

# Economic Community of West African States 2015

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Shaheera Saleem  
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## Economic Community of West African States

Esteemed Delegates,

Welcome to the Economic Community of West African States (ECOWAS) at SSUNS 2015! We are looking forward to another conference filled with innovative ideas, thoughtful debate, and strong teamwork.

My name is Robyn Gordon, and I will be your chair for this conference. I am entering my fourth and final year of Civil Engineering at McGill University. I have been involved with Model United Nations for eight years, having attended my first conference as a high school student in my hometown of Oakville, Ontario. Aside from Model UN, I love to practice yoga, experiment with new recipes, and swim.

It gives me great pleasure to introduce your three talented vice chairs. With their extensive MUN experience, these individuals bring a lot to the committee. Each vice chair has put considerable effort into preparing a topic for the background guide; they will be more than happy to answer any questions that may arise during the conference.

Your first vice chair, Natalie Lamarche, is a fourth year political science major and economics and international relations minor. Born and raised in Oakville, Ontario, Natalie speaks three languages: English, French, and Spanish. She has completed a semester abroad studying law and French in Lyon, France and has also done a two month internship teaching children leadership and English in Peru. Natalie can frequently be found on campus, at the gym, or out with friends.

Your next vice chair, Shaheera Saleem, is an undergraduate student entering her second year at McGill. She is pursuing a double major in economics and sociology. Shaheera started debating in ninth grade and has attended many Model UN conferences since high school. Her other interests include films and food. She hopes you have a great experience at SSUNS.

Your third and final vice chair, Miriam Simmons, went to John Abbott, and is now studying chemistry at McGill. This will be her 10th conference.

The Economic Community of West African States (ECOWAS), established May 28 1975, is a 15-member regional group stemming from the treaty of Lagos. Its mandate involves the promotion of economic integration across its member countries; this includes industry, transport, telecommunications, energy, agriculture, natural resources, commerce, monetary and financial issues, as well as social and cultural matters. ECOWAS envisions the creation of a borderless region where the population has ample access to resources in a sustainable environment—an integrated region where individuals benefit from free movement, access to efficient education and health systems, and engagement in economic and commercial activities while living in dignity in an atmosphere of peace and security.

The region encompassed by ECOWAS has demonstrated that it has the potential to become financially independent and address challenges hampering its economic and



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social development. ECOWAS has, in the past, focussed on the social sector and it currently invested in formulating economic policies within the framework of a regional development programme. As it aims to improve economic integration, ECOWAS has continued to develop investment and promotion services and has already completed various investment climate study field missions in member states.

With a region energised by a common purpose, West African citizens can also take ownership for the new vision of moving from an ECOWAS of states to an ECOWAS of people by 2020. The ECOWAS Vision 2020 is aimed at setting a clear direction and goal to significantly raise the standard of living of the people through conscious and inclusive programmes that will guarantee a bright future for West Africa and shape the destiny of the region for many years to come.

The topics to be debated are population growth in West Africa, health epidemics, and security in West Africa. These may be new to you, but the background guide should give a starting point to understand and critically analyse the topics. We hope that it gives you a solid understanding to begin your research into the topics. Although this guide is divided into three topics, they are interrelated, so do keep this in mind while doing research and preparing position papers.

Best of luck with your research and I look forward to meeting all of you in November!

Robyn Gordon



### Topic One: Population Growth in West African States

Over the past 250 years, the human population has doubled an astounding three times. Currently, West African population is growing rapidly and this population growth has harmful consequences, not only for the environment but also for all social, political and economic processes.

More than half of global population growth between now and 2050 is expected to occur in Africa. According to the UN's medium-variant projection, the population of Africa could more than double by mid-century, increasing from 1.1 billion today to 2.4 billion in 2050, potentially reaching 4.2 billion by 2100.<sup>1</sup>

The population explosion will be most significant in West Africa, particularly Nigeria. By 2050, Nigeria alone will account for an astounding one-tenth of all births in the world, and its total population will reach nearly a billion by the end of the century.<sup>2</sup> Fertility rates are declining in Africa, but they remain far higher than anywhere else in the world. At the same time, African life expectancy and child survival rates have drastically improved, which has contributed to the population boom.<sup>3</sup>

According to an ECOWAS report, "Beyond 2020: Crisis Drivers In West Africa's Future" the impact of population growth "will be apparent in terms of demands for finite resources – natural (water, land, food, fuel) and social (health, education, security) – that ECOWAS member states are likely to have great difficulty in satisfying (footnote). Developmentally, the continuation of a population structure skewed heavily towards children and young adults will place huge pressure on education and employment policies as well as maternal and paediatric health resources. Migration of population from rural to urban areas and from homeland to diaspora is likely to engender a population both better integrated with global trends and more impatient for the standards of living perceived in the wider world.

Population growth is a complex process to understand, as there are many variables at play. Fertility, mortality and migration are the three demographic pillars that contribute to population growth.

