

OU American Mock World Health Organization 2018 One-Day-Summit

Region: AFRO

Subtheme: Diffusion of Health Knowledge

Sponsor: Zimbabwe, Botswana, Rwanda

Signatories: Liberia, Kenya, Ghana, Algeria, Ethiopia

Concerned about the current lack of access to education on preventable diseases and maternal health across Africa,

Keeping in mind the demand for a superior implementation of education,

Observing the fulfillment of a comprehensive set of sexual and reproductive health services for young people, reaches disadvantaged and marginalized girls and young women, especially the ones at high risk of poor sexual health, reproduction, violence, and exploitation,

Mindful of the barriers communities face when seeking sexual and reproductive health due to lack of health infrastructure across the continent,

Recognizing the lack of modern healthcare in rural communities,

Fully aware that these communities are especially vulnerable to the naturally occurring disease environment, exacerbated by deficiencies in the existing infrastructure,

Acknowledging the importance of traditional medicine and other cultural practices within indigenous communities,

The General Assembly,

1. *Urges* member states to focus on training local traditional healthcare leaders and building upon existing social structures;
 - a. “Local traditional healthcare leaders” encompasses the pre-existing traditional medicine leaders in communities, as well as any existing medical professionals in rural communities;
 - b. “Existing social structures” refers to the civilians within the community on hand, as well as their public and educational infrastructure;
2. *Calls* for a standardization of a primary health curriculum that includes: sexual health, disease prevention, and WASH (water, sanitation, and hygiene);
 - a. Sexual health includes but is not limited to sexual ill health such as unwanted pregnancy, unsafe abortion, STDs, and HIV/AIDS
3. *Allows* member states to tailor this curriculum based on state-specific health determinants and societal norms;

4. *Allows* for the creation of a fund for health transition within each member state, that can be utilized for health worker compensation and/or improvement on existing health infrastructure and curriculum. This fund is to also be used for the training of community health leaders;
 - a. Health transition is the transition to sustainable forms of preventative health
 - b. The funding for this health is to be provided by the major donors that exist in and outside the state, this includes both private and public organizations;
5. *Calls* on member states to provide basic maternal health education to women. This is to be provided by the local trained community leader;
 - a. Further requests that maternal health education includes prenatal education, labor and delivery, and post delivery education.
 - b. This can be delivered through schools, workplaces, places of religious worship, or community centers.
6. *Encourages* government to develop and implement national action plans, such as R.E.A.C.H. (Rural Education Advocating Community Health) in an effort to prevent disease and promote health;
 - a. Composed of medical professionals, public health officials, and anthropologists, meant to train intercommunity healthcare advisors;
 - i. These advisors would also responsible for tracking progress made in communities and recommending alternative measures, if necessary
 - ii. Training and continuing education must ensure that the information and counseling they give are accurate, evidence-based, appropriate, and free from discrimination, gender bias, and stigma.

