COMMENTARY


Ever since I was a student some 15 years ago, it was clear to me and other classmates from different Arab countries that there is a need for a dedicated book on public health in the Arab world. Our view reflected the need of professionals for material that describes their realities, discusses their issues and provides analyses that help chart a way forward. At the base of this is a stark observation: in contrast to the richness of the global public health library, the Arab world public health library was, and remains, thin. Recognizing this need, which has not changed over the years but has become, expectedly, more complicated, was what led an international team of researchers to work together to develop Public health in the Arab world. In this article, I explain the process, the fruit of which was a book of 520 pages and 38 chapters, and discuss selected findings.¹

That this book is the first of its kind should not come as a surprise. Arab world literature has focused on politics, economics, sociology, history and other fields and has not treated health as a priority subject, while the global literature about health has not considered the Arab world as a unit but has preferred geographical demarcations, such as ‘Middle East’, ‘North Africa’ or ‘Eastern Mediterranean Region’, none of which include all Arab countries. Through focusing on the Arab world as a framework for analysis, the contributors aimed to fill an important gap and to say something about the commonalities among the Arab countries.

The book has built on dialogue and debate among contributors leading to a common vision of the product, and of the broader cause of public health, and is not a collation of loosely connected material. It brought together a community of 81 researchers and practitioners from different disciplines, backgrounds and professional practice. As such, the book was the fruit of networking and sharing. It took three years to write because this is the time it takes for a large group to find a purpose, to build expertise in group authorship and editorial work, and to produce new knowledge that carries the voice of the region.

Two threads permeate the book: it documents and analyses the state of population health and of public health as a field, attempting to make it a useful reference; and it presents theoretical and critical approaches from numerous knowledge domains which suit a book that attempts to contribute to the global knowledge in public health. What are these approaches?

In their first meeting in July 2008, the editors and authors posed the following questions whose answers constituted the essence of this work: What conceptual framework of public health should we adopt? What distinguishes a book concerned with public
health in the Arab world from any general book about public health? What are the values and principles that would guide us? In the following section I will review the book’s approaches to these questions to highlight a few points.

For many, even within the health field, health is perceived as the absence of disease and public health as prevention of epidemics and other risks or as institutions for health care delivery. The book’s contributors adopted a more encompassing perspective of health. In this book, health is individuals’ and communities’ sense of well-being and dignity, a right and a social notion determined by politics, economics, sociology and culture. Health is furthermore perceived as a political project; a tool for change to achieve social justice and even political change, with health activists working side by side with other social activists. It is also a wide knowledge domain open to contributions from different disciplines, such as social sciences, and not a technical field restricted to the all-knowing health specialists. The authors of this book believe that it is these approaches that can open debates that avoid certainty and ready solutions in the realm of health.

As for the Arab world as a unit of analysis, the book emphasizes commonalities but argues that it is not commonalities that characterize the Arab world but rather the vast inequalities in health indicators and in the state of public health measured in institutions or resources. Many examples support this, such as the 160-fold difference in maternal mortality rates, from less than ten deaths per 100,000 live births in some Gulf countries to around 1,600 in Somalia. However, the objective of the book is not only to document inequalities but to link these to an essential concept: we cannot develop health, for the region as a whole, in the absence of a common framework built on collaboration, synergy and solidarity.

Analysing inequality, which is present not only among countries but also in the same shocking way inside the countries, was a thread in the different sections but it represented the essential focus for Section II (I will be back to the first section later), entitled the ‘Social determinants of health’. Researchers have reviewed inequalities in health indicators between different groups along common stratifiers, such as gender, education, income, and the place of residence (rural or urban/cities). But they have also looked into less commonly addressed determinants, such as social, economic and educational capital, exclusion and marginalization, and the added effect of multiple negative determinants. In showing inequalities and focusing on the ongoing challenges, the aim is not to dismiss the remarkable health progress that the region has witnessed in the past decades but to say that there is a lot that should be done to achieve justice in health. This justice, as colleagues suggest in more than one chapter, is not a major goal of public health or of social policies in most countries of the region.

Health inequalities are also at the core of the concerns of Sections III and VI, but the approach is a bit different. In Section III, titled ‘Health and disease: a focus on avoidable conditions’, the focus is on morbidity. The notion of the ‘double burden’ becomes clear whereby non-communicable (or chronic) diseases, such as cardiovascular diseases, diabetes, cancer or psychological illness, have become responsible for the largest proportion of the burden of death and ill-health, while the burden of communicable (infectious) diseases and injuries continues. Much of this burden is avoidable through different approaches to development, modernization and health systems. There are still numerous opportunities to act.