Limited access to health care and contraceptives, lack of female rights and education and traditions of child marriage and polygamy all contribute to a high fertility rate in West African States. Health epidemics such as Ebola and HIV/AIDS and their associated increase in mortality reduce population; however, they also encourage a high replacement fertility rate. Overall improvements in life expectancy and health care have also reduced mortality rates. Furthermore, West Africa has net out migration which helps relieve the

<sup>1</sup> UN, 2013 June 13<sup>th</sup>, UN Press Release, Online link: [http://esa.un.org/wpp/Documentation/pdf/WPP2012\\_Press\\_Release.pdf](http://esa.un.org/wpp/Documentation/pdf/WPP2012_Press_Release.pdf)

<sup>2</sup> York Geoffrey, 2014, Population boom: 40% of all humans will be African by end of century, The Globe and Mail, Online link <http://www.theglobeandmail.com/news/world/africa-to-experience-population-boom/article19998373/>

<sup>3</sup> York, 2014



population pressure. Increasing rural-urban migration creates greater competition for employment, social and energy provisions, sanitation facilities, and clean drinking water.

### Section 1: Past Actions

#### ICPD Programme of Action

“The International Conference on Population and Development (ICPD) was held in Cairo in 1994. It was a milestone in the history of population and development politics. The result was an impressive and ambitious set of goals for improving sexual health and reproductive rights all over the world.

These goals are known as the ICPD Programme of Action. Its focus is wider than sexual and reproductive health. It links the interrelationships between population, sustained economic growth, health, education, economic status, and empowerment of women. Remarkably, it was the first time world leaders agreed to invest in people, as opposed to demographic targets. 179 countries committed to implement these goals by 2015.

At ICPD+5, a review showed that the Programme of Action has resulted in significant changes to health policies in many countries. By 2004, evidence from the previous 10 years indicated that with adequate funding, the Programme of Action could save lives.<sup>4</sup>

#### The United Nations Population Fund

The UN Population Fund (UNFPA) is the leading UN agency dealing with population concerns. It was established in 1969 and since then, the number and rate of women dying from complications of pregnancy or childbirth has been halved. Families are smaller and healthier. Young people are more connected and empowered than ever before.<sup>5</sup>

The UNFPA aims to eradicate unwanted pregnancies, support maternal health care, and help young people fulfill their potential. As of 2014, youth from ages 10-24 constitute a quarter of the world's population. Their reproductive choices will shape future demographic trends.<sup>6</sup> The UNFPA helps countries identify and understand population trends such as changes in fertility rates, increasing urbanization, and accelerating migrations, which are critical to development.<sup>7</sup>

The information generated by a population and housing census – numbers of people, their distribution, their living conditions and other key data – is critical for development. Without accurate data, policymakers do not know where to invest in schools, hospitals and roads. Those most in need remain invisible; too many countries have outdated or inaccurate information about their populations.<sup>8</sup> The UNFPA aims to ensure that no country fails to carry out a census because of financial or technical constraints. It

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<sup>4</sup> IPPF, 2013, The International Planned Parenthood Federation Online link: <http://www.ippf.org/>

<sup>5</sup> UNFPA, 2015, UN Population Fund, Online link <http://www.unfpa.org/>

<sup>6</sup> UNFPA, 2015

<sup>7</sup> UNFPA, 2015

<sup>8</sup> UNFPA, 2015



provides technical support during all stages of a national census, and helps ensure the data are widely disseminated and used for development.<sup>9</sup>

### Non-Governmental Organizations

NGOs play an important role in spreading awareness about population control by providing contraception services, family planning services, sexual and reproductive health services, HIV-related services, and information on legal status of abortion and availability of services.

The Planned Parenthood Association of Sierra Leone (PPASL), established in 1959, works on a range of serious sexual and reproductive health (SRH) issues to improve people's health and quality of life. A key focus is the improvement of access to maternal health care, in order to reduce the risk of maternal and infant death.<sup>10</sup> PPASL currently receives financial support from UNFPA, UNICEF, UNAIDS, the Global Fund for HIV/AIDS, Plan International, MOHS & RH UNIT, Marie Stopes Society, SL Red Cross Society and Action Aid.<sup>11</sup>

The Family Planning Association of Liberia (FPAL) is Africa's longest established family planning organization. It provides family planning; information, education and communication around SRH; and services related to the prevention and management of HIV/AIDS including voluntary counselling and testing (VCT).<sup>12</sup> FPAL is partnering widely with government departments to move the SRH agenda forward. FPAL works with the Ministry of Planning and Economic Affairs, the Ministry of Health and Social Welfare, the National AIDS Control Programme, the Ministry of Youth and Sports, Ministry of Gender and Development, the National Population Council and the Liberia AIDS Commission. It partners with non-governmental organizations such as AFRICARE and the New Africa Research and Development Agency (NARDA), and receives additional financial support from AfricaCare.<sup>13</sup>

Even though there have been efforts made by international organizations, NGOs, and international policies to address the problem of population growth, West African states continue to experience the harmful consequences of population growth. Hence, it is important for ECOWAS to come up with effective policies to curb this issue.

