

## ***The Middle East and the Arab Spring in Health Policy, Changes, Developments and the Significant Consequences for Population Health***

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**Abstract:** *The objective of the paper outlines the Political changes brought about by uprisings in the Middle East and North Africa (MENA) have created a great sense of optimism and hope for social and economic reform across the region. There the unifying term The “Arab Spring” has touched almost all countries in the Middle East and North Africa. While most attention has focused on security and political developments, there are significant consequences for population health. These article include health situation in the Middle East before the Arab Spring, Principal health problems and also include immediate problems, such as violent deaths and injuries, population displacement, and damage to essential infrastructure, but also longer term vulnerabilities not yet addressed by the political changes, including high unemployment, the low status of women, erosion of already weak welfare systems, and rising food prices. It will be important to tackle these underlying issues while not repeating the mistakes made in other countries that have undergone rapid political transition. In addition this article first examines the short- and long-term health vulnerabilities of Arab countries currently experiencing change. Then, we draw on lessons about potential success and failure of transition from other large-scale social changes in Eastern Europe, South Africa, and Iraq to produce a series of recommendations and notes of caution for policymakers. In doing so, we hope to help promote a healthier series of social, political, and economic changes in Middle East and North Africa MENA countries.*

**Keywords:** *Arab Spring, Health Policy, Changes, Developments, Population Health.*

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### **I. Introduction**

Health Policy is intended to be a vehicle for the exploration and discussion of health care reforms and health system issues and is aimed in particular at enhancing communication between health policy and system researchers, legislators, decision-makers and professionals concerned with developing, implementing, and analyzing health policy, health systems and health care reforms, primarily in high-income countries. Health care policies and reforms are made at an ever-increasing pace in countries around the world and policy makers are increasingly looking to other countries for solutions to their own problems. Health Policy is committed to support this international dialogue to ensure that policies are not just copied but used and adapted based on the specific problems and objectives.

Since 2011; Five years on the “Arab Spring” has touched almost all countries in the Middle East and North Africa (MENA) while most attention has focused on security and political developments. These include not only immediate problems, such as violent deaths and injuries, population displacement, and damage to essential infrastructure, but also longer term vulnerabilities not yet addressed by the political changes, including high unemployment, the low status of women, erosion of already weak welfare systems, and rising food prices. It will be important to tackle these underlying issues while not repeating the mistakes made in other countries that have undergone rapid political transition.

Political changes brought about by uprisings in the Middle East and North Africa (MENA) has created a great sense of optimism and hope for social and economic reform across the region. The unifying term Arab Spring, however, masks distinctive changes in each country. In Tunisia, Egypt, Libya and Yemen, deeply entrenched leaders were toppled by popular movements, which in the case of Libya and Yemen led to armed insurrection and international military involvement. In Syria, an initially peaceful uprising has been met with violent suppression, attracting widespread international condemnation. In Bahrain and Yemen, protracted struggles for power continue with little possibility of a swift resolution in sight. Protests in Algeria have been suppressed, at least for now. Only monarchies in Oman, Morocco, Saudi Arabia, Jordan, and the remaining Gulf States have seemed able to forestall unrest by taking hesitant steps toward social, political, and economic reform partly in response to changes elsewhere (1).

What can be said about the implications of the uprisings for population health, given such varied circumstances? In the short term, the most obvious consequences, especially in Libya and Syria, and Yemen are the deaths and injuries from violence and the weakening of public health systems. But it is the indirect social and economic threats, many of which triggered the uprisings in the first place, that we contend are the principal long-term health vulnerabilities exposed by the uprisings and these are common to countries across the region. The success or failure of the uprisings will largely depend on whether reformers are able to address these longstanding threats to stability and health.

## **II. The health situation in the Middle East before the Arab Spring**

The draws health and health system indicators largely from data published by United Nations agencies. The Arab governments themselves are the source of information, the accuracy of such data is subject to question in some cases, and also they are seldom reliable in most Arab states, which put the usefulness of the data in question, particularly when examining social equity and justice. Often, data are not based on national survey studies, nor do they represent all groups in the society. Consequently, generalizations based on such data are of limited value.

