

AFRO REGIONAL GUIDE

AMERICAN MOCK
WORLD HEALTH
ORGANIZATION

**ONE-DAY
SUMMIT 2018**

IMPACTING HEALTH
THROUGH EDUCATION: A
GLOBAL PERSPECTIVE



SUMMARY OF THE AFRICAN REGIONS

The African Region is home to some of the world's most dramatic public health crises. These include poor sanitation, poor nutrition, alcohol and tobacco usage, teen pregnancy, and epidemics of infectious disease including ebola, HIV/AIDS, and malaria. Over 70% of the world's AIDS-related deaths occur in this region. These issues are further accentuated by a generally low socio-economic status, a shortage of capable medical professionals and resources, and a lack of access to scientifically-backed public health information. This lack of access can give rise to superstition and distrust in health institutions. Two global features of health promotion, lack of coherent theory and slow professionalization are highly visible in the African region. There also remains the problem of a lack of reliable indicators of the effectiveness of the region's health promotion strategies, though this is far from exclusive to Africa.



IMPORTANT TOPICS

IMPACTING HEALTH THROUGH EDUCATION

Diffusing Health Education

Major distinguishing factors in health education in Africa include the incorporation of cultural and spiritual factors, emphasis on the community, and emphasis on health promotion as a set of tools rather than a process. Advocacy for health through lobbying and activism is less widely seen, due to the obvious political overtones of the private and oftentimes foreign entities that take a disproportionate role in health promotion in Africa. Rather, special emphasis is placed in the dissemination of health information within and between smaller communities. This strategy is more common in English-speaking countries in comparison to Francophone ones, in which greater emphasis is placed on health communication systems. These health promotion strategies are often a product of cooperation between the communities themselves and non-governmental organizations (NGOs).

In the past four decades, hygiene in the region has improved dramatically. Unfortunately information provided to communities is not always paired with the skill development needed for greater behavioral change. This is especially apparent when sensitive subjects such as sexual and maternal health are brought forward, as individuals may be unable to effectively explain causative and preventative factors in to community members with strong preconceptions about these topics.



Building a Health Workforce in Africa

Increasing amounts of attention paid to poverty alleviation has lead to increased involvement from non-health professionals using health promotion as an avenue toward anti-poverty. However, health promotion largely remains a planned, professionally managed subject. Ordinary people participate little in the health promotion process and have little understanding of the the public health model. Several countries, including South Africa, Mauritania, Uganda, and Niger have adopted broad concepts to further involve businesses, educators, and political entities in the health promotion process, but with limited success.



IMPORTANT TOPICS

BUILDING A HEALTH WORKFORCE

There has also been competition for health resources among health educators, nurses and doctors, and people from marketing and behavioural change industries. This naturally arises when so much of public services are funded by external sources.

The African region also faces serious issues regarding “brain drain”, or the loss of educated and capable professionals to areas where those skills are more handsomely rewarded. This, coupled with a general lack of resources for educating doctors, nurses, and other necessary healthcare professionals has led to a significant shortage in medical professionals. A number of NGOs work to provide healthcare workers to the region from abroad, but this practice is hardly sustainable. Another strategy is the creation of a non-professional healthcare class referred to as “Community Healthcare Workers”. Though these individuals often have the skills necessary to enact health policy, they usually lack the in-depth knowledge necessary to solve unique problems in their communities.

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