## **Section 2: Country Policies and Possible Solutions**

It took hundreds of thousands of years for the world population to reach 1 billion, and 200 years for it to grow sevenfold. In 2011, the global population reached the 7 billion mark, and it is projected to climb to over 9 billion by 2050.<sup>14</sup> The majority of this growth is expected to take place in developing nations such as Nigeria. This dramatic growth has been driven largely by increasing numbers of people surviving to reproductive age, and

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<sup>9</sup> UNFPA, 2015

<sup>10</sup> IPPF, 2013

<sup>11</sup> IPPF, 2013

<sup>12</sup> IPPF, 2013

<sup>13</sup> IPPF, 2013

<sup>14</sup> UNFPA, 2015



has been accompanied by major changes in fertility rates, increasing urbanization, and accelerating migration. These trends will have far-reaching implications for generations to come.<sup>15</sup> Population growth is a critical issue for sustainable, social, and economic development outcomes and has a drastic effect on the natural environment. Furthermore, resource scarcity can provoke fights between the people of Africa. It is thus important for ECOWAS to address this issue.

In order to tackle this issue, it is important to design policies that take into account the three demographic pillars: fertility, mortality and migration. To control birth rates, it is important for governments and NGOs to create an awareness of contraceptives and abortion to avoid unwanted pregnancies. Sexual and reproductive health care facilities must be made available. It is extremely important to provide education to girls, as it discourages early marriages. Traditions such as polygamy and child marriages lead to higher fertility rates and must be dealt with. However, any actions taken must respect individual cultures.

Due to the advent of modern medical technology and improved sanitation, life expectancy has increased worldwide while infant mortality has decreased. A decline in infant mortality can reduce population growth as it keeps replacement level fertility in check. Africa has been hit by the HIV/AIDS epidemic that has led to an increase in mortality and a decline in life expectancy.<sup>16</sup>

Most West African states experience net out migration, which can reduce population growth. The Net migration rate for: Nigeria is -0.22, Cabo Verde is -0.64, The Gambia is -2.23, Ghana is -2.13, Mali is -2.33, Niger -0.58, Senegal is -1.66, and Sierra Leone is -3.12.<sup>17</sup> In these cases, it is important that the rights of migrants and refugees are protected. In order to ease the rural urban migration, it is vital to plan cities in such a way that they can accommodate the influx of new people. This includes developing efficient sanitation systems, crime control systems, energy systems and providing adequate employment opportunities.

### Questions to Consider

- 1) What are the causes and consequences of overpopulation in West African Nations? Why is it important for ECOWAS to address this issue?
- 2) How can ECOWAS control population growth in West African Nations?
- 3) What measures can be taken to deal with the negative impact of overpopulation?

### Further Reading

<http://www.ecowas.int/>

<http://www.unfpa.org/>

<http://www.un.org/en/development/desa/population/>

<http://www.ippf.org/>

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<sup>15</sup> UNFPA, 2015

<sup>16</sup> Ashford, Lori, 2006, "How HIV and AIDS Affect Populations," Online Link: <http://www.prb.org/pdf06/howhivaidsaffectpopulations.pdf>

<sup>17</sup> CIA, 2014, The World Fact Book, Online Link: <https://www.cia.gov/library/publications/the-world-factbook/rankorder/2112rank.html>





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UN, 2013 June 13<sup>th</sup>, UN Press Release, Online link:  
[http://esa.un.org/wpp/Documentation/pdf/WPP2012\\_Press\\_Release.pdf](http://esa.un.org/wpp/Documentation/pdf/WPP2012_Press_Release.pdf)

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York Geoffrey, 2014, Population boom: 40% of all humans will be African by end of century, The Globe and Mail, Online link  
<http://www.theglobeandmail.com/news/world/africa-to-experience-population-boom/article19998373/>





### Topic 2: West African Security

There is a long history of conflict in the West African region. The majority of these clashes are not interstate; rather they are amongst religious, ethnic, and social divisions. During the post-Cold War era, conditions were both brutal and violent.<sup>18</sup> At this time, many West African states gained independence, and acts of violence became widespread in the region. Conflicts erupted that took the form of civil wars, coup d'états, ethnic clashes and religious violence. Currently, threats come from non-state actors, specifically transnational organizations.

