminating Malaria.”
\(^\text{83}\) “Malaria.”
\(^\text{84}\) Ibid.
\(^\text{85}\) “Eliminating Malaria.”
medicines. For example, in Ghana, village elders teach their community “not to let the sun set twice” on a child with fever. In addition, malaria prevention is incorporated into school curriculums.  

In The Gambia today, there is a massive funding drive for the push to eliminate malaria. The Gambian government is asking for $25 million in extra funding to bolster a health care system costing 60 million USD, with over 60% of that money coming from international donors. The Gambian government has used this money to implement a strong comprehensive policy of antimalarial drugs, bed net distribution, and indoor spraying. In addition, they have utilized technology such as tablets and GPS to track delivery of supplies and provide real-time data. Unfortunately, The Gambia is facing “donor fatigue”, a situation where donors, seeing that malaria cases plunging in the region, focus their efforts on other regions. It is questionable whether this system can continue to succeed if this “donor fatigue” continues.

Other examples of malaria programs include the National Malaria Control Programme (NMCP) in Nigeria, which is a multi-pronged initiative to create and implement national policies. On the research side, based in Nigeria is the West African Infectious Diseases Institute (WAIDI), a multi-university collaborative mission which focuses on some of the bigger macro issues, such as increasing research funding and talent, as well as building up national health care systems for the region. An example of something concrete that WAIDI has done recently was complete and

87 Ibid.
90 http://www.nmcp.gov.ng/
distribute a training guide for health care workers fighting Ebola in West Africa, taking into account cultural and social norms of various regions.\textsuperscript{91}

\textbf{Malaria: Issues to Consider}

\textbf{Rising Emergence of Insecticide Resistance}

A factor that lends some urgency to the fight against malaria is the emergence of drug-resistant parasites that carry malaria in Cambodia, which are spreading across Southeast Asia. In Southeast Asia, this is greatly “intensifying malaria elimination efforts”, because this drug-resistant parasite is immune to artemisinin, the core drug in WHO recommended malaria treatments. Scientists have noted that this drug resistant parasite readily infects Anopholes coluzzii, Africa’s main malaria-carrying mosquito. A spread of this parasite to Africa could set back the efforts of African countries in combatting malaria greatly. Faced with this, the African Union is running out of time, because the spread of this parasite to Africa could occur at any time.\textsuperscript{92}

\textbf{Migrant Populations}

Tying back to the other topic of this convention, the levels of violence and economic instability in parts of Africa have led to large numbers of refugee and migrant populations. The WHO reports that migrant populations near international borders are perhaps the most difficult to treat, and often neglected in national health policies. African countries which boast successful malaria control programs may further their progress by shifting their focus toward identifying and treating malaria in these hard-to-reach areas where visitors and migrants are concentrated. In


addition, it is important to build strong cross-country collaboration to combat malaria, so that the risk of spreading malaria to other neighboring countries is limited.\textsuperscript{93}

**Vaccines**

Across all infectious diseases, vaccines are almost always more cost effective than other methods of infectious disease prevention. Over 30 different malaria vaccines are currently in development, with the RTS,S vaccine proving to most advanced in development.\textsuperscript{94} The WHO is recommending introduction of this vaccine in Ghana, Kenya, and Malawi in 2018 as a pilot initiative.\textsuperscript{95} This pilot initiative will assess whether the “vaccine’s protective effect in children aged 5-17 months old during…testing can be replicated in real life.”\textsuperscript{96} Ghana, Kenya, and Malawi were selected because of their high coverage of insecticide-treated nets and strong national health programs. Should this pilot program prove successful, the African Union may want to develop policies that regulate and distribute this vaccine.

