



MUNESCO

Forum: General Conference-2 Education

Issue: Promoting education of health and wellbeing in the Middle East

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Introduction

As the regional conflicts, extremist movements, political tensions arising from religious disputes and the inevitable spread of heavy weaponry in Middle East have been increasing rapidly, the issue of health and wellbeing in the region has become substantially significant. While promoting education of health and wellbeing in the Middle East; society and culture should be considered and evaluated thoroughly. It is of utmost importance to recognize the values and traditions of the society when promoting education.

The key factor to achieve success on the issue is to be conscious about the region while also creating an education system that is comprehensible and effective. It is also crucial to facilitate communication both between countries and within countries, and among the various agencies and individuals working in the field on the issue of health education which would ensure the goal of this agenda item.

Health education consists of carefully constructed opportunities for improving health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.

Definition of Key Terms

Health: A state of complete physical, social and mental well-being

Public Health Promotion: Promoting health, preventing disease, and prolonging life, increasing the quality of life among the society

Primary Health Care: essential health care made accessible at a cost a country and community can afford, with methods that are practical, scientifically sound and socially acceptable

Alliance: An alliance for health promotion is a partnership between two or more parties that pursue notions they agreed upon in health promotion

Determinants of health: The range of personal, social, economic and environmental factors which determine the health status of individuals or populations

Epidemiology: Epidemiology is the study of the distribution and determinants of health-states or events in specified populations, and the application of this study to the control of health problems.



Health communication: Health communication is a key strategy to inform the public about health concerns and to maintain important health issues on the public agenda. The use of technological devices to deliver useful health information to the public, increases awareness of specific aspects of individual and collective health as well as importance of health in development

Health literacy: The motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health

Middle East respiratory syndrome (MERS): MERS is a viral respiratory disease caused by a novel coronavirus (MERS- CoV) that was first identified in Saudi Arabia in 2012. MERS symptoms include fever, cough and shortness of breath. Approximately 35% of reported patients with MERS have died.

Extremism: the act of having extreme political or religious views

Culture: social behavior of a certain society

Background Information

The Middle East and North Africa Region (MENA) has taken considerable steps in education. It has quadrupled the average level of schooling since 1960, halved illiteracy since 1980 and achieved almost complete gender equality for primary education. This section of the guide will analyze the past achievements and current challenges to the issue at hand.

Achievements

Access: Enrolment in the region's school systems has increased significantly over the past decade to the point where universal primary education has been achieved for girls and boys in most of the MENA countries. Net enrolment ratios (NER) rose from 86 to 94 percent between 2000 and 2010.

Literacy: One result of the regional governments' encouragement for greater access is that literacy rates for the adult population (defined as 15+ years) have improved dramatically in the last 20 years, rising from 59 percent in 1990 to 78 percent in 2010.

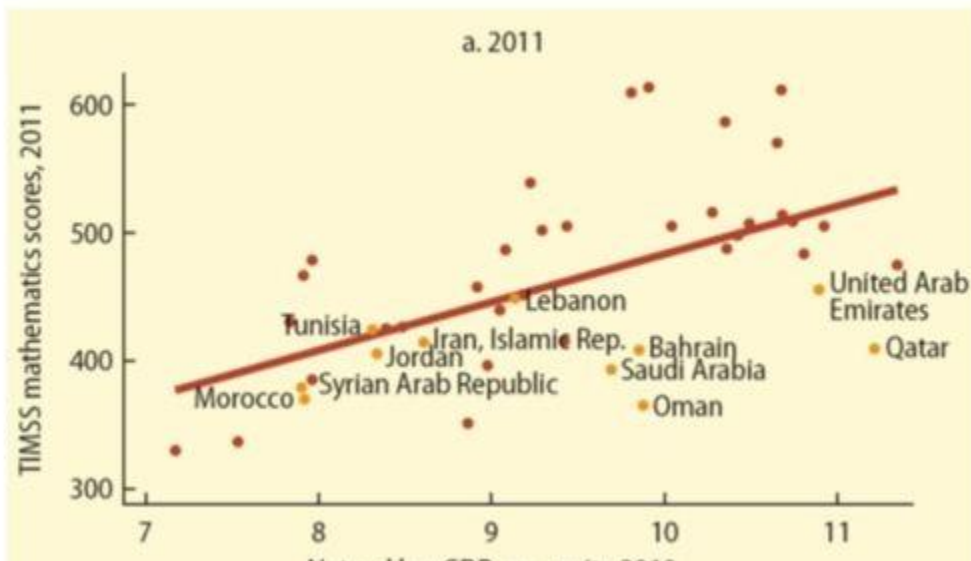
Government financing commitment: MENA governments have shown strong commitment to funding public education. The average public investment in education across the region as a percentage of GDP is above 5.3% of GDP.

