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AFRICA IN DEPTH: POLICY AND HEALTH

By

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A capstone project submitted for Graduation with University Honors

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University Honors

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ABSTRACT

Having knowledge of a country's public health policies, poverty rates, education level, mortality rates, and other socio-economic factors are important to help evaluate a country's standard of living. My research compares both Nigeria and South Africa's standards of living and explains differences in their public health policies. Evaluating the Purchasing Power Parity data will help us to compare both country's SES in order to investigate the public health policy decisions made by Nigeria compared to South Africa. This will help explain the differences in living standards for both countries. Because of its history, I expect that South Africa has better policies compared to Nigeria. The lessons learned from South Africa will be used to make recommendations for improving Nigeria's health policies. I assume that if public policy and public health are aligned, the living standard of society will improve. Many of our health crises today stem from a lack of understanding of how government policies are supposed to help improve our health. Consequently, understanding the relationship between public policy and public health is important to ensure that healthcare establishments provide better services to citizens in the short-run, and in the long-run, improve the health and well-being of societies. Improved health policies and care require that hospitals and patients know the intent of the policy and expected impact on patients. This can be done through the promotion of health-related issues awareness by public health professionals in all communities.

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Supplemental Material:

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 - Recording:
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TABLE OF CONTENTS

Abstract	Page 1
Acknowledgments	Page 2
Table of Contents	Page 5
Introduction/Background	Page 6
Methods	Page 9
Field Work	Page 17
Conclusion	Page 22
Works Cited	Page 23

Introduction/ Background:

Of all the injustices and corruption that humanity has inflicted on one another over the course of time, there is no region that has suffered the consequences of it more than the continent of Africa. Africans have faced discrimination and oppression over time long before they were ultimately deprived of their goods and resources and were left behind while the world prospered. To further augment that point, it has been proven through studies that the roots of interracial inequality lie deep in the history of segregation, exploitation and appropriation occurring over the last couple of centuries (Mpeta et al. 49). That is why disparities in living standards among societies still exist to this day. Different societies around the globe have different living standards and resources. It is important to understand how and why differences in living standards among African societies can lead to differences in public health policies enacted as well as in their overall health and well-being. This is important because of how living standards largely determine how societies prosper and because of how politics largely shape the lives of all people in this modern era. Not only that, but little work happens to be done in understanding the effects of policy on health systems. Health systems are defined as the systems of governance related to the surveillance and effective emergency response capabilities of any government in response to public health concerns (Marston et al. 30). Thus, health systems play an integral role in determining how policies are implemented and that is why more work will need to be done to fully comprehend the effect of the policies.

In the early 2000s, a survey of the biggest health database (Medline) was conducted and it was discovered that only 0.7% of articles were related to research on health systems while less than 5% of articles within that database dealt with countries in the Southern hemisphere (Olivier de Sardan and Ridde 19). Unfortunately, that was quite disappointing considering the fact that

the health systems, or the system of governance as it relates to addressing public health matters, in which we live under primarily determine what our health is like and what communicable diseases we are most prone to among other things. Societies within Africa have significantly different living standards, albeit they are still considered developing countries by the rest of the world. South Africa and Nigeria are two clear examples of that distinction in which some research has been done involving looking at the differences of living standards and poverty levels between different populations. We know that both of these societies have vastly different resources and living conditions, which is why such differences are significant in determining living standards. As a result, I hope that I will be able to provide a better understanding of living standards among African societies when researching the countries of South Africa and Nigeria on an individual scale before expanding on that. Thus, it is essential that research be done on the public health policies which led to these differences in both countries specifically to begin with. My project will be looking at the differences in socioeconomic factors such as poverty levels and living conditions between different populations within African societies during times of public health pandemics. By looking at such a specific time period, I hope to understand how these differences specifically lead to differences in public health policies enacted. I also hope to understand how differences in policy implementation during such times lead to the differences in the health and well-being of the societies in question. The reason why I will be focusing on the effect of policies arising from different living standards is that the rise of all public health pandemics that happened over the last decade stemmed from a lack of effective policy implementation as it relates to public health. From the Ebola Virus to the Zika Virus and all the way to the recent rise of Coronavirus, countries have miserably failed to mobilize themselves in preparation to combat the pandemics (Marston et al. 26). Political Interests and the inability of

some of those governments affected by those pandemics at the time to help support combat efforts against those deadly viruses has resulted in severe loss of lives and other drastic consequences.