**Surveillance**

While malaria control programs have centered around distributing of bed nets, IRS, and ACTs, a “key malaria elimination and pillar of WHO Global Technical strategy” has been neglected – surveillance of malaria. A strong surveillance program, in those countries which can afford to develop the capacity, would include building up technological infrastructure for tracking distribution of malaria supplies and workers, as well as real-time data on incidents of malaria infection. Long term, such an infrastructure would drastically improve operations and management for the health

\textsuperscript{93} “Eliminating Malaria.”
\textsuperscript{96} Ibid.
programs of the country overall – thus it is a worthy investment. In particular, The Gambia has recently focused on increasing their surveillance capabilities through funding from the Global Fund. It is reported that less than 10% of all malaria donor funding is spent on surveillance.97

**AIDS/HIV: Current Situation**

Currently, AIDS/HIV is a massive health issue in Sub-Saharan Africa, as AIDS killed 800,000 in the region in 2015 alone. The epidemic in East and Southern Africa is more severe than West/Central Africa. In East/Southern Africa, there are 19 million people living with HIV, which is half of the number of people living with HIV in the world.98 A huge number of the new infections are coming from this region, including countries like South Africa, Ethiopia, Kenya, Malawi, Mozambique, Uganda, Tanzania, Zambia, and Zimbabwe. Women are affected by AIDS/HIV disproportionately, accounting for 59% of infected adults in the region. In West/Central Africa, approximately 6.5 million people live with HIV, of whom half are children.99 Nigeria is perhaps the hardest hit, which is not surprising given its large urban populations and insufficient healthcare system. One of the issues unique to the region that West/Central African countries are struggling with is recovering from the 2014-16 humanitarian crisis of the Ebola epidemic, which complicated and set back the HIV response in the region.

Across sub-Saharan Africa, the HIV epidemic is generalized, which means that it affects the entire population, not just a subset of the demographic. However, sex workers and men who have sex with men have much higher HIV prevalence than the rest of the populace. Some countries

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report HIV prevalence above 50% among sex workers. In addition, other populations at risk include young children, who are born with HIV, and drug users, who often share syringes and reuse needles.

What are countries doing now?

Funding for AIDS/HIV programs mostly comes from the Global Fund and PEPFAR. Through these international funding mechanisms, millions have received testing, treatment, and support. Most countries in sub-Saharan Africa are greatly reliant on international funding.

Many countries such as Botswana, Kenya, Uganda, Malawi, and Rwanda are implementing programs to increase testing and counselling. This is particularly useful since it is estimated that nearly half of those living with HIV do not know that they have HIV. In Kenya, door-to-door testing campaigns and community-based testing campaigns have led to 6.4 million people being tested for HIV annually by 2013.

Other initiatives include increasing condom usage, targeting mother-to-child transmission of HIV, implementing voluntary medical male circumcision, and increasing ART treatment rates across the region. Further information on HIV/AIDS initiatives in Africa, as well as statistics regarding different subsets of the population, can be found on Avert.org, an international education program for teaching people about HIV and AIDS.

100 “HIV and AIDS in East and Southern Africa Regional Overview.”
101 Ibid.
102 “HIV and AIDS in West and Central Africa Overview.”
AIDS/HIV: Issues to Consider

HIV Discrimination

Overall, there has been a reduced stigma in treatment. In the early days of the epidemic, violence was often inflicted on those who tested HIV positive. However, discrimination and stigma still exist, especially for the key populations of sex workers, men who have sex with men (MSM), transgender people, and drug users. They are often exposed to bullying, harassment, and violence, and discriminated against by law authorities, even by healthcare providers and workers who often have negative views toward these groups. In many Sub-Saharan African countries, there exist laws that criminalize people who expose HIV to others, which is viewed to be detrimental to the overall HIV response by preventing disclosure of HIV to medical authorities and healthcare providers. Many countries also criminalize same-sex relationships and sex work, while influential institutions such as churches promote homophobia and discrimination. This discrimination leads many HIV positive people to refuse testing or treatment.

