



Health Education in the FCGH

A proposal aimed to reduce the social impact of refugee in the Global Agenda

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"2015 is the time for global action"
Ban Ki-moon, the Secretary-General of the United Nations

*"All that is valuable in human society depends
upon the opportunity for development
accorded the individual."*
Albert Einstein, the Genius

Introduction:

In the following paper I will expose the phenomena of forced migrants trying to answer to the following questions: given the current situation, is it possible to develop effective policy and programs that will promote a healthy social inclusion process of refugees? How those policy and program should be developed? And by whom?

Between January and June 2014, 5.5 million new refugees have appeared on the world map, humans of all ages, sexes and social statuses. Mostly young, poor, uneducated; they are sinking every day into new cultures without having any tool to understand them but the need of survival [1].

Every single migrant that enters a new country goes under a forced culture shock with a double impact: on the the person who is crossing the line, and on the people who are on the other side.

Many organizations, both local and international ones, are working everyday in order to slow down the phenomena and to reduce the impact of the immigrant population into the hosting countries: the UN department devoted to refugee is the UNHCR and it has been addressing the problem since the beginning of the mandate in 1950; also the WHO plays an important role into the care of refugees, and NGOs are often acting like a bridge between the two international institutions.

Regardless to all those efforts, current shifting powers, military interventions and climate changes are increasing the number of refugees at a relevant ratio. A lot still needs to be done.

This paper begins exploring the current development situation and the shifting from MDGs to Sustainable Development Goals (SDGs) [2], observes the concept of social inclusion as a process of a productive integration and cultural confrontation and examines the HDI as a reference point of measurement to improve social condition.

In the second part of the text I take under analysis two of the dimensions expressed by the index: health and education, reasoning on how they can be integrated in order to promote the process of social inclusion needed for forced migrants.

I will also argue on how Public Private Partnership can play a key role in delivering Health education programs and put the whole world into action.

The conclusion remarks the critical aspect that interventions in health and education will encounter on their path and indicate a possible path for promoting Sustainable Development Goals.

1) Welcome in 2015!

From MDGs to SDGs: no one should be left behind

2015 is at the beginning and the leading word for the UN department of economics and social affairs (UN-DESA) is sustainability. The goals proposed by the MDGs are on their path to be accomplished, and “- as a follow-up to Rio+20, the Secretariat of the Conference – the Division for Sustainable Development within UN-DESA – is launching a new web portal; the Sustainable Development Knowledge Platform (SDKP)” [3]

The Synthesis Report of the the Secretary General on the post-2015 agenda is titled: “*The road to dignity by 2030: ending poverty, transforming all lives and protecting the planet*” [4]; he stands that the path designed by the MDGs has lead to a partial success, the solutions are under constant development but the hope that the MDGs could represent a common and leading tool was well placed.

Presenting the 2015-2030 agenda the Secretary General call world leaders, institutions and all individuals to share 17 new goals that are building on the MDGs: “*the Sustainable Development Goals or SDGs*”.

The 17 new commitments are coming from a study group born with the outcome of the Rio+20 summit [5]: the group was asked to develop a new set of goals that could lead and be shared by all populations, all countries and all cultures.

End of poverty is still the main priority since it’s one of the key aspects of the development process we are experiencing: without a more equal standard of living there will be no chance for a sustainable world: poor people need to be able to join the rest of the society.

The key concept is **social inclusion**: “*The process of improving the terms for individuals and groups to take part in society [...] Social inclusion aims to empower poor and marginalized people to take advantage of burgeoning global opportunities. It ensures that people have a voice in decisions which affect their lives and that they enjoy equal access to markets, services and political, social and physical spaces*” [6].

Social inclusion policies are critical when considering any transnational movement, and forced migrants represent the most dramatic and challenging case: lack of healthcare and lack of education are often the leading causes of lifestyle and therefore the chances of a legal and productive life are bounded to them. Regardless of their social status at home

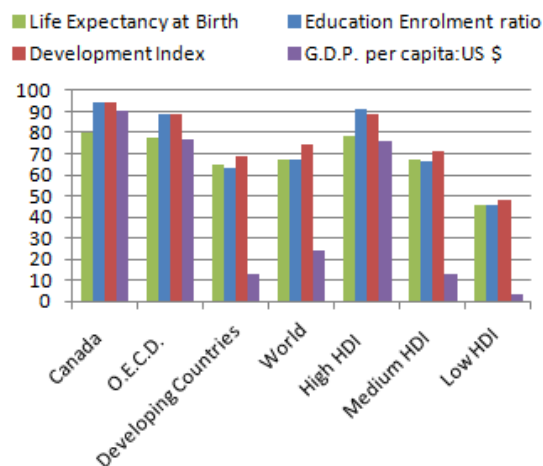
refugees arrive in the hosting country with no tools and already carrying both transmittable and non transmittable disease (as deep psychological damage) that inevitably affect the new surrounding social environment.