Challenges

The effectiveness of a public-health system: While many traditional public health services are well-established in the Middle East region, public-health functions, such as public information and education, and quality assurance remain underdeveloped. This contrast between service and function is important because it has practical implications for financing and managing the system. Public health services are generally easier to manage, but the same is not the case for public health functions which are linked to governance and require more complex coordination.



Educational quality: Evidence shows that school systems in the Middle East are low quality and a considerable percentage of them do not require their student a basic health education. Basic skills are not being learnt and the focus of the international community and organizations should be on the *quality* of the education rather than the quantity of teachers and doctors sent there.



As can be seen on the figure, the Middle Eastern countries score below average on the international standardized tests. Therefore, the quality of education is rather low.

The Syrian Refugee Crisis: While addressing the educational challenges, it is important to take the refugees that is now in neighbouring countries, most predominantly Jordan and Lebanon into the consideration as well. Even if the crisis were to end immediately, which is highly unlikely, UN projections suggest that it will take on the order of 8 to 10 years for the displaced refugees to return to Syria. As there are many refugees that are in school age, it should be a concern of the Middle Eastern countries to educate them on the health issues since they are at a higher risk.

Inequalities within each country: The least privileged and the poor are those most strongly affected by the precarious situation of the education system in the Middle East. Several factors contribute to the dropout phenomenon in the Middle East. The inadequate quantity and quality of elementary and secondary schools, the excessively long distance from home to school, which is a particularly important obstacle for girls in rural areas, the lack of parent responsiveness to the laws mandating compulsory schooling because of the law enforcements in such topics being excessively relaxed, the inability of schools to offer an attractive environment to children, the economic difficulties of some families who are forced to put their children to work early to maintain and feed the family.

Timeline of Major Events



1948	Universal Declarations of Human Rights was signed. Article 25 of the United Nations' Universal Declaration of Human Rights states that "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services.
7 April 1948	World Health Organization's constitution came into force.
7 April 2005	World Health Organization adopted the resolution A58/21 which is a report by the Secretariat on eHealth that includes programs and projects in areas such as policy and governance, standardization and interoperability, research and global surveys, eLearning and capacity building, networking as well as eHealth applications.
19 January 2009	To address the growing concerns about the potential impact of the financial and economic crisis on global health, WHO Director-General Dr Margaret Chan convened a high-level consultation which aimed to build awareness of the possible ways in which an economic downturn may have impact on health spending, health services and health outcomes, make the case to a wider audience for sustaining investment in health and identify actions including monitoring of early warning signs that can help mitigate the negative impact of economic downturns.
6 December 2012	United Nations General Assembly adopted the resolution A/67/L.36 which aims to urge member states to develop health systems that have a mechanism for risks to avoid catastrophic healthcare spending and impoverishment.

Major Countries and Organizations Involved

World Bank

The World Bank supports education in Middle Eastern countries through knowledge exchanges, promoting innovations, diverse financing mechanisms and partnerships to develop substantial solutions to currently existing challenges. The World Bank supports early childhood, primary, secondary, technical, vocational, and tertiary education.

World Health Organization

The WHO has a Regional Office for the Eastern Mediterranean Region which includes Middle Eastern countries. Throughout the WHO Eastern Mediterranean Region many health education-related activities occur in schools, workplaces, clinics and communities. A wide range of topics is covered, including healthy eating, physical activity, tobacco use prevention, mental health, HIV/ AIDS prevention and safety. Staff who are recognized as "health educators" are hard-working, enthusiastic and dedicated even though they often work with limited budgets and lack the kind of recognition given to those serving in other parts of the health services system.



