

THEME GUIDE

AMERICAN MOCK
WORLD HEALTH
ORGANIZATION

**ONE-DAY
SUMMIT 2018**

IMPACTING HEALTH
THROUGH EDUCATION: A
GLOBAL PERSPECTIVE



WELCOME

October 20th, 2018

Dear Delegate,

We are incredibly excited to welcome you to the University of Oklahoma American Mock World Health Organization's first-ever One-Day-Summit, 'Impacting Health through Education: A Global Perspective'. We intend this theme brief to be a helpful introduction into the myriad factors influencing the relationship between Education and Health. A greater appreciation of the dynamic nature of this theme at our University will help promote coherent and effective health policies to combat some of the most persistent global health problems.

Sincerely,

*Kody Oliver & Lizzy Kosco
Summit Co-Directors
2018 OU AMWHO One-Day-Summit*



INTRODUCTION TO OUR THEME

“Every person – child, youth and adult – shall be able to benefit from the educational opportunities designed to meet their basic learning needs. These needs comprise both essential learning tools (such as literacy, oral expression, numeracy, and problem solving) and the basic learning content (such as knowledge, skills, values, and attitudes) required by human beings to be able to survive, to develop their full capacities, to live and work in dignity, to participate fully in development, to improve the quality of their lives, to make informed decisions, and to continue learning.”

- Article 1. Meeting Basic Learning Needs

World Declaration on Education for All, Jomtien, Thailand, 1990

Many valuable economic and human development theories pursue education as an absolute priority to catalyze macro development. Higher levels of education are associated with higher lifetime earnings, more social trust, more political involvement, less criminal activity, and better levels of health and wellbeing. The positive externalities of a more educated population have time and again proven the widespread benefits of increasing access to and quality of educational systems.

The role of education in economic and human development cannot be understated. Better equipped and more accessible education systems expand the opportunities of citizens to create and engage in markets, and to pursue endeavors they personally deem valuable. In considering education and health, we will explore two sub-themes, ‘diffusion of health knowledge’ and ‘implementation of a sustainable health workforce’. With this framework, we can formulate education



SUB-THEME #1

DIFFUSION OF HEALTH KNOWLEDGE

Investments in Quality Teachers & Education

Research across WHO regions continuously identifies teacher quality as one of the most important school-based variables in predicting student learning and educational achievement. Because teachers usually compose the greatest share of national labor forces and a large share of public expenditures, it is imperative to invest in and optimize this input into human and economic development.

Factors limiting the teaching potential of educators includes: inadequate aggregate funding for teaching resources, inadequate professional development, lack of basic facilities like classrooms or bathrooms, conflict or instability, distance between home to schools, and relatively low wages that can attract educators to other professions.

Factors hindering student access to education and thus, learning and achievement, include, among other factors: school fees, responsibilities at home, poor nutritional access at home or school, distance from home to schools, conflict or instability, being female, disabilities, a lack of learning materials, lacking facilities, poor teacher quality, and teacher absenteeism. Investments in students and educators have multiplying effects. Globally, an additional year of school is associated with around a 9% increase in hourly wages. For girls, this boost is even greater. Additionally, the benefits of a better and more accessible education for girls include expanded social capital, better comprehension and access to maternal and child health, and enhanced agency and decision-making capacities at home



DIFFUSION OF HEALTH KNOWLEDGE

Investment in Quality Education and Teachers

Case Study #1

“A forward-looking teacher policy is particularly important in exception, crisis situations such as civil strife and emergencies, where significant numbers of both teachers and learners may be internally displaced or refugees.

A teacher policy should be coherent with other national policies, including children’s rights and related human rights policies, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) policies where relevant, the growing importance of early childhood education (ECE) and national gender policy or its equivalent, all of which have varying influences on access and quality.

A national teacher policy has to address shared responsibilities for policy development and implementation through coordination across sub-national boundaries in federal states and decentralized education systems. To harmonize policies and seek equity, federal governments often use financial levers tied to defined standards for learning or educational improvement, with direct or indirect impact on teacher dimensions. Policy coordination is particularly important in very large states and small states (especially islands) facing human and financial capacity constraints to develop and implement a teacher policy. Specific teacher policy considerations for conflict and post-conflict, and post-disaster contexts include strengthening the process of supplying and training teachers and teacher trainers, better management information systems, and more diversity in the profiles recruited in such contexts” -UNESCO, Teacher Policy Development Guide



SUB-THEME #1

Diffusion of Health Knowledge

Improving & Expanding Sexual & Maternal Health Education

To adjust the purview of 'Education and Health' specifically to women is to prioritize commonly overlooked global health topics like abortion, child health, certain cancers, access to contraception and family-planning services, sexual assault and legal aid, infertility, mother-to-child disease transmission, and access to healthcare facilities with resources to effectively care for women and children.

