

EMRO REGIONAL GUIDE



AMERICAN MOCK
WORLD HEALTH
ORGANIZATION

**ONE-DAY
SUMMIT 2018**

IMPACTING HEALTH
THROUGH EDUCATION: A
GLOBAL PERSPECTIVE



SUMMARY OF THE EASTERN MEDITERRANEAN REGIONS

The Eastern Mediterranean region of the World Health Organization comprises of 21 member states and Palestine (West Bank and Gaza Strip). The regional office serves nearly 583 million people.

EMRO is the host to some of the world's most significant emergencies. The region has the largest burden of people in need of aid. More than 76 million people in the area are directly or indirectly affected by political conflict, environmental threats, and natural disasters.

“In 2017, Syria entered into its 7th year of conflict and Yemen’s health system is failing due to two years of intensified conflict, the economic crisis and a huge cholera outbreak. In Iraq, a military offensive aiming at liberating Mosul led to the displacement of almost 1 million people. Somalia is facing a triple threat of drought, impending famine, and disease outbreaks. Libya, [occupied Palestinian territories] and Afghanistan struggle to provide health care services in insecure and under-resourced settings. Health security threats present in the region, such as acute watery diarrhea/cholera, place populations at increasing risk.”

Health workers are people engaged in actions with the intent to enhance public health. The development of capable, motivated, and supported health workers is critical in achieving national and global health goals. “Health workers in EMRO are often overworked, poorly paid, and not provided with the necessary equipment and supplies to do their jobs.” The global shortage of the health workforce heightens the need to increase the production of health professionals. These efforts must not only increase the number of health workers but the quality. One way this can be achieved is by strengthening the quality of health workforce education. The WHO defines this as “the sustainable expansion and reform of health professionals’ education and training to increase the quantity, quality, and relevance of health professionals, and in so doing strengthen the country health systems and improve population health outcomes.”



IMPORTANT TOPICS

HEALTH EDUCATION

Gender-based Violence

Health care providers are essential to the prevention and response to violence against women. Often serving as the first point of contact for survivors of domestic violence, ensuring health care providers have proper knowledge about the violence against women is crucial. Some barriers to domestic violence screening cited in the Eastern Mediterranean Region include lack of legal support systems for women, lack of effective referral options, and fear of offending the patient.

Sociocultural norms in this region such as early marriages and marriages with conditional bride pricing increase the vulnerability of women to this violence. Early marriages for women are associated with low education levels as a result of maternal responsibilities. Often, women's health in this region is seen as subordinate to the family's health, resulting in delays in seeking treatment. Personal freedom to make decisions for women in this region may be limited, as male family members commonly have final say in matters related to health care-seeking behavior and the use of family planning methods. Inquiries of domestic violence by health care providers is often unwanted due to the cultural attitude that family affairs should remain private.



Refugees

The majority of the world's displaced people are from the Eastern Mediterranean region, with millions living in their own or a neighboring country under difficult circumstances. Refugees living in this region receive very little international attention or support. In response to the refugee crisis in this region, the World Health Organization assumed the role that health agencies rarely do, and is working closely with local health officials and facilities to buy and provide not only essential medicines and supplies but also fuel so that the hospitals can operate.

The lack of Universal Health Coverage has led to excessive costs for refugees, many of whom must pay out of pocket for health services. Refugees and migrants are also more vulnerable to mental disorders, due to exposure to war, persecution, and hardship in their country of origin. Additional stresses for refugees include difficulties in transit countries like potential hostilities, changing policies, and protracted detention. Forced migration also requires multiple adaptations in a short period, increasing vulnerability for abuse and neglect. These stresses can all lead to the exacerbation of pre-existing social and mental health problems.



IMPORTANT TOPICS

EDUCATED HEALTH WORKFORCE

Health Workforce Migration

In the past decade, there has been an 84% increase in doctors and nurses who have left countries already facing severe health workforce shortages. The movement of skilled workers internationally is considered a brain drain for their countries of origin. In some cases, health workers leave their home country to search for better working conditions and improved career and economic opportunities. The result is an increasing inequality to access to health care.

The WHO Code of practice on the International Recruitment of Health Personnel adopted in 2010 by the World Health Assembly is a crucial contribution to a better understanding and management of health worker migration. “The Code aims to establish and promote voluntary principles and practices for the international ethical recruitment of health personnel and to facilitate the strengthening of health systems.” Member states are discouraged from the active recruitment of health personnel from developing countries with a shortage of health workers.

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Acknowledgements

Written by:
Jacqueline Wahl
Abbey Wegrzynski

Edited by:
Kody Oliver

Designed by:
Elizabeth Kosco