Gender Inequality and HIV

Young women (age 15-24) are disproportionately affected by HIV. For example, in 2013, more than 860 young women were infected by HIV every week, compared to 170 young men. There are many reasons for this. In many parts of Africa, child marriage before the age of 18 is commonplace. Young women are exposed to a variety of factors including being more likely to be beaten by their spouse, forced sexual experience, and inability to assert wishes for safer sex practices. Research suggests that there are “high levels of transactional sex between young women and men”, especially older men. Intergenerational relationships are a huge driver of HIV infection, as young

103 “HIV and AIDS in East and Southern Africa Regional Overview.”
women are not able to “negotiate condom use with their older partners.” Only 37% of young women displayed knowledge regarding HIV prevention in population-based surveys. Clearly, gender inequality lies at the root of HIV infection and proves to be a barrier to the effectiveness of prevention and treatment programs. For more information about gender inequality and HIV, delegates should look at is the DREAMS project which is targeted at adolescent girls and young women, aiming to reduce HIV incidence in hardest-hit regions by 40% by end of 2017. Ten countries participate in this PEPFAR-led initiative - Kenya, Lesotho, Malawi, Mozambique, South Africa, Swaziland, Tanzania, Uganda, Zambia, and Zimbabwe. Another campaign to research is the MTV Shuga media campaign which was designed to improve sexual health in young people.

General Infectious Disease: Issues to Consider

Note

In July of 2016, the African Union endorsed a Catalytic Framework to address some of the shortcomings of the fight against infectious disease, as well as provide a comprehensive roadmap on how the African Union plans on tackling malaria elimination and AIDS/HIV. While delegates are encouraged to use this resource as a valuable starting point and an example of policy that the African Union has drafted, delegates should keep in mind that their solutions should build upon the Catalytic Framework with specificity and concreteness. How can the provisions of this framework be implemented, and how can the African Union make sure all member states are accounted for?

104 Ibid.
106 “HIV and AIDS in West and Central Africa Overview.”
108 Full text can be found here: https://www.au.int/web/sites/default/files/news/events/workingdocuments/27513-wd-catalytic_framework_final_draft_version_01052016-1.pdf
Healthcare Access

Health policies must eventually transfer from a “putting out fires” approach to infectious disease intervention to a sustainable national healthcare system that is not overly reliant on international donor funds. More funding must come from within the country itself to create a “resilient, equitable, and functional healthcare system.”\textsuperscript{109} A strong health-care system on a country-by-country basis is no easy task; first world countries such as the United States struggle with developing equitable health care policy. Currently, healthcare systems, where they exist, are overly dependent on UN Development Assistance, which the African Union does not view as sustainable.

Private Investment

Local and national governments must develop more robust partnerships with the private sector in order to combat malaria in a more robust way. Since malaria drastically reduces business productivity, it is often in the interests of companies working in the region to align with malaria elimination programs. For example, in the Obuasi region of Ghana, home to a large gold mine owned by the company AngloGold Ashanti, the company and the community developed a program to eradicate malaria in the region focused on indoor residual spraying. “Mines, surrounding buildings, homes, and then entire districts” were sprayed with insecticide over the course of years.\textsuperscript{110} Partnerships with the ministry of health and Global Fund were crucial to the success of the program. Perhaps similar private sector partnerships are needed for other regions. How can the African Union facilitate and streamline this process?

\textsuperscript{109} “African Countries Like Gambia Must Try New Strategies to End Malaria.”

Pharmaceutical Industry

One of the main barriers to malaria elimination is the weak pharmaceutical industry in Africa. According to the African Union, the African pharmaceutical industry is “highly heterogeneous with a wide range of quality standards and regulations to which firms adhere.” Currently, 95% of active pharmaceutical ingredients are imported, as well as 75% of finished products. Most HIV drugs come from India, which is an issue due to increase of regulations and market pressures on Indian manufacturers. Fake or ineffective drugs prevent African pharmaceutical companies from fairly competing in the market. Delegates should consider ways to spur investment in pharmaceutical technology and infrastructure, as well as create regulatory structures and integrate pharmaceutical markets across the continent. The African Union recognizes the weak pharmaceutical industry as a significant problem, as they have created an African Medicines Agency, which is projected to launch in 2018 to broadly deal with regulating and enforcing standards for medicine across the continent. However, the African Medicine Agency’s exact role is still in question.

Climate Change

Due to global warming, many regions in Africa which before were not able to support mosquito populations are now able to. In addition, the increasing disastrous weather events such as flooding and droughts brought on by global warming may contribute to the increased spread of infectious disease. For instance, flooding often contaminates water supplies and provide breeding grounds for mosquitoes. Climate change is a significant challenge for malaria elimination efforts in Africa.