Nonetheless, it may be acknowledged from the outset that the Arab countries have seen great improvements in health over the past several decades, albeit starting with a backlog to overcome. Indeed, from the sixties of the last century and the start of the new millennium, the Arab countries made greater progress in forestalling death and extending life than most developing regions. Even so, challenges remain and can achieve better health coverage for their citizens in keeping with the wealth available in the Arab countries. A particular continuing challenge is to resolve the noticeable disparities among different Arab states and the injustices to be found within them. In passing, it needs to be recalled that past successes do not rest solely on the sizeable investments made in the quantitative expansion of health systems.

### **Principal health problems**

The effects of violence and communicable diseases continue to be the primary causes of death in war-torn or impoverished countries such as Somalia, Sudan, and Yemen. However, most countries in the Arab region are passing through a phase of epidemic transition with the occurrence of an acute increase in non-communicable diseases, injuries related to traffic accidents, and other types of injuries.

The dangers posed by non-communicable diseases such as those caused by smoking, diabetes and hypertension increase with the adoption of modern lifestyles. In addition to high mortality rates the Arab countries with among both children and adults such as Comoros, Djibouti, Mauritania, and Somalia suffer from a heavy burden of communicable diseases.

## **III. Health, health care and Arab spring in Middle East**

**First**, the short term health implications of the uprisings will be familiar to many citizens of a region that has in recent years borne witness to frequent conflict, both regular and irregular. An immediate concern is that civic demonstrations and repressive government responses to them led directly to injuries and deaths of civilians and combatants. In Libya, Yemen and Syria and in some cases, these clashes may develop into civil war, as seen first in Libya and now in Syria, Yemen and Iraq (3).

**A second**, major, short-term consequence is population displacement. Large numbers of people have been forced to flee, either from fear of violence or expulsion by opposing political groups. Syrians have been the worst affected. And also a wave of refugees also fled Libya, although many of those who left have now begun to return. It is too early to assess the full extent of displacement and its associated consequences for health. This movement of Libyan refugees, with access to large amounts of weaponry, has been implicated in the coup and subsequent de facto partition of neighboring Mali, which will have additional adverse consequences for health. In addition, thousands of Libyan rebel fighters were provided with free medical treatment and time away from Libya by the Jordanian government following the fall of Libyan government, has found that this has placed severe strain on the Jordanian health care system, with bills left unpaid and Jordanian nationals being denied treatment because of overcrowding(4).

**A third** consequence is damage to public health systems. While outright collapse of public health systems is unlikely in countries that have remained largely stable, it is more probable in Libya, Syria and Yemen particularly so in the latter, where large-scale conflict shows no sign of abating. The public health system has ceased to be effective, particularly for those with chronic diseases and for the elderly, disabled, and pregnant. In addition, vaccination programs have completely stopped for infectious diseases such as tuberculosis, creating the conditions for epidemics to break out. This is caused by the fact that many physicians have left the country; so many primary health care facilities are either not fully staffed or closed (5). Basic public services were badly affected, the population-level effects of all this overlaying a legacy of more than tens of years of sanctions,

particularly for children, in some Arab countries they are suffering chronically malnourished, and there of the potential effects of external intervention and civil conflict on population health (5).

**The Long-Term Vulnerabilities**, an exhaustive analysis of the vulnerabilities that contributed to recent political changes in the Middle East and North Africa (MENA). And we identify some problems highlighted explicitly by the uprisings that pose significant threats to population health across the Middle East and North Africa (MENA) over the long term and there problem high levels of unemployment and underemployment, particularly among youth, and slow economic growth. There Levels vary across countries, the adverse health effects of unemployment and underemployment are well-recognized, affecting both mental and physical health in the short term and the long term, and effects are exacerbated by the absence of comprehensive and functioning social protection and welfare systems, and also the status of women, the Women suffer from high rates of illiteracy, and political and weakness the economic participation. Another problem is the steady evisceration of welfare systems that could protect populations from the harms arising from stagnant economies. The development of nascent welfare systems was an important commitment of post-colonial administrations in many Arab countries and a vital source of political legitimacy in the absence of adequate participation rights for citizens. But these systems have been under sustained assault for some time, first as a result of declining oil revenues from the mid-from the eighties of the last century onward and then through intensive structural adjustment at the behest of international financial institutions (6, 7, 8).Egypt, for example, implemented a mass privatization program, transferring more than one-quarter of its assets to private ownership. Syria also implemented liberalization programs, albeit to a lesser degree. The result has been further increases in unemployment, inequality, limited opportunities for entrepreneurs, and a decline in government revenues required to fund comprehensive social protection measures such as universal health coverage and unemployment insurance (9,10,11).