#### Section 1: Transnational Criminal Organizations

Current security threats are derived, not from the states themselves, but rather from transnational criminal organizations (TCOs). These TCOs perform a variety of illegal activities that threaten member states' stability and institutions. A specific problem is trafficking, most commonly of narcotics. West Africa's geographic location provides easy access to receive narcotics from the Americas, and it serves as a trans-shipment point for narcotic shipments destined for Asia and Europe.<sup>19</sup> This is a widespread problem that affects many of the ECOWAS states, namely Benin, Guinea-Bissau, Cape-Verde, Cote d'Ivoire, The Gambia, Ghana, Nigeria, Mali, Mauritania, and Senegal. Recently, there has been increased attention to this problem due to the high level of cocaine flows, whose "...wholesale value on arrival to Europe would exceed the national security budgets of many countries in West Africa."<sup>20</sup> There has been a steady increase in drug trafficking and drug production in the region, especially in methamphetamine (meth) where two new laboratories were detected in Nigeria in 2011-2012.

There is a permissible environment for these types of TCOs to thrive in West Africa for several reasons. Ineffective governments are a primary reason that TCOs are able to conduct their illegal work. Lack of governmental monitoring due to ineffective security forces allows for these narcotics to enter via sea and air. Upon arrival of the narcotics, the ground security forces lack appropriate structural organization to coordinate their efforts to outmaneuver the drug traffickers.<sup>21</sup> Furthermore, in the ECOWAS region, the free movement of people and goods policy creates a problem in controlling narcotic trafficking routes. These narcotics can essentially pass through the member-states' boundaries without passing through any border controls.<sup>22</sup>

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<sup>18</sup> Kuerschner, Mareike, "Conflict in West African States." *E-International Relations Students*, <http://www.e-ir.info/2013/03/15/conflicts-in-west-african-states/>

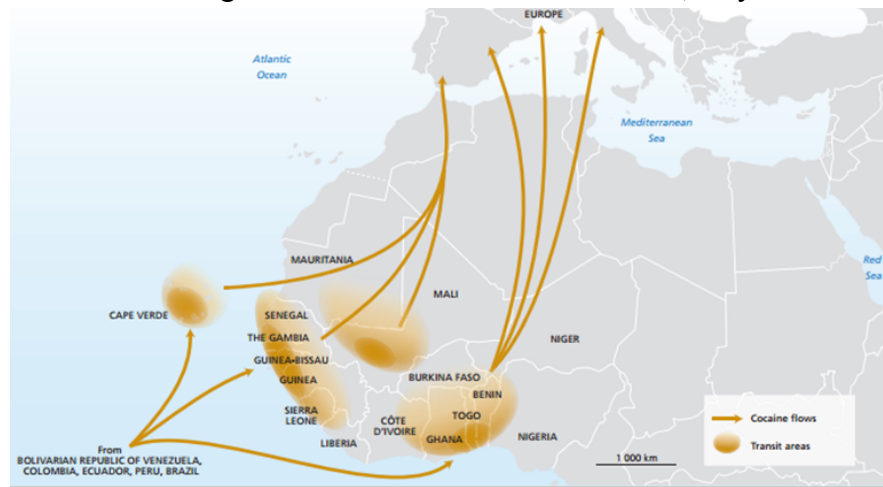
<sup>19</sup> United Nations Office on Drugs and Crime, "West Africa: 2012 ATS Situation Report." *UNODC*, [http://www.unodc.org/documents/scientific/ATS\\_West\\_Africa\\_final\\_2012.pdf](http://www.unodc.org/documents/scientific/ATS_West_Africa_final_2012.pdf)

<sup>20</sup> United Nations Office on Drugs and Crime, "Transnational Organized Crime in West Africa: A Threat Assessment" *UNODC*, [http://www.unodc.org/documents/data-and-analysis/tocta/West\\_Africa\\_TOCTA\\_2013\\_EN.pdf](http://www.unodc.org/documents/data-and-analysis/tocta/West_Africa_TOCTA_2013_EN.pdf)

<sup>21</sup> Intergovernmental Action Group Against Laundering in West Africa, "Member States: Federal Republic of Nigeria", <http://giaba.org/member-states/nigeria.html>

<sup>22</sup> United Nations Office on Drugs and Crime, "Transnational Organized Crime in West Africa: A Threat Assessment" *UNODC*, [http://www.unodc.org/documents/data-and-analysis/tocta/West\\_Africa\\_TOCTA\\_2013\\_EN.pdf](http://www.unodc.org/documents/data-and-analysis/tocta/West_Africa_TOCTA_2013_EN.pdf)

If this problem persists, there will continue to be an increase in the proliferation of trafficking in the area. As long as these TCOs are able to succeed, they will become more



