For Huda Zurayk
Who has brought us together
The Editors
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As a wave of uprisings spread from Tunisia to Egypt to Bahrain to Yemen to Libya and to Saudi Arabia in early 2011, France’s Special Representative to the United Nations, Gerard Araud, wrote that, after all, “there is an international community. The world is changing and I think it is changing for the better.” To those of us living outside of the Arab world the signs were strong that some kind of permanent political change was indeed taking place. The demand for democracy and liberty seemed to be ushering in a new era of solidarity among a truly global civil society. Was this assessment reliable? Or should one perhaps be cautious about interpretations of even the most promising of events, especially when those interpretations come from former colonial powers.

For what is taking place in the local contexts of Arab countries – in towns and villages, among rural and urban communities, and within families and networks of friends – is surely more complex. Revolution should be put in its proper place. The reality of lives lived under the political regimes of the Arab world should give us reason to pause before we judge what we see on our television screens or read in our newspapers.

At the same time as the 2011 Arab uprisings were taking place, I sat in a classroom at the Institute of Community and Public Health at Birzeit University in the occupied Palestinian territory. Twenty-five students at the Institute were describing what they saw as obstacles to achieving health in their land. The students had diverse backgrounds: pharmacists, junior officials from the Ministry of Health (and Education), a physiotherapist, laboratory technicians, nurses, a UNRWA worker, a dentist, and a statistician. Each was allowed to identify only one obstacle. We looked for connections among their concerns, put together broad themes, and finally voted on what mattered most to this group of students at a specific place and time – Birzeit, March 3, 2011.

In order of votes, here is what these students identified as urgent priorities. The first, by a considerable margin, was a set of predicaments facing young people. We might call this group of technical concerns “adolescent health”. But what these students had to say went much further than the term “adolescent health” can ever imply. They wanted to join health among young people to issues of agency and opportunity in their society. Young women and men were crucial assets to Palestinian society, they said, assets that were being neglected, even wasted.

Next came a group of issues that were judged equally important to one another: the conditions for Palestinians living in the vicinity of Israeli settlements, the ongoing violence against Palestinians in East Jerusalem, and maternal health. Finally, a smaller number of votes were cast for an array of highly diverse matters: medical errors, shortages of medicines, weak regulation of health professionals, lack of universal health care, the inequity of health conditions between those living in Gaza and those in the West Bank and East Jerusalem, the impact of price inflation on health, child health, violence against children in schools, and the effects of migration on urban health.

Amid this much more detailed report card on the health predicaments facing Palestinians, revolution, and the lessons that needed to be learned from revolution, entered, but didn’t dominate, our discussion. We were, from time to time, drawn back to what one student called the “Arab context”. What did those words mean? At their most elemental level, they meant “realising the right to achieve our needs”. But those needs were far thicker than were being described by the now supposedly legitimised “international community”. The uprisings had cast fresh light on often despotic or dynastic political regimes. This particular reading of the “Arab context” was one that suited many Western observers. It allowed them to put much of the blame for the problems faced by Arab peoples on Arab societies themselves. It cleansed the West of responsibility. But a deeper analysis of the “Arab context”, as shown in microcosm by the
students at Birzeit, revealed a far more disquieting assessment. The fabric of Arab health today is woven from coarse historical and political threads, threads drawn from old European colonial powers, remnants of the Cold War, and newer hegemonic, notably American, interests.

In the broad movement that is public health today, the reach of concern for human wellbeing has grown in unprecedented ways. The geographically widened moral commitment made by scientists engaged in health research has been one of the most striking shifts in science since the Enlightenment. The problems of poverty and human development are now central concerns for all scientific communities. But even with this new sense of global identity in science, some parts of the world still seem to exist on the margins of our concern. Africa, Asia, and Latin America receive appropriately large attention. But what is strange is the relatively muted interest in the Arab world within mainstream public and global health.