“People who are seeking asylum are not a homogeneous population. Coming from different countries and cultures, they have had, in their own and other countries, a wide range of experiences that may affect their health and nutritional state” [7]

HDI - the reference index

To get an idea about refugee movements in sending and receiving countries we can look at the graph.

The HDI index is composed by three main component: living standard, health and education; living standard is valued on the *GNIPpp* (therefore it takes refugees into account), health is valued over *life expectancy at birth* and education in *education enrolment ratio*.



The graph aside has been developed using data from: Richmond, Anthony H. "Refugees, Inequality, and Human Development." *Refuge: Canada's Journal on Refugees* 25.2 (2008).

- Data based on 2003 study
- For visualization purpose the HDI value has been multiply for 100.
- The GDP per capita is shown in % for each county, considering the 100% the average of the top 10 countries in 2003

While explaining the relationship between HDI and refugee movement, *Richmond* shows that *“Countries which score low on the Human Development Index are more likely to experience conflict giving rise to internal displacement and refugee movements.” [8]*, leaving the conclusion that improve the HDI might do the opposite effect.

The structure of the following argument is based on this assumption; I want to point out that today policies are focusing mostly on the rising of living standard (end of poverty) and health care (with the MDGs and WHO policy), rather than concentrating also on education, that still lacks a comprehensive and integrated approach.

In the following part of the text I will demonstrate why the international community should focus on Health and Education and how those can be implemented effectively into policies or programs in order to raise living standards and promote the needed development.

2) Do you feel any better?

- *Health in the global agenda - the FCGH:*

According to the definition given by the WHO health is: “A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”; thanks to the development of technology and telecommunication, gaining access to information about health and health care has been immensely improving in the past decade with the effect of containing diseases and promoting the chance of longer and healthier lives. Yet still many people lack of the cultural background required to reach this kind of information and this is an issue that crosses the realm of education as much as the health one.

The May 18, 2013 consultation raised the issue of the post-2015 development process. JALI Steering Committee members will be encouraging government and non-governmental representatives making statements at the UN summit on the MDGs and the post-2015 agenda in New York in September to call for an FCGH, a new global health treaty rooted in the right to health and aimed at closing health inequities.[9]

Soon after, the Platform for a Framework Convention on Global Health (FCGH) was launched delivering a clear message: The FCGH “could create a right to health governance framework. It would be a global health treaty based on the right to health and aimed and closing national and global health inequities. It would provide standards to ensure health care and underlying determinants of health [...]” [11]

The framework clearly addresses on the need of obligation that will bound countries towards a mutual responsibility:

The FCGH would clearly define extraterritorial obligations, while ensuring that policies in other sectors are responsive to public health needs, including by elevating the status of health and demanding adherence to the right to health in other international legal regimes, such as trade and investment. The treaty would promote strong domestic accountability mechanisms and an effective compliance framework for the FCGH itself, including innovative incentives and sanctions. [11]

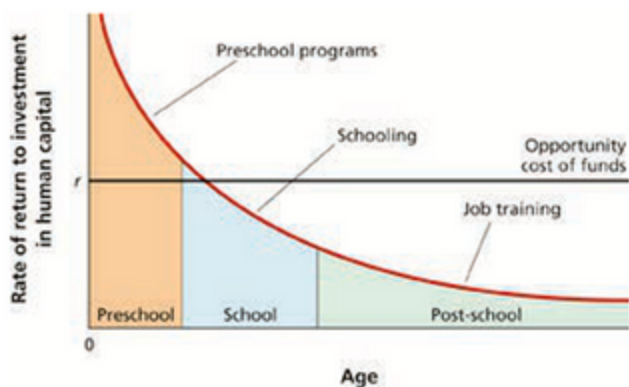
The message is clear and is following the lead of the UN policy: *leave no one behind*. Global health is a concept developed by the extension of the principle of public health on a global scale. Until the consultation of 2013 it was an area of studies that was challenging researcher growing in meaning and potential. The 18th of May marks an important step in the development of new inclusive concept of health that will have to match the way shown by the SDGs.

Michel Sidibé, the UNAIDS Executive Director has given full support to the framework highlighting that the *Convention on Global Health should be a “Catalyst for justice”* [12] Global health offers the chance of a more homogenous world health system, where every individual can have access to the needed medical care.