Rapid rises in food prices in recent years have intensified the problems faced by economies already afflicted by stagnation and high levels of youth and female unemployment. Most Arab countries rely heavily on food imports, financed largely through the sales of oil. Global price shocks left populations most dependent on imports vulnerable to food insecurity and hunger. Without reform to the food distribution system, and faced with further projected rises in global food prices, this issue will continue to pose a threat to social instability, mal nourishment and health crisis throughout the region (6, 12).

**The long-term** legacy of current violence may well turn out to be among the most significant vulnerabilities, especially in countries like Libya, Syria and Yemen where fighting has been particularly bloody. People who are displaced and exposed to conflict are at elevated risk of post-traumatic stress disorder, particularly children. But violence also may create longer-term social division and inequality. Rifts between pro- and antigovernment groups, particularly if they fall along sectarian lines, and Ethnic and religious divisions may create persisting political cleavages that divide rather than unite, when these are not reconciled, they can sow the seeds of future conflict. Cleavages tend also to correlate with worse provision of collective goods such as social welfare and health care services (13, 14).

### **Ways Forward To Policymakers**

Clarifying the options available to policymakers in the region to help address these vulnerabilities is challenging at a time when change is occurring so rapidly. In the near term, much will depend on how far it is possible to restore stability to those countries most affected by conflict. But addressing longer-term vulnerabilities requires action across a range of fronts. An important source of guidance for Arab countries undergoing change comes from historical social, economic, and political transitions. Lessons can be taken from the transitions in Eastern Europe, South Africa, Iraq, and Latin America during the past three decades. It is clear from these experiences that transition creates both major challenges and opportunities for reform, and we can identify some broad lessons that reformers will need to take into account to ensure an equitable political, social, and economic transition in this region.

## **IV. Ensure Adequate Resources Are Devoted To Public Health System Development.**

The “Arab Spring” transitions present policymakers in countries like Egypt, Libya, and Tunisia with a historic opportunity to guard against this by investing in the future health of their populations. This will not be easy, for several reasons.

- ✓ **Existing** public health capacity in many Arab countries is acknowledged to be weak. This stems in part from chronic underinvestment (15) between 1990 and 2006, governments invested between 1.7 percent International Monetary Fund (IMF) data and 2.8 percent World Health Organization (WHO) data of gross domestic product into health, making the region an outlier globally for its low spending, despite its upper-middle-income status. The Public health concerns have also been marginalized by health system reforms in recent years that have focused overwhelmingly on issues of financing and service organization. The absence

of a strategic view of public health challenges in many Arab countries is a notable problem, compounded by weak health surveillance and data-gathering functions. Strengthening public health systems across the region must therefore begin from a relatively low base.

- ✓ **Making** the case to citizens for increased public funding for public health systems will be challenging. Political commitment to health as a human security issue is given little regard in most Arab countries. Added to this is the very low tax rates, made possible in certain countries by high oil revenues (6, 16). Low taxes and government spending are, in turn, depriving health systems of resources needed for expansion. Starved of resources, health care systems in the region provide low rates of coverage and have relatively high out-of-pocket expenditures (60% in Egypt and 70% in Yemen and Syria of total health spending) (7). Thus, health is still underfinanced in most of Arab countries and there is strong need for making more resources available to improve health service delivery and ultimately the health status of population (7).
- ✓ This may stem partly from high income inequality, with the rich feeling little incentive to contribute to a system from which they have nothing to gain. Low levels of public support will constrain the ability of newly elected governments to rise funding for health service development for the foreseeable future.

Finally, reprioritization of government expenditure toward public health will necessitate difficult reductions elsewhere, including defense. Given that Arab country it is one of the world's top military spenders, this change will perhaps be the most challenging if the most necessary of all.

### **V. Guard against rapid socioeconomic change.**

In the Eastern European countries, political reformers were concerned that if radical free-market policies were not implemented, the communists might return to power. These maneuverings, however justifiable on political grounds, increased risks of suffering to ordinary people (17).

While the economy could be reworked and can bring it back and supported, people were not so quick to reallocate and adjust from a system to which they had given most of their working lives. Not only did these policies lead to economic involution and major declines in gross domestic product, they also led to a devastating rise in mortality.