*Image 1: Cocaine Flows From The Andes Via West Africa to Europe, 2013, UNODC*

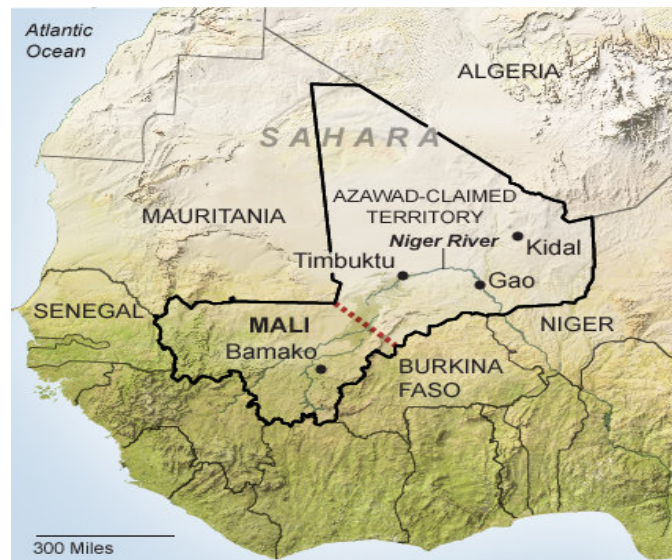
profitable, more people will become financially dependent upon it for their livelihood, and it will become further embedded in society. An underground economy, one that falls completely outside government regulation and control, will continue to grow and effectively leave a sector of the economy to utter lawlessness.

### Section 2: Islamic Militancy

There has been a steady rise in the violence caused by Islamic Militancy groups in West Africa. These acts of violence include targeted attacks on specific groups, suicide bombings, clashes between Islamic militants and government security forces, and the use of improvised explosive devices.<sup>23</sup> In Nigeria, Boko Haram is the largest threat. In Mali, there are an array of Al-Qaeda linked groups that pose threats, most notably *Ansar al Din*, MUJWA, MNLA and AQIM.

<sup>23</sup> Mantzikos, Ioannis. *Boko Haram: The Anatomy of a Crisis*. (Bristol: E-International Relations, 2013) <http://www.e-ir.info/wp-content/uploads/Boko-Haram-e-IR.pdf>

The Islamic Fundamentalist movement is based on Salafist ideology that sees violence as the only recourse to reinstate Islamic purity.<sup>24</sup> Both these insurgency groups were created



*Image 2: Azawad-Claimed Territory in the North of Mali, 2012, NYT*

in the early 2000s and ever since have been making greater territorial claims and expanding their respective their participation rates. Currently, the insurgency in Nigeria is controlling areas in the Northeast of the country. The same can be said for Mali, but to a far greater extent. The insurgency groups have seized control of half of its territory in the North, which has created a significant North-South divide in the country.<sup>25</sup> In 2012, rebel groups self-proclaimed independence of Azawad in the North of Mali.

There are many factors behind the rise of Islamic Militancy groups in West Africa. High levels of poverty, unemployment, poor access to basic needs, and other socioeconomic hardships have left large segments of the population vulnerable to exterior forces. The Islamic movement is able to appeal to these individuals by offering them an alternative to their present situation, being that Islam is the solution to all their hardships. It is also important to highlight the high levels of youth that participate in these insurgency groups. This can largely be attributed to the fact that this demographic is feeling the negative socioeconomic effects more than others, and are therefore more susceptible to being coerced into participating in these insurgency groups.<sup>26</sup>

These groups are able to acquire and control territories due to lack of strong state presence. Without state governance, insurgency groups have fertile ground to grow and expand. This gives them greater ability to freely coordinate their expansion, train insurgents, and perform other illegal acts. These illegal acts include kidnapping, smuggling, and trafficking of narcotics. For example, in 2011 the Malian police seized

<sup>24</sup> Ostebo, Tereje, "Islamic Militancy in Africa", *Africa Security Brief*, no 23 (2012) [http://africacenter.org/wp-content/uploads/2012/11/AfricaBriefFinal\\_23.pdf](http://africacenter.org/wp-content/uploads/2012/11/AfricaBriefFinal_23.pdf)

<sup>25</sup> Intergovernmental Action Group Against Laundering in West Africa, "Member States: Federal Republic of Mali", <http://giaba.org/member-states/mali.html>

<sup>26</sup> Ostebo, Tereje, "Islamic Militancy in Africa", *Africa Security Brief*, no 23 (2012) [http://africacenter.org/wp-content/uploads/2012/11/AfricaBriefFinal\\_23.pdf](http://africacenter.org/wp-content/uploads/2012/11/AfricaBriefFinal_23.pdf)



more than 900 kilograms of illegal drugs.<sup>27</sup> The terrorist groups finance themselves through these acts and are therefore able to self-sustain.