Building governments with the capability to address public health issues within its ranks will likely have positive impacts in the long run, especially during times of public health pandemics. For example, when Ebola was rampant in Nigeria and devastating the population, the government was only able to keep the virus from spreading out when it set aside its own political differences and allowed trained epidemiologists to mount extensive efforts to monitor the disease and successfully identify it (Marston et al. 28). Because of that, I want to determine how the role of government through the policies it implements as it relates to public health has an impact on the overall health and well-being of African societies. Given that, I hope that my research will look at the living standards of African societies affected by public health issues and address how the resulting public health policies were affected by interfering political interests as well as a lack of support from governmental institutions.

One of the countries that I will be looking at is South Africa. Compared to other African countries, South Africa appears to be affluent and well-off, but it still faces its own issues. In South Africa, many practitioners voiced concerns about the government's poor management of the current health system and that it was plagued by bureaucratic issues rather than effective service (Matthew and Mash 4). They were concerned how politics over policy did no favor to anyone and worked to the detriment of the society as a whole. In an anonymous interview conducted with a private practitioner in South Africa, the practitioner claimed that health care is suffering because too much focus on politics and not much on service (Matthew and Mash 4). With that being said, it becomes evident that a movement towards encouraging the

implementation of public policies designed to help support healthcare establishments in providing citizens with equitable healthcare services is necessary. Not only that, but a movement towards guaranteeing the absence of interfering political interests while working on the implementation process of such public policies is also necessary. This will ensure that healthcare establishments will be able to better train providers to help provide better services and improve overall public health as it is a proven fact that the availability of well-trained staff helps improve the quality public health responses (Marston et al. 28).

Methods:

It is inaccurate to simply measure the standards of living of any society through raw figures such as the rate of poverty or the rate of individuals with communicable diseases without taking into consideration pre-existing resources and living conditions. Therefore, I began analyzing the living standards of African societies through a standardized measurement called Purchasing Power Parity (PPP). PPP is an economic theory that states if all the world's currencies are scaled together in relation to a single currency, then it will be easy to compare how much it costs to purchase goods and services in one country compared to another (Rogoff 647). This means that PPP standardizes all of the different currencies of the world on a singular scale so that it is easier to compare and contrast between the currencies of different countries as if looking at a number on a scale (Rogoff 647). This is important because it will justify the living standards of one country compared to another as it relates to how powerful their currency is. Kenneth Rogoff compiled a list of the PPP of various countries around the world in page 659 of "The Purchasing Power Parity Puzzle", some of which include the countries that I will be researching such as South Africa and Nigeria. Knowing that, I recorded these exact values in my work and cited them as reference and support for my work. South Africa has a PPP value of 17.2

while Nigeria has a PPP value of 3.9 relative to the United States which has a reference PPP value of 100 (Rogoff 659). From there, it becomes clear that the PPP values I collected provide an accurate assessment of the living standards and poverty levels of both Nigeria and South Africa in a quantitative manner. Afterwards, I analyzed literature that discussed the living standards and poverty levels of certain populations within both Nigeria and South Africa (e.g., Mpetta et al.) to gain a better understanding of how life is for civilians in both these societies. Having done that, I was able to accurately compare the living standards and poverty levels of both Nigeria and South Africa and came to understand the reason why the public health policies that are supposedly enacted in these societies are not implemented. Ultimately, I saw that a lack of policy implementation was due to either affordability concerns or due to conflicting political interests (Matthew and Mash 4). Understanding that, it became much more clear for me to compare the overall health and well-being of individuals within Nigeria with the overall health and well-being of individuals within South Africa. Thereby further confirming the idea that affluent societies have stronger currencies capable of purchasing resources more easily while less affluent societies have weaker currencies and are less capable of purchasing resources with as much ease (Rogoff 647). In other words, I discovered that more well-off countries like South Africa are able to afford and provide more resources to its citizens while less well-off countries like Nigeria are less able to afford and provide as much resources to its citizens.