In his paper Gostin, Lawrence O. “*Meeting basic survival needs of the world's least healthy people: toward a Framework Convention on Global Health*” states: *What is truly needed,*

and which richer countries instinctively (although not always adequately) do for their own citizens, is to meet what I call "basic survival needs." By focusing on the major determinants of health, the international community could dramatically improve prospects for good health. Basic survival needs include sanitation and sewage, pest control, clean air and water, tobacco reduction, diet and nutrition, essential medicines and vaccines, and well-functioning health systems[...] Basic survival needs include immunizations, essential medicines, nutritional foods, potable water, sanitation, pest abatement, public health infrastructures, primary health care, and health education. [...] [13]

Although he mention health education among the basic survival needs, a little is said about it in his long argumentation and the same attitude can be seen in most health policy in the



Rates of Return to Human Capital Investment

Source: From Heckman, James J. "Skill Formation and the Economics of Investing in Disadvantaged Children." *Science* 312, no. 5782: 1900-1902. Reprinted with permission from AAAS.

WHO agenda. The general attitude is that as the component are distinct in the HDI so shall be the activity related to the dimension those components tend to reflect. This is a common structure of the classical western culture of prioritizing hierarchies and categories over networks, but is quickly changing and the hope for the future sustainable culture is to be able to find a good balance

between structured organizations and free networks [14]; often we get the general perception the health system is on one dimension, detached from the one of education, and the living standard a third one which is needed in order for the first two to be accessible.

It might be counterintuitive but is more likely the other way.

Without a good health and a proper education level, the chance of rising the living standard tends to increase in the current generation. The rate of return of investment in human capital that is shown in the graph above shows that the chances of a child to enter the adult life with enough tools to guarantee his own sustainability lies in the first few years of life and the education he might receive: for this reason early childhood education is one of the key aspect of social development.

- Is education getting less attention?

Regardless of what we know, education lies far behind in terms of intervention compared to Health and living standard.

While in 2015 we reached a proposal for a universal Global Health, a similar proposal for Education is not going to emerge on the short term. Global Education starts emerging today

as an interesting and relevant topic of research [15] but the path for it to be accepted as a shared values is still there to come.

Pushed by new technologies and the expansion of land and mobile telecommunication networks, education is rapidly changing everywhere in the world, is a global effort that is involving millions of people every day, sharing knowledge and information in real time and space; yet education still lacks the central position in the global agenda that Health is now reaching.

- Health education as an integrated tool of social development

Health education is any combination of learning experiences designed to help individuals and communities to improve their health, by increasing their knowledge or influencing their attitudes. [16]

Therefore health education empowers individuals with knowledge about their own health and the health of their neighbour and at the same time leads through a learning process that develops their learning abilities (as every learning experience does).

In developed countries, modern essential health education (hygiene, food security, modern personal care practice, etc..) are part of the local culture. The developing world still is far behind and in most case can only relies on old traditional medicine culture, crystallized in ancient times.

Most of the people entering hospitals in developing countries have no ideas about what is happening to their body, how the recovery process will be, and even when told by a doctor they have no tools to understand.

Health education can bridge this knowledge gap: health educated person can protect better their body and use it to better interact with the world. They are less likely to contract both communicable and noncommunicable disease. When it comes to refugees and any kind of forced migrant, it might make the difference in the difficult process of social inclusion that they are going to face.

- The role of PPP in health education:

In september 2013 a on the *International journal of preventive medicine* paper regarding the effective role of Public Private Partnership in health education.

The argument is based on a survey conducted among organizations involved exclusively and actively in health education in Udaipur city, Rajasthan, India: *"Results of this survey show that that most of the PPP were involved in delivering health education, mostly concentrated on general health. Only few of them were involved in oral health education. The role of PPP in health education is integral to the effort of promoting a healthier population. This effort continues the trend and broadens the scope of involvement for further studies."* [17]

Due to their structure Public Private Partnership can built a bridge between international institutions (such as WHO and UNHCR). Programs of health education required little tools and, especially if performed on children, are extremely easy to be acquired.

- Conclusion: Hope and critical point

I've tried to show that health education can be an extremely efficient way to promote the new social sustainable development the United Nations Agenda is leading to.

Many are still the challenges ahead. The result of the Millenium Development Goals are showing that the common effort on facing illness can be achieved, and everyone is hoping we will be able to make those result sustainable over time.

We are facing urgent phenomena such as climate change, that often requires immediate action often taking the needed attention from health education (among other fundamental needs for human development) also pulled by cultural barriers an old bureaucratic systems unable to change as fast as the new millenium require.

Education should be one among the leading causes of social and economic development but in order to be really efficient it should be approached in a global way around a global framework merged with health rising living standard in a successful and sustainable way.

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