These terrorist groups pose direct security threats to Nigeria and Mali, but also indirectly to the West African region as a whole. With the growth of these Islamic Fundamentalist groups, the likelihood of them splintering into more sub-groups, which could potentially be more violent, is of great concern. Furthermore, the region has experienced an increase in the number of internally displaced people (IDP). In Mali there are 128,866 IDPs, and that number is projected to grow.<sup>28</sup> In addition, as the size of the insurgency groups grow, so will their financing mechanisms, which would lead to the expansion of illegal activities; importantly drug trafficking, which already is a huge problem in the region. Lastly, there is an increased risk of spillover into neighboring countries as recruitment can expand beyond Nigeria and Mali's borders.<sup>29</sup>

### Section 3: Current Structures

Currently under the ECOWAS founding treaty, *The Treaty of Lagos*, Article 58 is entirely dedicated to regional security. It emphasizes the importance of member-states acting to promote regional peace and security and outlines provisions on how to achieve this.<sup>30</sup> Furthermore, *The Protocol Relating to the Mechanism for Conflict Prevention, Management, Resolution, Peace-Keeping and Security* to supplement the Treaty of Lagos further details security-related interests. The Protocol calls for collective security, aims to prevent inter- and intra- state conflicts, and establishes new institutions, including a civilian army, to achieve these goals.<sup>31</sup>

ECOWAS has also established the Inter-Governmental Action Group Against Money Laundering in West Africa (GIABA) in 2000 through the Statutes Of The Inter-Governmental Action Group Against Money Laundering In West Africa.<sup>32</sup> This specialized institution of ECOWAS "...is responsible for strengthening the capacity of member states towards the prevention and control of money laundering and terrorist financing in the region."<sup>33</sup> Through monitoring, technical assistance, and other support mechanisms, GIABA serves to benefit member-states in their responsibility to combat illegal activities taking place in their borders.

In the context of the United Nations, there is a corpus of initiatives dealing with terrorism. All ECOWAS member states, except for The Gambia, are parties to the

<sup>27</sup> Intergovernmental Action Group Against Laundering in West Africa, "Member States: Federal Republic of Mali", <http://giaba.org/member-states/mali.html>

<sup>28</sup> United Nations High Commission for Refugees, "2015 UNHCR Country Operations Profile – Mali", <http://www.unhcr.org/pages/49e484e66.html>

<sup>29</sup> Mantzikos, Ioannis. *Boko Haram: The Anatomy of a Crisis*. (Bristol: E-International Relations, 2013) <http://www.e-ir.info/wp-content/uploads/Boko-Haram-e-IR.pdf>

<sup>30</sup> ECOWAS, "Revised Treaty", <http://www.ecowas.int/wp-content/uploads/2015/01/Revised-treaty.pdf>

<sup>31</sup> ECOWAS, "Protocol Relating to the Mechanism for Conflict Prevention, Management, Resolution, Peace-Keeping and Security", [http://www.zif-berlin.org/fileadmin/uploads/analyse/dokumente/ECOWAS\\_Protocol\\_ConflictPrevention.pdf](http://www.zif-berlin.org/fileadmin/uploads/analyse/dokumente/ECOWAS_Protocol_ConflictPrevention.pdf)

<sup>32</sup> GIABA, "Revised Statutes Of The Inter-Governmental Action Group Against Money Laundering In West Africa (GIABA)", [http://www.giaba.org/about-giaba/statutes\\_647.html](http://www.giaba.org/about-giaba/statutes_647.html)

<sup>33</sup> GIABA, "About GIABA", [http://www.giaba.org/about-giaba/index\\_656.html](http://www.giaba.org/about-giaba/index_656.html)



*International Convention for Suppression of Financing Terrorism*.<sup>34</sup> There are also many United Nations Security Council resolutions that relate to the prevention and suppression of terrorism and terrorist financing, notably Resolution 1267 and its successors, and Resolution 1373.<sup>35</sup> In addition to the United Nations' efforts to combat terrorism, they have also created institutions to aid against narcotic trafficking. The United Nations Office on Drugs and Crime serves to assist member states, of which all ECOWAS members are, "...in their struggle against illicit drugs, crime and terrorism".<sup>36</sup> This body works to enhance states' capacities, increase knowledge on drugs and crime issues, and assist states with the development of legal structures to deal with these issues.

### Policy Action Needed

It is imperative that ECOWAS take action to combat the security threats that are being faced today. There are issues within each of the member states that permit these threats, including: corruption, lack of effective state governance, disregard for the rule of law, and fraudulent behavior. In order to improve these security threats, ECOWAS must work collectively to create new policies and strategies that will make effective improvements.

As ECOWAS is primarily an economic body, security is a principal concern in order to allow for economic prosperity. ECOWAS recognizes that economic development and security are inextricably linked.<sup>37</sup> Stabilizing the security threats is a necessary precondition to allow for economic growth and development in both the short and long term. An objective of ECOWAS is to prevent further growth insurgency groups and TCOs while addressing concerns that may have produced these security threats in the first place.

### **Questions to Consider**

- 1) How can ECOWAS better utilize its security institutions to deal with their present security threats?
- 2) What are common factors that allow for both TCOs and insurgency groups to continue to operate? What are the common factors that led to their creation?
- 3) What state-specific security issues has your country had (or still has) to confront? What policy actions have been successful and which were not?