Table 1.1:

The Purchasing Power Parity Puzzle (1996)	
Purchasing Power Parity	Value
United States of America	100
South Africa	17.2
Nigeria	3.9

Another helpful resource I relied on in helping me compare the living standards between Nigeria and South Africa was to look at the United Nations Human Development Report. This is because the United Nations Human Development Report is known to analyze the opportunities, choices, and freedoms offered by each nation towards its citizens. Specifically, the United Nations Human Development Report assesses how well a nation is able to advance human life within its territories through the resources that it provides. With that, I began looking at the reports for Nigeria and South Africa so that I can generate a comparative analysis as to how well one nation is able to advance human life compared to another in addition to what are the indicators or trends for doing so. Besides looking into the country profiles of both Nigeria and South Africa, I also began looking into the country profile of the United States since I figured that although the United States might be an outlier as compared to both Nigeria and South Africa's country profiles, it still provides a template for how well a nation can work to advance human life. Ultimately, the United States' status in today's global society, though almost unmatched in every aspect of human life, helps shed a light to the inequities that still exist to this very day among nations despite the progress made to help narrow the gap.

Although Nigeria and South Africa are two nations located on the same continent of Africa, the differences in their living standards as to how they advance human life are so stark that they provide a useful comparison when looking to understand why the citizens of both nations live quite contrasting lives. Thereby affirming the fact why the United Nations Human Development Report ought to be used to compare both nations' efforts to advance human life since it can explain what lessons that Nigeria can learn from South Africa to better support the citizens within its borders.

Analyzing the Human Development Report for the year 2020, there are many trends that stand out as noted in Table 1.2 below. Beginning with the United States, it can be observed that it has the lowest infant mortality rate of 5.6 births per 1000 births. In addition to that, it can be observed that the United States has the greatest average life expectancy out of all three countries at 78.9 years all while spending 17.1% of its GDP on current health expenditures. This in itself is reasonable because considering the fact that with a greater percentage of the country's GDP spent on health expenditures, the more likely it is that the medical care system is advanced in the United States. This makes it logical to reach the conclusion that a lower infant mortality rate is expected due to the fact that infants are provided with advanced medical care at such an early and critical stage of their life, namely the natal stage. As a result, receiving advanced medical care at a young age can help one avoid complications later on in their adult life. Simply put, a lower infant mortality rate can translate into having a longer life expectancy at birth. That may be true for both Nigeria and South Africa. This is because both nation's lower living standards allow for an increase in infant mortality rate as a result of less spending by both nations' governments. Thereby rendering citizens to become more susceptible to diseases as they enter their adult lives. According to Table 1.2 below, South Africa has an infant mortality rate of 28.3 births for every 1000 births and an average life expectancy of 64.1 years with 8.1% of their GDP spent on current health expenditures. On other hand, Nigeria has an even significantly higher infant mortality rate of 75.7 births per 1000 births and an average life expectancy of merely 54.7 years with a minute 3.8% of their GDP spent on current health expenditures.

A country's GNI per capita can be another indicator of the quality of life led by citizens in the name of economics and financial stability. However, this assumption entirely depends on the total population and whether GDP is distributed equally among every individual in the

country. Unfortunately, this may not always be the case since wealth is not equally distributed among all citizens in today's society. In fact, an elite class in every society happens to have near total control of the wealth to the point that very little is left to those at the bottom of the social hierarchy. A special case for GNI per capita being dependent on a nation's population size can be found when comparing Nigeria's total GDP with South Africa's. According to Table 1.2 below, Nigeria has a higher total GDP than South Africa. Specifically, Nigeria has a total GDP of \$1,032 billion compared to South Africa's GDP of \$730,9 billion in 2017 international dollars using purchasing power parity (PPP) rates. This seemingly portrays Nigeria in a much wealthier light, when that might not be the case in reality. This is because Nigeria has a much larger population size than South Africa, meaning that this wealth in GDP would have to be divided among more individuals. Thereby rendering Nigerians to have a much lower GNI per capita compared to South Africans. An average Nigerian citizen has a GNI of \$4,910 a year compared to an average South African who has a GNI of \$12,129 a year.