Public Health in the Arab World is the most important corrective intervention to this pervasive bias since Western powers divided Arab lands – and betrayed Arab peoples – over half a century ago. This volume is an extraordinary collaboration between 86 public health scientists, over two-thirds of whom are living in Arab countries today, with many others having been born and raised in Arab lands. The peoples of Lebanon, Egypt, the Occupied Palestinian Territory, Morocco, Syria, Tunisia, United Arab Emirates, Qatar, Saudi Arabia, Bahrain, Kuwait, Sudan, and Jordan are all directly represented here. The collaboration extends to a broad diaspora across the United States, United Kingdom, Canada, Belgium, France, and Australia. The World Health Organisation has also played an important part through the contributions of its scientific staff in WHO’s Geneva Headquarters and Eastern Mediterranean Regional and Country Offices. It is a book whose ideas and conclusions are driven by data. This fact is recognition that the very best platform for political advocacy is reliable information (the role of Marwan Khawaja, Chief of Social Statistics at UN ESCWA in Beirut and a co-editor of this work, is indicative of a commitment to assembling the best available evidence to underpin policy).

But when one looks closely at the origins of these writers, one cannot escape the special contributions made by two centres – the American University of Beirut (AUB) and Birzeit University. One fifth of the authors of Public Health in the Arab World come from the Faculty of Health Sciences at AUB, an extraordinary tribute to the long and successful leadership of Professor Huda Zurayk, currently Director of the Faculty’s Center for Research on Population and Health. The book is justly dedicated to her. The Faculty’s present Dean, Professor Iman Nuwayhid, is a co-editor of this volume, as is Samer Jabbour, a Senior Lecturer in the Faculty.

Each year, the Institute of Community and Public Health at Birzeit University hosts a writers’ workshop for researchers working in the occupied Palestinian territory. The meeting gathers together public health scientists from not only within the occupied territory, but also from outside – from Norway, Canada, the United States, and Britain, all with the support of the charity, Medical Aid for Palestinians. The purpose is to create a forum that supports the study and analysis of the conditions shaping health under occupation. It provides a place where the voice of Palestinians can be heard outside of the region (peer-reviewed abstracts from the meeting are published on The Lancet’s Website). This international collaboration, led by Professors Rita Giacaman (also a co-editor of the current volume) and Rana Khatib, began in 2007 and resulted in a series of five papers in The Lancet in 2009, entitled “Health in the occupied Palestinian territory.” Two subsequent workshops have produced two volumes of abstracts. The Institute has been a remarkable and inspiring catalyst for mobilising generations of young health researchers to join the cause of science in the service of social change in the Arab World.

Scrawled on the Separation Wall at the Kalandia checkpoint between Jerusalem and Ramallah are the words: “This wall doesn’t limit freedom of the mind.” Public Health in the Arab World proves that this is so. This book offers the clearest voice yet heard from Arab public health scientists (indeed, perhaps from Arab scientists and scholars of all kinds). It is an indispensable statement of possibility, a passionate analysis that creates an astonishing opportunity for action. It is a manifesto for justice.

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The original idea behind this volume was to publish the proceedings and papers presented during the 50th Anniversary International Conference of the Faculty of Health Sciences (FHS) at the American University of Beirut (AUB), held in Beirut, December 2004. However, the editors recognized the need for a larger volume on public health in the Arab world. The Ford Foundation, which had supported the Conference and provided funds for publishing its proceedings and papers, extended a grant to support the work to develop the volume. This has happened thanks to Montasser Kamal, Officer for Reproductive Health at the Foundation’s Cairo office, who understood the importance of the work and was enthusiastic to have the Foundation support it. For that, we are truly grateful. The FHS and AUB have also extended considerable support, starting during the tenure of Huda Zurayk as dean, for faculty time and logistics to support the editorial work. The Center for Research on Population and Health at FHS also provided valuable support. This effort could not have proceeded without this institutional support.

The cover illustration is designed by Rana Barazi Tabbara, MD, MPH. With a background career in Family Medicine, a recent MPH from the Faculty of Health Sciences at the American University of Beirut, and a long-practiced hobby in mixed-media arts, Barazi Tabbara is a firm believer in health promotion through artistic expression. The art work on the cover illustration consists of a series of hand-painted tiles, each 5×5 cm, inspired by some of the themes and concepts highlighted in this book.

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Many authors in this volume have provided internal peer reviews for other chapters. In addition, all chapters have undergone external peer review. Sameh El-Saharty and Salman Rawaf kindly reviewed and provided valuable perspectives about several chapters in Section 6 (Health Systems). The editors are grateful for the contribution of both internal and external reviewers and would like to acknowledge the following external reviewers:
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