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<sup>34</sup> United Nations, "International Convention for the Suppression of the Financing of Terrorism", <http://www.un.org/law/cod/finterr.htm>

<sup>35</sup> United Nations Security Council, "Security Council Committee Pursuant To Resolutions 1267 (1999) And 1989 (2011) Concerning Al-Qaida And Associated Individuals And Entities", <http://www.un.org/sc/committees/1267/>

<sup>36</sup> UNODC, "About UNODC", <https://www.unodc.org/unodc/en/about-unodc/index.html?ref=menutop>

<sup>37</sup> ECOWAS, "Protocol Relating to the Mechanism for Conflict Prevention, Management, Resolution, Peace-Keeping and Security", [http://www.zif-berlin.org/fileadmin/uploads/analyse/dokumente/ECOWAS\\_Protocol\\_ConflictPrevention.pdf](http://www.zif-berlin.org/fileadmin/uploads/analyse/dokumente/ECOWAS_Protocol_ConflictPrevention.pdf)





### Topic 3: Health in West Africa

There are many barriers to proper health care in West Africa, namely high costs, poor access, and a lack of medical personnel or funding. Since the health infrastructure of many ECOWAS nations is so heavily dependent on international aid or non-governmental organizations (NGOs), medical care is highly variable, as is governmental involvement. Seeing as communicable diseases make up 71% of disability-accounted life years (DALYs) in Africa in 2004<sup>38</sup>, the existing public health infrastructure is clearly ineffective.

#### Section 1: Impact of Conflicts

While corruption, political instability and autocracies have contributed to the poverty in the region, armed conflicts have perhaps worst affected the state of health infrastructure in West Africa. Civil wars, coups d'états, ethnic and religious conflicts have pushed attention and funds away from health care,<sup>39</sup> and have also resulted in mass movements of displaced and vulnerable people. These tumultuous events also cause health professionals to flee, infrastructure to be destroyed, and halt the supply of drugs and provisions.<sup>40</sup> In Somalia, fighting between Islamist insurgents and Ethiopian-backed troops causes residents to flee to areas with no latrines and limited access to safe water, and where basic health services are difficult to provide. Medecins Sans Frontiers has reported that residents are too frightened by fighting to seek aid for Cholera and that preventative measures are becoming increasingly difficult. Incidences of the disease have therefore increased, and there is little that the medical charity can do to aid the situation.<sup>41</sup>

Furthermore, fighting in Cote d'Ivoire in 2002 significantly diminished the country's ability to deal with the HIV/AIDS epidemic. There were fewer health staff in the public and private sector, the distribution of antiretrovirals and condoms was diminished, and public health infrastructure was not maintained. To combat this, the presence of NGOs in the region was increased.<sup>42</sup> However, the difficulty with having NGOs provide government services is that they are often self-serving, focused only in local areas, or focused primarily on service delivery.<sup>43</sup> Additionally, where the international community has given aid to countries post conflict, it has been invested for the most part into weak governments. While aid is going into restoring health infrastructure, there is frequently an

<sup>38</sup> "Burden of Disease." African Health Observatory - World Health Organization. Accessed June 4, 2015.

<sup>39</sup> T. Plumper, E. Neumayer. "The unequal burden of war: the effect of armed conflict on the gender gap in life expectancy" International Organization, 60 (3) (2006): 723-754

<sup>40</sup> Kruk, Margaret E., Lynn P. Freedman, Grace A. Anglin, and Ronald J. Waldman. "Rebuilding Health Systems to Improve Health and Promote Statebuilding in Post-conflict Countries: A Theoretical Framework and Research Agenda." *Social Science & Medicine* 70 (1) (2010): 89-97.

<sup>41</sup> "Somalia Cholera Death Fears Grow." BBC News. April 28, 2007. Accessed April 11, 2015.

<sup>42</sup> N.A. Betsi, B.G. Koudou, G. Cissé, A.B. Tschannen, A.M. Pignol, Y. Ouattara, et al. "Effect of an armed conflict on human resources and health systems in Côte d'Ivoire: prevention of and care for people with HIV/AIDS." *AIDS Care*, 18 (4) (2006): 356-365

<sup>43</sup> Smillie, I., and Todorović, G. (2001), 'Reconstructing Bosnia, Constructing Civil Society: Disjuncture and Convergence', in Smillie, I., ed. (2001), *Patronage or Partnership: Local*

overlap in reconstruction efforts, resulting in severe inefficiencies.<sup>44</sup> For example, the Liberian government, hobbled by the war, was unable to manage parallel demobilization, disarmament and reintegration (DDR) programs. The programs provided training, cash-for-work and community-based initiatives, which provided short-term employment for war-affected populations. However, the government was not able to coordinate and manage two DDR programs, and overall they proved ineffective.<sup>45</sup> Governments debilitated by wars or infighting cannot properly manage programs designed to keep their populations healthy. Close attention will need to be paid to countries emerging from conflict, and to deal with the challenges uniquely faced by them. The movement of people and the security threats prevent trained medical personnel and supplies from reaching those in need. Additionally, weakened governments are not able to properly coordinate a response to health epidemics, nor the restructuring of health infrastructure. All this contributes to accelerating mortality rates, due to the spread of diseases such as HIV/AIDS, malaria, tuberculosis, and other infectious diseases.