Gender inequities create many increased barriers for women in terms of access to healthcare, education, and health education. Further, access to social support systems which help them deal with health problems as necessary. Gender inequities can also have consequences for child and population health programs in many ways.

More comprehensive training of healthcare providers regarding appropriate management of women's health throughout the life cycle is critical in addressing neglected areas of maternal health. Addressing gender inequalities which form access barriers to maternal healthcare will require firm commitment by respective member states. It is also imperative that alternative health care financing mechanisms for women and other potentially vulnerable groups are available, accessible and identified to all persons seeking care.



DIFFUSION OF HEALTH KNOWLEDGE

Improving & Expanding Sexual & Maternal Health Education

Case Study #2

“Knowledge and information, provided through sexual health education, are essential if people are to be sexually healthy. The best way to ensure that young people learn and adopt safe and healthy sexual behavior, and limit their risk and vulnerability to sexual ill-health (such as unwanted pregnancy, unsafe abortion, STIs and HIV), is by providing appropriate education about sex and personal relationships. This can be delivered through schools or workplaces, or in the community. Such action can, and should, be reinforced by messages from community and religious leaders, to create awareness about the importance of safe sexual behavior. Health providers have an important role, too, if they create a safe, judgement-free, confidential environment in which people feel free to share any concerns and problems related to their sexuality.

Anyone involved in providing sex and relationships education – from teachers and community and religious leaders to health-care providers – should receive training and continuing education to ensure that the information and counseling they give are accurate, evidence-based, appropriate, and free from discrimination, gender bias, and stigma. The curricula of teachers and health-care providers should be regularly reviewed and updated, and new training materials may be required. Making a commitment to ensure that young people have the information they need to make healthy decisions about their sexual lives is one of the most effective ways of improving sexual health in the long term.” -Developing Sexual Health Programs, WHO



DIFFUSION OF HEALTH KNOWLEDGE

DMPA-SC Continuation in Uganda

Case Study: DMPA-SC Continuation in Uganda

"Access to injectable contraception, along with its safe and effective use, are critical in family-planning measures, efforts to promote maternal health, and in empowering women to wield their personal agency. DMPA-SC is an increasingly popular injectable contraceptive among African Ministries of Health. Part of the attraction of DMPA-SC lies in its compactness: it is a small, single unit, and simple to use device (photo).⁴ This makes it relatively easy for health workers to instruct women on how to safely self-inject DMPA-SC. Also, a single DMPA-SC injection protects from pregnancy for three months, making its simple use especially appealing compared to available alternatives.



A recent nonrandomized prospective cohort study across 14 Uganda health facilities sought out 12-month continuation rates of DMPA-SC when injections were provided by facility-based health workers versus when DMPA-SC was self-injected after one-on-one injection training.⁵ "The multivariate analysis revealed that, controlling for covariates, self-injecting reduced the hazard for discontinuing by 46%."⁵ This research represents healthcare innovation, community health outreach, and women's agency working together to optimize maternal health.



SUB-THEME #2

Implementation of a Sustainable Health Workforce

Reversing Brain-Drain

Efficient Global Health Delivery frameworks require medical facilities, technology, and supplies which may not be accessible in resource-poor health systems. But also of immediate importance is the supply of quality human resources in these systems. Developing countries and rural communities are experiencing an ongoing loss of human capital to more developed health systems capable of providing higher wages and more benefits, more advanced medical technology and research settings, and oftentimes a more peaceful political or social environment.

Because the freedom of immigration and movement should not be infringed on anyone, policy solutions weakening reasons for leaving and strengthening reasons for staying should be considered. The WHO Global Code of Practice on the International Recruitment of Health Personnel highlights actions Member States should pursue to strengthen their health systems given this phenomenon.⁶ To maintain communal and national stocks of human capital is to retain skilled and personally-invested healthcare personnel most capable of improving health outcomes in their respective communities and countries.

