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Responding to priority health challenges in the Arab world

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The Arab world today faces major challenges to health development, which are captured by papers in this Series. After my election as WHO Regional Director for the Eastern Mediterranean in January, 2012, my first task was to work closely with WHO member states to agree on an agenda to address these challenges. A series of high-level consultations was held with countries and experts, after a process of objective analysis of the health situation in the countries of the region. It is a region of great diversity. Although many countries, both Arab and non-Arab, have made great gains and have built extensive modern networks of health infrastructure with wide deployment of medical technologies, these gains have not been shared across and within countries. Many of the challenges cut across the health sector and are shared by all countries.

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In October, 2012, health ministers of the region agreed on five key priority areas—highly relevant to all countries—and on strategic directions for public health action to tackle them.[1,2] The priority areas were aligned with the five categories for priority setting that were endorsed by all WHO Member States during the World Health Assembly in May, 2012. Although these directions were intended to guide the work of WHO, their focus and nature make them applicable for a much broader range of stakeholders and partners.

One of the five priorities is strengthening of health systems. Accelerating progress towards universal health coverage by reforming health systems is top priority for WHO in the region. The aim is to ensure access for all people to quality health services without risk of financial hardship. This is a difficult challenge considering the current low levels of prepayment schemes and high out-of-pocket health expenditures in many countries. With support from WHO, and working closely with the World Bank and other partners, countries are beginning to develop a vision,

evidence-based strategies, and road maps to move toward universal health coverage. Some countries have started to plan comprehensive reforms, including in health financing, adopting a multisectoral approach.

Another priority is the unfinished agenda of communicable diseases. Despite commendable progress in past decades in reducing the burden of these diseases, important challenges remain and new ones continue to emerge. The coverage and quality of immunisation programmes vary. Viral hepatitis and malaria are major health problems in some countries. The region has the fastest rate of increase among WHO regions in the number of HIV infections and the lowest coverage with antiretroviral therapy. It also has two of the world's three remaining pockets of polio. Recent outbreaks in countries that had been free of polio for many years represent a major impediment to global eradication efforts, and led ministers of health to declare polio a regional emergency and mount a comprehensive response.[3] New infections, such as the Middle East respiratory syndrome, also continue to emerge. Although the 2005 International Health Regulations provide a framework for countries to respond to acute public health threats, countries need to do more to meet the requirements set by the World Health Assembly for achieving the core capacities for surveillance and response by June, 2014, at the latest.[4]

A third priority is maternal and child health; 899 000 children younger than 5 years and 39 000 mothers needlessly die each year in the region from avoidable causes. At the present rate of action, the region as a whole will not be able to achieve Millennium Development Goals 4 and 5. A regional response, the Dubai Declaration for Saving the Lives of Mothers and Children,[5] has been launched, and national acceleration plans are being implemented in high-burden countries, which include seven Arab countries.

Non-communicable diseases are also a crucial challenge, particularly cardiovascular diseases, cancers, and diabetes—the burden of each continues to escalate. In some countries, up to 40% of those dying from non-communicable diseases are aged younger than 60 years. The response of countries to the very clear road map for addressing non-communicable diseases outlined in the global strategy[6] and the Political Declaration of the United Nations General Assembly[7] of September, 2011, is, so far, inadequate. However, countries have adopted a regional framework for action specifying commitments to implement strategic interventions in governance, prevention of risk factors, surveillance, and health care.[8] Some progress is being made but gaps in action remain.

The fifth priority is emergency preparedness and response. Protracted emergencies seem almost to have become a way of life in some parts of the region, and more than half of the countries are currently facing either acute or chronic crises. The major source of emergencies is civil unrest and violent conflict. The consequences are clear in the expanding humanitarian crisis in Syria and its neighbours, with rising numbers of people displaced. Health systems in all countries affected are facing major difficulties in coping with the demands. Collective action and solidarity are needed to deliver health services to refugees and host communities, and to increase the resilience of countries to emergencies and ensure effective public health responses during crises.

Much work is still ahead of us in each of these five areas. Health goals in the Arab world will only be realised through the building of strong health systems, solid commitment to health promotion, and ensuring that health is considered in all government policies. Solidarity among countries is of crucial importance. The contribution of high-income countries in the region to achieve better health in low-income countries needs to be scaled up.

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I declare that I have no conflicts of interest.

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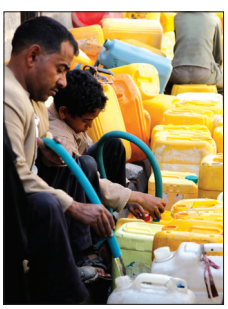
Health equity in the Arab world: the future we want



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The calls for freedom, social justice, and human dignity that resonate within the Arab world have been heard loud and clear but, as yet, are not reflected in a new development paradigm. The legitimate aspirations of the Arab population are suffocated by deeply polarised societies and a very narrow interpretation of social justice. These two deterrents are a manifestation of failure of the development trajectory to embrace fairness and inclusiveness as core prerequisites for individual and social wellbeing.

Development has emphasised economic growth and access to services, and employed a narrow translation of social justice in terms of provision of minimum basic needs to the poorest populations. As a result, many Arab countries (eg, those of the Persian Gulf, Libya, Lebanon, Algeria, and Tunisia) have been placed in very high or high ranks in terms of the Human Development Index.[1] Other Arab countries, including those in the low Human Development Index rank, have managed to achieve great improvements on economic and health fronts.[2] Notably, before the uprisings in Tunisia and Egypt, these countries were complimenting themselves on such economic and health improvements and on commitments to poverty reduction.[3,4]

So where did the Arab world go wrong? The people of the region provided the answer to this question. Protesters on the streets of Cairo, Egypt, and in Tunisia were asking for fair employment, and recognising that jobs and rewards are offered on the basis of family connections and political affiliations. Young women were making their voices heard by objecting to the continuous assault on their public spaces. Low-income and underserved communities were asking for their just entitlements. They all demanded freedom of expression, political voice, and protection from police brutality. They recognised social justice as fairness in the creation of participatory opportunities, and in empowerment not restricted to remedial welfare handouts.

Clearly, past failures underlie frustrations with the status quo, and have eroded social fabrics and bred extremism and polarisation in society. Overall economic growth, which is equitably distributed, and accessibility to public services are necessary but not sufficient to bring about social changes that can lead to refutation of ideas such as superiority of one religious group over another, or tolerance to discrimination by sex. Arab countries must ensure the foundations of citizenry and non-discrimination by sex, religion, and ethnic or social background.

I propose that targeting health equity as a central development goal and as a measure of societal success can go a long way in avoiding the failures of the past. Health equity needs to capture people's aspirations for wellbeing, and must be grounded in a transformative understanding of social justice on the basis of fairness and inclusiveness for all.

This proposal is in full accordance with the global development discourse.[5] It draws on a rich evidence base linking systematic inequalities in health to their structural causes.[6] Such a foundation is, at present, evolving into a growing movement pushing health equity to the forefront. This movement is explicit in crystallising the key differences between a social determinants approach to health and a social justice approach to health equity. The social justice approach is not about the size of resources, but their fair allocation and distribution, and contributes an additional value judgment to health equity. It considers health inequality as unfair, not only because it involves denial of a human right,[7] but also because it expresses the inequitable distribution of power, money, and resources. The discourse has now moved from effective government into good governance.

Another distinctive feature of the present health equity movement is its concern with wellbeing and not