### Section 2: Access to Health Care

The most accessible health care comes in the form of traditional medicine, which is estimated to be used by 80% of Africans, mostly due to its socio-economic and socio-cultural status.<sup>46</sup> Traditional healers are often the only ones patients consult, although Western medicine is generally accepted throughout Africa. Traditional healing is linked with Africans' heritage, and is integral in their lives. However, most governments do not officially recognize healers, and they are not part of formal health structures. This can cause many issues, as some patients listen to both doctors and healers, and take herbs which can mix dangerously with pharmaceuticals. Healers can furthermore be great assets, in that they can monitor disease outbreaks, as well as increase patient compliance.<sup>47</sup>

However, the reliance on non-professional medical personnel is not always beneficial. While Western medicine is generally accepted, hospitals are viewed as 'lieux de morts' and patients turn to makeshift pharmacies, which can be counterfeit. Similarly, doctors boost their wages by setting up small clinics in unsanitary conditions and without proper equipment. Patients should have easy access to legitimate and safe medical supplies and professionals. Hospitals often inadvertently facilitate these practices by reducing doctor's hours, and by forcing patients to buy medical equipment.<sup>48,49</sup> The high costs of medical care act as significant barriers to patient care, seeing as in some Western African

<sup>44</sup> N. Ball, D. Hendrickson. Review of international financing arrangements for disarmament, demobilisation and reintegration. Stockholm Initiative on Disarmament Demobilisation and Reintegration, Stockholm (2005)

<sup>45</sup> UNDP Liberia. (2007). Supervision of European Commission-funded parallel reintegration and rehabilitation project implemented by two local partners: LOIC and CESD September 2004 – January 2006, Final Report. Monrovia, Liberia.

<sup>46</sup> Elujoba, A.A, O.M Odeleye, and C.M Ogunyemi. "Traditional Medicine Development for Medical and Dental Primary Health Care Delivery System in Africa." *African Journal of Traditional, Complementary and Alternative Medicines*. 2 (1) (2005).

<sup>47</sup> Madamombe, Itai. "Traditional Healers Boost Primary Health Care - Africa Renewal Online." UN News Center. 2006. Accessed June 4, 2015.

<sup>48</sup> "Post-Conflict Economic Recovery - Enabling Local Ingenuity." *United Nations Development Programme*. Crisis Prevention and Recovery Report 2008.

<sup>49</sup> Persyn, Peter and Fabienne Ladrière. 2004. "The Miracle of Life in Kinshasa: New Approaches to Public Health." In *Reinventing Order in the Congo: How People Respond to State Failure in Kinshasa* (Theodore Trefon, ed.). Zed Books, London.





countries, between 75-84% of the population lives below the poverty line.<sup>50</sup> Not only are so many treatments exorbitantly expensive, the trip to find help can also be inhibitory. Since most doctors choose to practice in urban environments, patients have to travel to get professional help, which is expensive, and can exacerbate a medical issue.

Even when patients can afford a doctor, they are hard to come by. Faced with a lack of funding and difficult working conditions, many trained medical professionals choose to leave their countries in search of better job opportunities. Where hospitals face a lack of staff from the onset, the advent of infectious diseases only aggravates the issue. During the Ebola epidemic, many health staffers quit their jobs out of fear of infection. The remaining staff were then overworked, creating the potential for more deadly mistakes. Not only were hospitals understaffed, workers were stigmatized and rejected by their peers, out of fear of the virus.<sup>51</sup> Patients also fled hospitals, fearing they would die there. Because the Ebola virus spread so quickly, there was a lack of communication between patients, relatives, and workers, and because traditional practices could not be performed, there was even more distrust between the groups. Stigma is a significant barrier to health care of certain diseases, and encourages their spread. However, it is not insurmountable, as evidenced by the successfully campaigns to unstigmatized HIV/AIDS.<sup>52</sup>

### Questions to Consider

- 1) How have conflicts in your country affected health infrastructure?
- 2) How has the movement of people affected where and how diseases are transmitted?
- 3) What are the primary epidemics faced by your country?
- 4) How is your health infrastructure funded?
- 5) What can be done to improve sanitary conditions in your country?
- 6) How can you encourage medical personnel to stay in your country, especially in rural areas?
- 7) How can funding for the health sector be increased?

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<sup>52</sup> "History of HIV & AIDS in Africa." History of HIV & AIDS in Africa. Accessed April 11, 2015.



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