Countries with a higher GDP have a greater capacity to spend a greater proportion of their GDP on certain expenditures, which in turn help support their infrastructure. This includes expenditures on healthcare, education, the economy, and more. An example of which is the United States having a total GDP of \$20,575.00 billion, with the average American citizen earning a GNI of \$63,826. While this may sound encouraging, it is far from the truth as political interference and conflicts of interest arising among multiple entities within the government prevent nations like the United States and others from fully supporting their citizens. This is true due to how political institutions and for-profit entities can dictate how much of a country's GDP can be spent on certain expenditures. They can dictate how much government spending and funding certain communities within nations may receive in addition to how much taxes citizens

are required to pay in order to support their nation's infrastructure. Despite that, there has been an increased and sustained effort over the years for governments to help advance the lives of their citizens by spending more of their GDP on civilians despite political interference threatening to thwart the ongoing progress currently being made by national governments.

As countries become more willing to spend a greater proportion of their GDP on health expenditures, they can be as willing to do so towards education and other sectors that help support civilians. Greater investment in education by the government can translate into increasing the expected level of schooling for citizens. From there, more money can percolate to support higher education institutions. With a greater investment in education, the mean years of schooling for civilians will naturally increase. Such interpretations can be conveyed by the data presented in Table 1.2 below. In the United States, citizens are expected to undergo 16.3 years of schooling with a mean of 13.4 years of schooling. On the other hand, South Africans are expected to undergo 13.8 years of schooling with a mean of 10.2 years of schooling. Finally, Nigerians are expected to undergo 10 years of schooling with a mean of 6.7 years of schooling. Taking that into account, what clearly stands out is that the mean years of schooling directly increases with expected years of schooling and consequently, the level of education. However, the mean years of schooling significantly lags behind expected years of schooling due to how not all citizens receive the same level of education as others.

Despite the obvious disparity between level of education and the mean years of schooling, there is a new understanding that individual citizens who are supported by either the government or other national entities are more likely to attain a higher level of education through more years of schooling and increase their competency of the issues that concern their nation. Whether it be through nationally or privately funded educational programs and grants,

educational institutions rely on the support they receive to better supply their citizens with the information they need to impact their communities.

Individuals who spend longer years spent in education can come to develop a greater array of skills that help benefit them during their professional working years. Thereby generating a more skilled labor force that will in turn help drive the economic prosperity of individual workers, and in turn, the national government. The United States has the most skilled labour workforce standing at 96.5% as compared to South Africa’s 52.2% and finally Nigeria’s 41.4%. This trend in itself is troubling as the lack of a more skilled labor force translates into lower productivity in the workplace and in turn, a lower total GDP for a nation and a lower GNI per capita for citizens.

Table 1.2:

United Nations Human Development Report (2020)			
Health	United States of America	South Africa	Nigeria
Infant Mortality Rate (Per 1000 Births)	5.6	28.5	75.7
Life Expectancy at Birth (Years)	78.9	64.1	54.7
% of GDP spent on Current Health Expenditures	17.1	8.1	3.8
Education	United States of America	South Africa	Nigeria
Level of Education (Expected Years of Schooling)	16.3	13.8	10
Mean Years of Schooling (Years)	13.4	10.2	6.7
Socio-economic Sustainability	United States of America	South Africa	Nigeria
Skilled Labour Force (% of Labour Force)	96.5	52.2	41.4
Economy	United	South	Nigeria

	States of America	Africa	
Gross national income (GNI), per capita (constant 2017 PPP \$)	63,826	12,129	4,910
Gross domestic product (GDP), total (2017 PPP \$ billions)	20,575.00	730.9	1,032.00

Put together, PPP and the 2020 United Nations Human Development Report provided me with a constructive methodology to rely on in order to measure the living standards of societies. It provided me with evidence as to how the living standards of societies can be defined across multiple areas of human development from health to education to socio-economic sustainability and more, with those areas themselves being the basis of developing the HDI ranking in Table 1.3 below. To simply summarize what HDI is, it is simply a set of measurements designed to measure the average human development of individuals within countries across multiple dimensions ranging from the ability to live a healthy life to being knowledgeable. Similar to PPP, it is designed to be a standardized measure normalizing any discrepancies that may exist. This itself helps provide an additional metric from which to measure the living standards of societies all while highlighting what recommendations certain countries may implement.