The Arab world will be protected to some extent because of the absence of vast amounts of cheap alcohol that played such an important role in Eastern Europe, but there are signs that the changes occurring in Arab Spring countries are proceeding at a rate neither protestors nor the former heads of state anticipated (18,19).

### **Tackle Vested Interests Seeking to Co-Opt transition Through Neoliberal Policies.**

Regime change is big business, and the Middle East has been no exception (20). Many Middle East and North Africa (MENA) countries have undergone experiments in structural adjustment similar to those in Latin America in the 1980s, Eastern Europe in the 1990s, and East Asia in the late 1990s to early 2000s notably including Egypt and Tunisia with disastrous results for population health (20).

These concerns are made more real by the fact that the same reformers who were involved in ex-communist countries' radical path to market capitalism are now guiding policy developments in countries affected by the uprisings, many of which now find themselves in dire economic straits. Jordan, Morocco, and Tunisia recently joined the European Bank for Reconstruction and Development, which oversaw the mass privatization process in Eastern Europe (21).

Egypt recently undertook a US\$3 billion loan from the International Monetary Fund (IMF), on the condition that the countries introduce austerity measures to curb inflationary pressure and fiscal deficits (22). Domestic vested interests may also seek to gain. Within the health care systems of numerous Middle East and North Africa (MENA) countries, vested interest groups have historically been a particular problem, stifling reform and accountability (6).

Small syndicates of medical doctors dominated hospitals and health care with little regard for the introduction of preventive public health measures and universal coverage (16, 23). The dissidents who participated in the Arab Spring have hoped to oust political insiders who have long disenfranchised their populations. But the experience in ex-communist countries highlights the consequences of failing to address weaknesses in the health care workforce (24) and shows how powerful groups can take advantage of neoliberal economic reforms to reproduce their authority successfully in the new free-market environments.

Similarly, in South Africa, apartheid-era reformers had great hopes to achieve economic gains but, while making strides politically, have done little to address a highly unequal and unfair legacy of apartheid in health care allocations across its provinces.

Challenging deeply entrenched elite interests both outside and within Arab Spring countries will be crucial to ensure that real and democratic change is achieved (6,25).

### **Increase Transparency and Monitoring Through Surveillance Systems.**

Understanding of the health and social challenges facing the region has improved, but difficulties remain because of the poverty of surveillance data (6, 7). Over the last 30 years, many regimes either refused to collect standardized data or altered them beyond recognition because of political, security, and moral exigencies particularly those surrounding the labor market and health issues such as HIV&AIDS and women's health (6). This gap in knowledge has been compounded by the ineffectiveness of United Nations agencies in pursuing governments to reform data collection systems. Basic public health surveillance is still largely absent in many countries, making it difficult to design and target preventive policies.

## **VI. Conclusion**

Despite signs of caution and concern in Middle East, there are many positive features that predispose the region to a healthy set of reforms.

- ✓ there is deep popular distrust of western international financial institutions, particularly the International Monetary Fund (IMF) and the European Bank for Reconstruction and Development, which have been criticized for their rapid free market interventions in Tunisia, Egypt, and Lebanon and for lauding governments on their economic performance before the uprising (26), expressing this view, the Muslim Brotherhood in Egypt did initially suggest that "U.S. money was being spent to destroy Egypt and ruin its society". Indeed, some commentators have suggested that the Arab Spring is, in part, a "revolution" against the radical privatization and liberalization reforms implemented at behest of these Institutions (27).
- ✓ Although several countries are engaging with western-dominated international financial institutions, it seems unlikely that a full set of radical shock therapy policies to shatter domestic institutions will be implemented in this region, as a gradual process of reform seems to be taking hold in all but those societies paralyzed by violence and internal political conflict.

Ensuring economic access to health care is an essential element of the right to health. This means, that this fundamental human right cannot be observed in the absence of effective financial protection mechanisms for health care expenditures.

This is because the absence of such mechanisms has enormous economic, psychosocial, and medical consequences. For example, now a day in most of Arab countries out-of-pocket expenditure on health care is known to cause psychological stress on patients and their family. In response to the change in terms of socio-economic and epidemiologic conditions in the Arab World the health policy need to be designed to pay attention to preventive and curative health services. These policies should emphasize public health interventions, both outside and within medical care services that cover the entire population.

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