Case Study #1

“Reversing the brain drain will require substantive reforms and investments by countries poor and rich. Health professionals are of course entitled to seek better opportunities and options. To retain medical practitioners, developing countries must be able to offer competitive salaries, fringe benefits (such as discounted housing), and a professional medical environment that includes modern health facilities (intensive care units, operating rooms), adequate supplies of medications and diagnostic tools, a sizable support staff, and continuing medical education and training programs. One study found that nonfinancial incentives such as training, study leave, and professional support were among the most important factors affecting retention across four sub-Saharan African countries. In other words, the best way to keep doctors and nurses from moving to wealthy areas is health systems strengthening: when health professionals are compensated fairly, surrounded by well-trained colleagues, and have access to modern medical tools and facilities, many choose to stay in the countries in which they were trained.”

- Reimagining Global Health



SUB-THEME #2

Implementation of a Sustainable Health Workforce

Investments in Human Resources for Health

When it comes to health workforces, every country is experiencing a health worker shortage in one form or another. In developed countries, this is often a shortage of nurses or doctors. In less developed countries, health workers of all kinds can be in limited supply and especially concentrated in higher-paying urban centers.

Still, health and social services sectors commonly enjoy over twice the employment growth rate compared to most other sectors. Most of this growth will occur in the health systems of more developed countries; these countries often attract and or accept health workers from less-developed countries suffering their own, often more critical shortages, to fill these gaps.

This exemplifies the need for multilateral interventions to equip poorer countries and communities with the knowledge and resources to provide their own healthcare. Programs to train and incentivize the implementation Community Health Workers (CHWs) are increasingly common in rural communities. These health workers live in the community in which they work, understand the social and cultural dynamics of the community, and provide a more sustainable solution for combatting the health struggles of their communities, as opposed to volunteer health workers providing care until a health crisis is considered under control.

Other interventional programs – continuous faculty and curriculum development, streamlined educational pathways and admissions processes, promotion of inter-professional health worker education, and more efficient governance and planning – can be considered effective depending on the cost, implementation, and scope of the intervention.⁸



SUB-THEME #2

Implementation of a Sustainable Health Workforce

Case Study #2

“Health systems can only operate with a health workforce; improving health services coverage and health outcomes is dependent on their availability, accessibility, acceptability and quality. It has long been known that one of the best investments governments can make is ensuring its citizens are healthy; a large proportion of the growth in full income (factoring in also the monetary value of increased life expectancy) in low- and middle-income countries in recent decades has resulted from better health. However, health priorities of the emerging post-2015 development framework – such as ending the AIDS, tuberculosis and malaria epidemics, achieving drastic reductions in maternal mortality, and ending preventable deaths of newborns and under-5 children – will remain aspirational unless accompanied by strategies involving transformational efforts on health workforce capability. Indeed, building an adequate health workforce can represent a highly cost-effective public health strategy: for instance, investing in midwifery education, with deployment to community-based services, could yield a 16-fold return on investment in terms of lives saved and cost of caesarean sections avoided, and is a “best buy” in primary health care. Beyond the health goals set by the international community, all nations should have the ability to protect the health of their populations and fulfill their obligations towards collective global health security envisaged in the International Health Regulations; this in turn requires a skilled, trained, and supported health workforce.”

-Health Workforce 2030: Towards a Global Strategy on Human Resources for Health, WHO



IMPLEMENTATION OF A SUSTAINABLE WORKFORCE

Singapore's REACH for Mental Health

Case Study: Singapore's REACH for Mental Health

Mental Health is increasingly recognized but still an often under-prioritized element of health systems and global health outreach. Because of inadequate mental health surveillance methods, a disease burden for mental illnesses is largely unknown, but expected to be relatively high. These illnesses can contribute to academic underachievement, substance abuse, social isolation, and further debilitation. Considering different health system's best programs or practices for mental healthcare is a necessary action for progressing mental healthcare.



Singapore's Response, Early Intervention and Assessment in Community Mental Health (REACH) program is innovative in the respect that multi-disciplinary teams of medical doctors, psychologists, medical social workers, occupational therapists, and nurses work through schools to diagnose and treat mental illnesses.¹⁰ Upon parental consent, students can be assessed conveniently at school and provided the necessary treatment. Such services are considered imperative and subsequently provided for global communities following natural disasters, but less consensus is present on providing such levels of mental healthcare before, or long after natural disasters – where the effects of intense trauma and adversity can remain for a lifetime.