Syrian Arab Republic

A considerable amount of Syrians have been killed with many more were injured including health staff that the country needed to aid the general public. A total of over 4,0133,000 refugees were registered by UNHCR as of July 9, 2015 in accordance with the recent data from neighboring countries. In addition to that, it is estimated that more than 7.3 million have been internally displaced and these numbers are rising by the day as the crisis continues to escalate very rapidly.

Vital infrastructure has been destroyed, resulting in a lack of shelter, energy sources, water and sanitation services, resulting in food insecurity and serious overcrowding in certain places. Health services have been damaged considerably and there is no current education on health in Syria.

Access to health care is severely damaged because of security factors. Child and maternal health services at the primary health care level have also been damaged. The consequences for maternal and child morbidity and mortality in deliveries that took place during the conflict period is considered to be very high.

Iraq

The current government of Iraq continues to encourage and further aid their citizens with health education. An effective school health programme is now taking place in Iraq to improve education and health. World Health Organization offers technical support to the school programme conducted by the Ministry of Education, and the Ministry of Health. The program's goal is to strengthen school health services, provide mental health care services for students while also teaching the students the basic structure of healthcare education.

United Arab Emirates

Education of health and wellbeing is being added to the most of the schools' curriculum in the United Arab Emirates as a subject to encourage a healthy lifestyle starting from a young age. The subject is going to be available for pupils from kindergarten to Grade 12 in all public schools. The project also educates the teachers to make them further encourage the teachers to be role models for the children.

Lebanon

Lebanon currently has a health education programme which has the objectives of educating the public in the matters of personal hygiene, healthy living, information about certain epidemic diseases, the maternal and child health and its importance. Lebanon, along with the help of the United Nations, World Health Organization and other non-governmental organizations, also gives the Syrian refugees health and wellbeing education as they are the ones under challenging situations.

Previous Attempts to Solve the Issue

- The United Nations and World Health Organization currently has medical facilities that provide the citizens vaccines and immediate help in Syrian Arab Republic. However, these medical facilities continuously receive attacks, as it has happened on October 13, 2017. The Syrian Arab Republic is one of the most dangerous countries in the world to be a health personnel today. It



ranks highest for attacks on health facilities and personnel. World Health Organization has documents of credible reports of nearly 100 attacks on health workers and facilities this year and 207 attacks in 2016. It is a big concern that has to be addressed.

- While some of the results from a preventive act may be immediate, other results may take months if not years for the benefits to become apparent. This time-lag makes it difficult for the public to relate a preventive action to a positive outcome. As well, many health education initiatives are either one-time events or lack sufficient funds to develop longer-term strategies for addressing the known risk factors that are barriers to building community capacity.

Possible Solutions

- Community members should be involved in all phases of a programme's development: identifying community needs, enlisting the aid of community organizations, planning and implementing programme activities, and evaluating results
- Prior to implementing a health education initiative, attention should be given in order to identify the health needs and capacities of the community and the resources that are available. The local health issues need to be addressed and the health workers and teachers should be educated on the matter.
- Health education programmes should be designed to produce stable and lasting changes in health behaviour. This requires longer-term funding of programmes and the development of a permanent health education infrastructure within the community.
- The governments in the area should make health education obligatory to be added to the schools in all levels' curriculum.
- The governments should build healthy public policy. Most health determinants lie outside the medical/illness sector (income, housing, environmental protection, work, agriculture). These sectors must begin to take conscious accounting of the health impacts of their policies. Health must be on the agenda of all policy-makers.
- The public should be informed about health and wellbeing by the use of mass media.
- The refugees in the area should also be considered and be specifically taught about the risks of infection in the refugee camps and how to avoid getting infected.

Useful Links For Further Research

- <http://www.emro.who.int/countries.html>
- <http://www.emro.who.int/entity/health-education/index.html>
- <http://www.who.int/csr/don/21-september-2017-mers-uae/en/>



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