Section IV, titled ‘The health of population groups’, looks into groups such as children, youth, women and older people. It does not restrict its treatment to health needs
but expands to include family, social position and policies. Researchers also examine groups rarely addressed by health literature, namely workers. This group is not addressed from the technical angle of ‘occupational health’ but rather from a wider social perspective that emphasizes rights and justice. The section also examines the forgotten group of migrant workers through studying domestic workers in Lebanon to document not just their vulnerability but also agency.

A discussion of health in our region would be incomplete without considering the profound effects of war, occupation, sanctions and tyranny on health and its institutions. This is the focus of Section V, titled ‘Public health in war and violent conflict’, which takes the case studies of the Occupied Palestinian Territories, Iraq and Lebanon. Through studying mass displacement during the Israeli war on Lebanon in 2006, researchers conclude that it is important to reconsider presumptions of humanitarian workers and health researchers about what the displaced need in crisis: it is not only nutrition, shelter and medicine but also supporting their resilience. This is proposed as a core concern of public health.

Having understood the health challenges, Section VI, titled ‘Health systems: toward equity and accountability’, focuses on health system challenges and its response to population health needs. While the components of governance, financing, health workforce, health services delivery and access to essential medicines are examined, researchers argue that a health system should be an integrated unit, with its components working in harmony based on a future vision and a social contract. This is where the real challenge is as this description hardly fits any health system in the region. This is due mainly to political and economic hurdles but there is much that can be done to make current arrangements work better.

I have postponed introducing Section I, titled ‘The context of public health’, because it tackles the wider historical, political and social determinants of health. We learn, for example, that investments of the post-independence Arab state in improving the lives of people and protecting them, and especially in the domain of health, education and employment, had a decisive role in the rapid improvements in health indicators but these investments have started to decline since the 1970s under neo-liberal reforms in the context of corruption and misadministration. The researchers review the weak and unequal development models that Arab countries have followed and which have been unable to respond to peoples’ needs and especially those of the youth.

The book was written before the onset of uprisings in the Arab world. Researchers did not predict the uprisings, but many of the emphasized health determinants, such as inequality, marginalization, unemployment and the absence of the civil society in decision making, and others, have been proposed as underlying the uprisings. The lesson here is that health conditions reflect the wider social, economic and political problems but action in relation to health can also be part of the solution. This is what the researchers have emphasized, especially in Section VII, titled ‘Public health and the social agenda’, through affirming justice in health. While this justice may be difficult to achieve without wider justice, the former can be an entry to the latter. This can be done, for example, by ensuring that health equality becomes a social and political responsibility; through civil society participation in improving community health and well-being; through linking health with human security; and through showing that undermining hierarchies in the health domain can be democratizing and lead to wider change.

The book’s emphasis on rights, justice and determinants makes it more, not less, important and relevant today in the context of change in the Arab world. The challenge
in front of us is putting the proposed messages and approaches to the test. This takes me back to the title of the article. The new knowledge that researchers have built calls for a renewed movement in health, one with a wide scope and participation from diverse social actors working together to achieve social well-being. This is within our reach today.

This book proves that researchers and practitioners from public health and other disciplines can come together to conduct quality scientific research, and produce knowledge that has strong links to the context and needs of the Arab world. This brings me to acknowledge and highlight the crucial factor that makes large, multi-disciplinary and multi-year collaborative initiatives based on common purpose, such as this book, possible: the role of the institutions and the institutional environment. The book shows admirably what we can achieve together, institutions and individuals, through collaborative work.

It is necessary for a book that tackles an issue of public interest, such as health, to be within the reach of readers of Arabic. This is another institutional effort that we must recognize. The Arabic Programme in the World Health Organization Regional Office for the Eastern Mediterranean in Cairo is currently translating the book into Arabic, while the Centre for Arab Unity Studies will be making it available to readers before the end of this year. Whether in its English or Arabic editions, Public health in the Arab world presents an important lesson in the significance of institutions in building knowledge and serving health in the Arab world.

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Note
1. This overview is based on presentations by Samer Jabbour and Iman Nuwayhid given at the launch of Public health in the Arab world. For more information, see: http://www.aub.edu.lb/fhs/phaw.