

**Regional Block:** Africa Region

**Topic:** Sustainable Capacity Building (pre- and post-conflict)

**Sponsors:** Algeria, Senegal, Sierra Leone, Tanzania

**Signatories:** Botswana, Eritrea, Ghana, Namibia, Rwanda, South Africa, Uganda, Zimbabwe

**Humanitarian Index Score:** 100%

1 The American Mock World Health Organization,

2

3 *Deeply concerned* with the shortage of access to basic health care, especially in  
4 rural areas,

5

6 *Acknowledging* Article 25 of the United Nation's Universal Declaration of Human  
7 Rights,

8

9 *Recognizing* that capacity building is vital to providing basic access to health care  
10 services, especially in preparing for times of conflict,

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12 *Fully believing* that community members are assets to sustainable capacity building,

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14 *Affirming* the government's role in the training and educating of community health  
15 workers (CHWs), defined as being local civilians involved in the community,

16

17 *Bearing in mind* that self-sustainability is our prolonged intention,

18

19 *Fully aware* of the need for the protection of community health workers, and foreign  
20 aid workers,

21

22

23 1. Calls upon governments to implement community capacity building through  
24 incentivized training programs for community health workers:

25 a. Training will be skills-based and will involve the administration of  
26 vaccines, essential medicines, first aid, and the knowledge to assess  
27 symptoms and provide a preliminary diagnosis and treatment.

28 b. Training will include crisis management in times of conflict, such as  
29 first response medicine.

30 i. If a conflict is foreseen, community health workers are  
31 encouraged to prepare emergency medical supplies in order to  
32 facilitate a faster response.

33 c. Government incentives, such as tax breaks or paying for education,  
34 will encourage newly-educated community health workers from rural  
35 areas to work in their own communities upon completion of their  
36 educational training,

37 i. Doctors who benefitted from government's funding must stay in  
38 their home countries for a minimum of 5 years to provide health  
39 care in the community

40 ii. If they do not respect the terms of their contract, they should  
41 return tuition fees and all the other aids and scholarships they  
42 might have received and be heavily fined

- 43                                   iii. If they are unable to return such fees, they will have their  
44                                   licenses revoked
- 45                                   d. The governments should collaborate with community and/or religious  
46                                   leaders to establish public trust in recruitment of community health  
47                                   workers,
- 48                                   e. Community health workers should be affiliated with and trained by the  
49                                   hospital nearest to them, and are expected to complete routine training  
50                                   recertification every five years;
- 51
- 52                                   2. Strongly recommends the formation of an emergency relief task force that  
53                                   would be prepared to coordinate efforts in areas of conflict:
- 54                                   a. In the form of an unbiased third party committee to ensure continuity of  
55                                   health care in the event that member states' governments are unable  
56                                   to properly operate,
- 57                                   b. Or an advisory body when member states' governments are still  
58                                   operating, especially but not exclusively in the case of vulnerable  
59                                   populations including management of Internally Displaced Persons  
60                                   (IDP)/ Externally Displaced Persons (EDP) and children
- 61                                   c. Formation of a contingency plan for ongoing outbreaks, such as ebola;
- 62                                   3. Calls upon the government to ensure availability and accessibility of essential  
63                                   health care coverage, including routine vaccination/immunization for children  
64                                   and essential medicines as defined by the WHO;
- 65                                   4. Calls upon African governments to foster collaboration among countries to
- 66                                   a. Further economic development,
- 67                                   b. Protect community health workers and civilians,
- 68                                   c. Assist other African countries in times of conflict and need;
- 69                                   5. Urges the governments to seek short-term foreign assistance for capacity  
70                                   training from NGOs and other countries.
- 71                                   a. Keeping in mind the long-term goal of self-sustainability,
- 72                                   b. Ensuring cultural competency and sensibility when foreigners are  
73                                   training community health workers,
- 74                                   c. Seeking public-private partnerships for funding and direct  
75                                   management;
- 76                                   6. Strongly urges an unbiased regional director to conduct yearly  
77                                   assessments/surveys to monitor the effectiveness of CHW programs.
- 78                                   a. Countries will be required to pass quarterly benchmarks,
- 79                                   b. Yearly assessments are required to be shared within regional blocks,
- 80                                   c. Encourages transparency of governments with their respective  
81                                   populations, such as how collected taxes are used.
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