Out of all the countries whose profiles I have looked at as part of the Human Development Report, the United States has the highest HDI ranking of 17, followed by South Africa at 116, and finally by Nigeria at 161. With that, it becomes clearly evident how important human development is to the prosperity of both countries and individuals as the rankings themselves often provide a quantitative assessment of how well a country is doing at large. Ultimately, neglecting any one or all areas of human development will have an effect on how

individual citizens and governments are able to go about living their lives. Thereby further confirming the importance of implementing effective public policies in advancing human life.

Table 1.3:

United Nations Human Development Report (2020)	
Human Development Index (HDI)	Rank
United States of America	17
South Africa	114
Nigeria	161

Field Work:

While conducting my research on the living standards of both Nigeria and South Africa, I came to realize that the disparity in health educational resources being provided to the inhabitants of both countries were so disproportionate to the point that it was clear that one set of citizens were more informed than the other on matters related to public health. With the advent of the Coronavirus pandemic near the end of the year 2019 and into the early parts of the year 2020, I knew that the disparities will only continue to grow further as the world began to self-isolate and medical services began to limit their operations in fear of the pandemic. In terms of academia, educational institutions such as schools, universities, and research laboratories began to conduct their services remotely and restrict the number of personnel who can access facilities. This in itself was devastating for me as I could not have in-person access to the university or to local community settings all over Riverside County, where I planned to host multiple seminars to community members on a variety of public health topics in an effort to have an active role in reducing the disparity in health educational resources in Riverside County. As a result of the devastation of the Coronavirus Pandemic and the effect it has had on in-person operations, I had to adapt my field work of reaching out to the community to take on a remote

platform. This would allow for me to actively help reduce disparities in health educational resources while abiding by the strict COVID-19 protocols set forth by the Centers for Disease and Control Prevention (CDC).

In order for me to have actually been able to conduct my field work remotely, I needed to understand the resources that were available to me and the platform that I would now have to use for the next year to conduct my field work. This all came into play during the summer of the year 2020, where I got to meet a medical student from Nigeria as part of the Millennium Campus Network (MCN). The Millennium Campus Network is a global non-profit organization affiliated with the United Nations that works to bring together 21st century social impact leaders from around the world with the aim of training them so that they can become leaders of tomorrow alongside becoming able to find their voice as they work on impacting their communities. I humbly had the honor of being the only student from the University of California, Riverside (UCR) to be selected to join the 2020 cohort, where I was one of only 200 student leaders from around the world who were accepted into the organization.

One of the main objectives of the Millennium Campus Network is to advance the Sustainable Development Goals of the United Nations as part of its 2030 Agenda for Sustainable Development. Putting that vision into reality, I had to focus on which of the 17 Sustainable Development Goals I would like to center my outreach efforts to the community on. It was not only my social impact project as part of the Millennium Campus Network, but also my field work for the Capstone Project. With that, I decided that I would work on advancing the third Sustainable Development Goal of Good Health and Well-being alongside the fourth Sustainable Development Goal of Quality Education. After deciding on which goals to promote, I went ahead with putting my plan into action.

I decided that the best way for me to reach out to the community on a remote platform would be through a webinar series that would provide the general public with information on public health free of charge and which can be accessible through the stroke of a keyboard. Consequently, I went ahead with establishing my own, independent, webinar series with a fellow peer that served to be a successful educational resource for the general public to rely on. Not only that, but an international audience from all over came to rely on the information that I got to provide through the webinar series. The webinar series got to discuss relevant public health topics that many individuals within the audience found to be interesting. This was because I selected topics that spoke to the reality of the current situation that many people found themselves in with the advent of the Coronavirus Pandemic. The topics I selected for my webinar series include but are not limited to: Telemedicine, Healthcare Financing, Antimicrobial Resistance among other relevant topics. More than anything, the need to receive accurate information in regards to public health was never more apparent, especially during the age of COVID-19 where misinformation about the virus was rampant across various online platforms around the world and was propagating through different communities.

I sought to bring in speakers from different countries around the world, while taking into consideration the kind of communities they came from and grew up in. This was important because of how I wanted to have members of my audience see themselves in the speakers I brought forth, especially when any or all of the speakers I had in my webinar series happen to share a similar identity. Specifically, when members of my audience see that individuals who look like them or come from a similar background have the platform to present and educate others, it allows for them to be inspired by my speakers and seek to be like them. Furthermore, I hoped that my webinar series combatted the paternalistic effect that minority groups may not

have the experience or the skills to practice in their profession or provide guidance to other individuals on how to take care of their personal health.

