Int J Public Health (2009) 54:357–358
DOI 10.1007/s00038-009-0062-6

SPEAKERS CORNER - HEALTH IN A TROUBLED REGION

How to break the cycle of hopelessness?

Iman Nuwayhid

Published online: 5 August 2009
© Birkhäuser Verlag, Basel/Switzerland 2009

Maziak (2009) draws a grim picture of the Arab world exposing a myriad of factual deficiencies and "crises". More of the same can be shared with the readers. The 600+ km Israeli Separation Wall, erected on confiscated Palestinian land, divides towns and villages in the Occupied Palestinian Territories (OPT) into cantons hindering people's access to health centers, farms, workplaces, and schools (Carter 2006). Many Iraqi women who fled their country for the safety of neighboring countries are turning to sex work as a source of income (Zoepf 2007). His thought-provoking piece, however, may garner some criticism because crises are presented independently and out of historical context. He calls for an "everlasting peace" brokered by "all sides" as a condition for change but does not clarify what the bases for "peace and justice in the Arab world" are. In an attempt to be objective, he inadvertently holds the aggressor and victim almost equally accountable.

Is there a way out of this gloomy situation?

Calls for political freedoms echo the aspirations of large segments of Arab societies. But the relationship of health and social well-being and political freedom is not straightforward. Some Gulf countries report good health indicators (see http://gis.emro.who.int/HealthSystemObservatory) but suffer from a narrow margin of political freedom and poor participation of women in public life. For example, Oman has achieved impressive progress in its primary health care system (WHO 2008) under a "benign dictatorship" (Smith 1988). Iraq reported some of the best health indicators in the Arab world under the regime of Saddam Hussein before the 1991 Gulf War and the sanctions that followed (WHO-EMRO 2008). In occupied Palestine, children and their families exhibit high resilience (Nguyen-Gillham et al. 2008).

Peace is also a common goal for the peoples in the Arab countries. Yet peace is not a guarantee of freedoms and not a sufficient condition for health and social improvements. Arab countries that have signed peace treaties with Israel, i.e., Egypt and Jordan, are not more democratic and their records in health and social policies leave much to be desired (see www.moltaka.org).

Repression, instability, and insecurity are prevalent in, but not confined to, the Arab world. More importantly, their determinants are both global and local, reflecting the intersections of interests of global political and economic powers and local governing elites. In the face of a perceived destiny of conflict, tyranny, and foreign domination, there is a role for committed health professionals in the Arab world as part of global actions. The global health community has a significant role indeed. Global grassroots networks can link the discussions of the Arab predicament and ways to improve the health and social wellbeing of the Arab peoples with the global health issues (e.g., AIDS) or struggles against arms, injustices, and exploitation.

It is the local initiatives, however, that make the difference. Some of the recent initiatives of health professionals in the region can be inspiring. The civil society in Egypt, led by health activists, has recently rallied around the banner of "Right to Health for all Egyptians." Their grassroots campaign has delayed attempts at privatizing the social and health insurance systems (see www.moltaka.org). Since the late 1970s, health activists in the OPT have

I. Nuwayhid (✉)
Faculty of Health Sciences, American University of Beirut,
Beirut, Lebanon
e-mail: nuwayhid@aub.edu.lb

mobilized local resources and communities in the provision of primary health care in the rural Palestinian areas, helping to support a civic infrastructure of self-reliance and resistance (Barghouti and Giacaman 1990).

The new spirit is not limited to the domain of health activism but has touched other aspects of health work. There is more socially responsible health research than ever before. The Reproductive Health Working Group, now celebrating its 20th anniversary, has promoted a non-biomedical model for women's health that emphasizes dignity and freedom of choice (see www.rhwg.org). Researchers at Birzeit University have documented the devastating impact of occupation on the dignity of Palestinians as an extension of violent acts (Giacaman et al. 2007a, b). Research on social determinants of health and equity receives more attention across the Arab countries (Maziak et al. 2005).

Change is happening through the conviction of these and other committed health professionals that they have a role, and a responsibility. Perhaps we all can play such a role if we start with what we have (Jabbour 2003; Jabbour et al. 2006). Indeed, reforming our hierarchal health care institutions is within reach and can be our contribution to democratization. Expanding the research agenda to expose the widening inequities among and within Arab countries can link us with other social justice researchers. Advocating for health rights can place us in the heart of the human rights movement and give social issues the attention they deserve in the reform movements. Pressuring national authorities on public health protection can strengthen the burgeoning consumer movement and safeguard health from impact of trade and globalization.

Global and local actions by health professionals for change in the Arab region are only possible when we mobilize together to harness the power of our numbers. Ultimately, it is the strength of our collective conscience and the force of our deliberate acts that can break the cycle of hopelessness.

Acknowledgments I thank Drs. Rima Afifi, Abbas El-Zein, and Samer Jabbour for their valuable comments.

References

Barghouti M, Giacaman R (1990) The emergence of an infrastructure of resistance: the case of health. In: Nassar JR, Heacock R (eds) Intifada: Palestine at the crossroads. Praeger Publishers, Westport, CT

Carter J (2006) Palestine: peace, not apartheid. Simon and Shuster, New York

Giacaman R, Abu-Rmeileh NM, Husseini A, Saab H, Boyce W (2007a) Humiliation: the invisible trauma of war for Palestinian youth. Public Health 21:563–571

Giacaman R, Shannon HS, Saab H, Arya N, Boyce W (2007b) Individual and collective exposure to political violence: Palestinian adolescents coping with conflict. Eur J Public Health 17:361–368

Jabbour S (2003) Health and development in the Arab world: which way forward? BMJ 326:1141–1143

Jabbour S, El-Zein A, Nuwayhid I, Giacaman R (2006) Can action on health achieve political and social reform? BMJ 333:837–939

Maziak W (2009) The crisis of health in a crisis ridden region. Int J Public Health 54(5). doi:10.1007/s00038-009-0061-7

Maziak W, Ward KD, Mzayek F, Rastam S, Bachir ME, Fouad MF, Hammal F, Asfar T, Mock J, Nuwayhid I, Frumkin H, Grimskey F, Chibli M (2005) Mapping the health and environmental situation in informal zones in Aleppo, Syria: report from the Aleppo household survey. Int Arch Occup Environ Health 78:547–558

Nguyen-Gillham V, Giacaman R, Naser G, Boyce W (2008) Normalising the abnormal: Palestinian youth and the contradictions of resilience in protracted conflict. Health Soc Care Community 6:291–298

Smith R (1988) Oman: leaping across the centuries. BMJ 297:540–544

World Health Organization (2008) The World Health Report 2008: primary health care now more than ever. WHO, Geneva

World Health Organization-Regional Office for the Eastern Mediterranean (2008) Social determinants of health in countries in conflict: a perspective from the eastern Mediterranean region. WHO-EMRO, Cairo

Zoepf K (2007) Desperate Iraqi refugees turn to sex trade in Syria. New York Times May 29