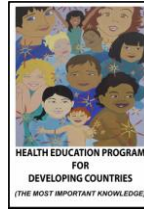


**HEALTH EDUCATION PROGRAM
FOR
DEVELOPING COUNTRIES**
(THE MOST IMPORTANT KNOWLEDGE)



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INTERNATIONAL & NATIONAL STANDARDS & PRACTICE GUIDELINES
WHO=World Health Organization & its divisions & collaborating partners.
HHS=Dept of Health & Human Services & its divisions & collaborating partners.

**SAVING THE MOST LIVES &
PREVENTING THE MOST SUFFERING-
WHY IS EVIDENCE-BASED HEALTH EDUCATION
SO CRITICALLY IMPORTANT?**

Curative care is needed for approximately 30% of our patient's healthcare problems and we always collaborate with a local health clinic for those patients who may need to be referred for curative care follow-up. However, if we wish to provide high quality, evidence-based care for the remaining 70%; **integration of community health into primary care** in accordance with evidence-based WHO International, as well as, National Standards and Guidelines is essential.

For example, the 2008 World Health Report emphasizes the following as one of the most important problems in healthcare world-wide: *"Misdirected care. Resource allocation clusters around curative services at great cost, neglecting the potential of primary prevention and health promotion to prevent up to 70% of the disease burden"*

A second major problem emphasized in the 2008 World Health Report is *"Fragmented and fragmenting care. The excessive specialization of health-care providers and the narrow focus of many disease control programmes discourage a holistic approach to the individuals and the families they deal with and do not appreciate the need for continuity in care. Health services for poor and marginalized groups are often highly fragmented and severely under-resourced, while development aid often adds to the fragmentation"*

As noted below (See especially paragraph 8), although we carry no drugs in our short term missions, there are **no professionals more important to the success of our missions than qualified physicians and pharmacists.**

The critical importance of evidence-based health education in meeting the goals of "saving the most lives and preventing the most suffering" is indicated by the following examples:

1. The WHO (Oct 05) reports that at least **80% of Premature Heart Disease** (#1 Cause of Death), **80% of Stroke** (#3 Cause of Death), **80% of Type 2 Diabetes** (#6 Cause of Death), and **40% of Cancer** (#2 Cause of Death) **could be prevented through just 3 things:**

- 1. Healthy Diet**
- 2. Adequate Exercise**
- 3. Not Using Tobacco**

All achievable by nearly all patients, especially in developed countries.(See Sections 38&41)

2. **WHO recommendations for breast feeding** until at least 2 years of age. Not only reduces dental carries from bottle feeding, but reduces deaths due to bacterial contamination with bottles, as well as saving numerous additional lives due to breast milk antibodies. WHO reports this would save **over 1 million lives** per year. (See Sections 18,19&20)

3. **Under-nutrition** contributes to **53% of the deaths of children under age 5**. Yet poor families often spend their food money on sweets for their children as that is one of the few things they can afford to give them as treats. Educating parents to the harm this does not only prevents dental carries (See Sections 36&37), but saves lives lost to the deadly combination of malnutrition and infectious disease (See Sections 38A&B). Appropriate diet also helps prevent paradoxical over-nutrition and malnutrition (Lack of calcium and other essential nutrients) in older children and adults (See Section 38). It also offers the opportunity to provide holistic care by discussing better ways to demonstrate love for their children (See Sections 2B&30B).

4. **“Smoking is the single greatest cause of avoidable morbidity and mortality...harms nearly every organ of the body.”**--Surgeon General's Report 2004. Numbers continue to rise globally, especially in developing countries. Evidence-based sources report that although only 15% of our of our medical treatments for all other conditions have been proven to be beneficial, **education for smoking cessation meets the very highest possible evidence-based ratings for effectiveness. Your teaching prevents the premature death and suffering of one of every two patients who decide to quit smoking** (See Section 41A)

5. **Misconceptions about AIDS**. The belief that having sex with a virgin will cure AIDS is a common cause of sexual abuse in children. Challenging just this one belief could save untold deaths and suffering. (See Sections 4&5)

6. **Diarrhea is responsible for 17% of the deaths** of children under age 5. The CDC reports that diarrhea medications increase morbidity and mortality. (It is not the vomiting or diarrhea that kills these children, but the dehydration)

a. Follow-up scientific studies have proven, without question, that the evidence-based WHO/CDC guidelines as reported in Sections 23-27 are lifesaving.

b. This Education **Rx also enables the provision of evidence-based high-quality life-saving care for all future episodes of diarrhea. (Long-Term Impact)**

c. As most patients have great respect for western medicine, your teaching enhances patient acceptance of the program when later provided by local educators. **(Sustainable Long-Term Culture Changing Impact)**

7. **Over-nutrition & Obesity**. The HHS reports that 68% of US adults, and over one third of our children, are now overweight or obese. Both national and international guidelines report that the higher the Body Mass Index (BMI), the higher the risk for heart disease, high blood pressure, type 2 diabetes, breathing problems, gallstones, osteoarthritis, and certain cancers.

These BMI related diseases have now increased to **epidemic levels in developing as well as developed countries**. For example, the *Lancet* (June,2011) reported that **nearly 10%** of adults **world-wide** now have **diabetes**, and the prevalence of the disease is rising rapidly.

WHO reports "It is estimated that by the year 2015 non-communicable diseases associated with over-nutrition will surpass under-nutrition as the **leading causes of death in low-income communities**." (See Sections 38&41).

8. Safe and Effective Use of Medicines (See Section 28).

Although we carry no drugs, there are **no professionals more important to the success of our missions than qualified physicians and pharmacists.**

As emphasized by the WHO: “Adverse drug reactions are among the leading causes of death in many countries.” *WHO The Safety of Medicines-Oct 2008*

This is true for patients in our country as well. The FDA website reports that drug adverse events are: “the 4th leading cause of death; ahead of pulmonary disease, diabetes, AIDS, pneumonia, accidents and automobile deaths.” *U.S. Food and Drug Administration. Center for Drug Evaluation and Research. “ADRs: Prevalence and Incidence.” Cited 15 April 2009.*

The WHO reports: “Irrational use of medicines is a major problem worldwide. It is estimated that half of all medicines are inappropriately prescribed, dispensed or sold, and that half of all patients fail to take their medicine properly.” *WHO Medicines Strategy-Oct,2004*

It is true that our patients have no need for STMs to bring in yet even more of our US medicines to add to these ongoing, life-threatening problems, especially in the STM setting (See [Why Patients are at Much Greater Risk of Serious Harm from Drugs in the Short-term Missions Setting](#)).

However, it is also true that at least half of all patients world-wide (and even more in developing countries) desperately need assistance in using their current medications appropriately. (This is easily confirmed with simple follow-up home visits, asking to see all their medicines and how they use them.)

Pharmacists can also provide critically needed services by working alongside local pharmacists and providers in offering participatory education to groups of patients re drug safety, appropriate use, etc. For example see ["Taking Medication" Mandarin version](#).

In addition, their expertise is also critically needed for local clinic/hospital pharmacist and provider CME, as well as other areas, such as pharmacy management. See Section IV.

ADDITIONAL COLLABORATIVE ACTIVITIES of [EVIDENCE-BASED COMMUNITY HEALTH SCREENING AND EDUCATION\(CHSE\)](#)

Please see the *Health Education Program For Developing Countries (HEPFDC)* website for numerous other examples.

HEPFDC Download free at www.hepfdc.info