With the advent of the coronavirus pandemic and the vaccine distribution process, healthcare providers from minority groups have taken on a more proactive role to encourage members of minority groups to get themselves vaccinated. Specifically, black healthcare providers from physicians to registered nurses have taken it upon themselves to encourage members of the black community in the United States to go take either one the Coronavirus vaccines available in the United States. This itself was done to combat vaccine hesitancy that has long existed among members of the black community in the United States but more importantly, it was done by healthcare providers who identify as part of the black community since they would do a better job at convincing black Americans to go take the either one of the available Coronavirus vaccines.

Taking that into consideration, I hoped that my webinar series would emulate in some aspect what black healthcare providers were able to accomplish with members of the black community in the United States. In fact, I brought in three different speakers and experts from three different underserved countries and communities around the world for my webinar series to date. Specifically, I brought in speakers and experts from Peru, South Africa, and Nigeria, the latter two countries being the two actual countries that I am conducting my research on. Therefore, demonstrating that the purpose of my webinar series was to allow for it to be an avenue to actively combat health disparities, in terms of receiving accessible health-related information, by seeking to amplify the platform that my three speakers came to have.

The objective of my webinar series is to promote health literacy worldwide by embarking on a campaign of awareness, allowing the general public to see for themselves what is it that they

did not know about public health. There were many external factors that I relied on in order for my webinar series to succeed, one of which is the ongoing Coronavirus Pandemic as it allowed for more people to become prone to seeking out public health information as public health became front and center in everyone's life. People came to understand what it meant to socially distance from one another and to prevent the spread of infectious diseases through mask wearing. Knowing that, I made sure that my webinar series would capitalize on that trend by placing public health awareness front and center for my audience to take note of.

My webinar series was able to gain an international audience and following, with community members from around the world logging in no matter their timezone just to participate in my webinar series. Not only that, but I was able to receive recognition from multiple entities for my work with the webinar series. A few of these recognitions include a publication opportunity from JUSTHealth Web Publication, a web publication associated with the Stanford School of Medicine. Specifically, I got contacted by one of the journal's Editors-in-Chief to publish an article about my webinar series for one of their issues alongside discussing the impact of the health disparities that came to strike underserved communities during the age of the Coronavirus Pandemic and moving forward. Furthermore, I formed partnerships with two prestigious organizations to help promote my webinar series, namely the International Federation of Medical Students Association (IFMSA) and Let's Talk Health (LTH) all while receiving acknowledgement for my work by the Pan African Health Systems Network. Though this may serve as an indicator for the success of my field work in reaching out to the community, I consider that my ability to continue fulfilling the purpose of my webinar series of promoting health literacy by far the greatest.

Conclusion:

Disparities among communities and between societies will continue to exist and it may be nearly impossible to override them since the social order has been established for so long. This is because it will never be possible for there to be an equitable distribution of wealth and resources among community members, whether it be financial wealth, educational resources, health services and more. Looking across multiple United Nations Human Development Reports, the growth and development of both Nigeria and South Africa over the years was quite remarkable with the governments of both nations doing an excellent job in advancing human life. Despite that, it is almost a certainty that they would not be ranked on par with the United States through the Human Development Index system ranking. However, that does not mean that nations should give up on trying to support their citizens and advancing their lives. Progress is never easy but that is what makes even more consequential.

Ultimately, the importance of implementing effective public policies to help elevate the living standards of societies falls down to the opportunities that each nations' government offers to its citizens. The reason that South Africa excels in providing services to its citizens as compared to Nigeria is that Citizens are able to contribute much to the success of their nation when they are well-informed of the decisions they make and are supplied with the knowledge and skills they need to prosper. However, this only begins when the government takes the proper steps to care for their citizens and support them throughout their lives whether in health, education, and socioeconomic sustainability. Increasing the capabilities of individual citizens will help bring in new ideas and much-needed change. It is possible for the overall health of well-being of individuals to improve only if their needs are constantly addressed. Our health is as important and as reliant on how we look after ourselves and how we are cared for.

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