111 “Catalytic Framework to End AIDS, TB, and Eliminate Malaria in Africa by 2030.”
112 Ibid.
grounds for mosquitos. Droughts often fuel fires that cause respiratory illnesses. The African Union must be conscious of developing earth-friendly policies that will alleviate these issues in the long term.

Country policy

Nigeria: Nigeria is the most populous African country. Combatting malaria proves to be an enormous challenge for them, and today Nigeria “carries a large share of the global burden of tuberculosis and malaria.” Nigeria has strong partnerships with the United States and has invested in significant amounts of infrastructure to combat TB and malaria. Developing a strong national health care that is able to support the 186 million people is a priority for Nigeria.

Democratic Republic of Congo (DRC): The DRC, another one of the larger countries in Africa, prioritizes combatting AIDS/HIV and malaria. To this end, they have developed partnerships with the Centers for Disease Control and Prevention (CDC), which through PEPFAR has worked closely with the Ministry of Health to improve the healthcare program and develop a sustainable HIV response. Areas of focus include “prevention of mother-to-child transmission, pediatric and adult HIV/AIDS care and treatment, tuberculosis/HIV control, national laboratory systems, HIV surveillance, and HIV/AIDS data management systems.” The CDC also supports the DRC in implementing malaria prevention and control. The DRC also has initiatives to train healthcare professionals to strengthen surveillance and response capabilities for epidemics.

116 “Africa, the Infectious Continent.”
119 Ibid.
Ethiopia: Ethiopia is reportedly “successfully executing national malaria control and elimination programme”, with access to bed nets reportedly reaching 100%. A huge national budget in Ethiopia has been allotted for combating malaria, and Ethiopia is now carrying out IRS policies countrywide. Ethiopia recently won recognition from the African Union for its “outstanding achievements in malaria control and prevention.”

Ghana, Kenya, Malawi: These countries all boast strong healthcare programs, and are unique in that they were recently selected to pilot the RTS,S vaccine in 2018. The perspective they provide in developing successful healthcare initiatives is crucial to catching the rest of Africa up to speed.

Other Countries: Delegates are encouraged to research how other countries are partnering with international entities such as the Global Fund, the CDC, and PEPFAR to advance their battle against infectious disease. Delegates should research their countries healthcare policies. What are the strengths and weaknesses of these healthcare policies? How much funding comes from external sources, rather than taxes on civilians? Is combatting HIV/AIDS and malaria even an option, if there are other more pressing issues at hand to deal with, i.e. famine, war, or disaster?

Keywords

Catalytic Framework: New framework published by the African Union in July of 2016 that sets a tone of heightened urgency, as most African countries have not met their benchmarks in decreasing the spread of infectious disease. This framework targets HIV/AIDS, malaria, and tuberculosis.

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specifically, and outlines new guidelines and goals for combatting each disease, with the aim of eradicating by 2030.

**Global Fund:** Founded in 2002, the Global Fund is an organization dedicated to financing the war against AIDS, tuberculosis, and malaria. It is the largest financier of AIDS, tuberculosis, and malaria programs worldwide. Money for the Global Fund comes from a combination of public sector pledges and private donors. The Global Fund does not implement programs on the ground, emphasizing country ownership and responsibility of national health programs.

**PEPFAR:** Established in 2003 by U.S. President George Bush, this program has repeated been reauthorized by the U.S. Congress. It was originally conceived as a mechanism to deliver life-saving care in countries hardest hit by HIV/AIDS, but now also pushes for controlling HIV/AIDS. PEPFAR supports 11.5 million people worldwide with antiretroviral treatment. A study by PEPFAR in 2016 notes enormous improvements in Malawi, Zambia, and Zimbabwe in controlling the epidemic.121

**Questions**

- How can the African Union facilitate development of sustainable health systems?
- How should the African Union hold countries accountable for not meeting Catalytic Framework objectives?

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• How can the African Union help attract more private sector partnerships and streamline the process?

• How can the African Union manage the issue of HIV discriminatory laws in a way that respects social and political boundaries?

• How can the African Union encourage investment in the pharmaceutical industry?

• What should the relationship of the African Medicines Agency be to those of national and regional medicine programs?