

# PUBLIC HEALTH IN THE ARAB WORLD

## SECTION V. PUBLIC HEALTH IN THE ARAB WORLD

### A. OVERVIEW

In this section we present the abstracts and papers that address public health issues in the heterogeneous Arab world. This section complements the international papers and abstracts in the cardiovascular, cancer, and environmental health sections. One objective of the conference was to disseminate scientific public health information regarding the prevalence of health risk factors in the Arab world and develop understanding to reduce the burden of disease and promote health and well-being. In addition, the conference aimed to develop improved models of public health interventions by coordinating efforts between public, academic, private, and community-based institutions and organizations. This section contains the information related to major health problems in Arab North Africa and health and disease in a changing Arab world; demographic and health characteristics in Jordan, including occupational asthma in Jordanian industries; health status of Palestinians living in Israel versus Israelis and health status of Palestinians living under military occupation; and mental health provider profiles and related mental health status in Morocco. Furthermore, this study addresses the status of nursing in the Arab world and advancing Arab-American health by implementing public health practices.

The first two papers address health and disease in the changing Arab world and are written by Mustafa Khogali, MD, head of Internal Medicine at the American University of Beirut, and Sabri Belgacem, PhD, director of healthcare financing at the World Health Organization in Alexandria. They describe the prevailing health status trends in the Arab world by using demographic information that is presented with methods representing geographic and economic frameworks, respectively. Dr. Khogali notes that in the year 2000 the population of Arab countries was 270 million, and it is estimated to reach 425 million by the year 2025 and 545 million by the year 2050. The Arab world is witnessing a rapid epidemiologic transition characterized by better control of communicable diseases, rapid aging of the population, socioeconomic transformation, progressive urbanization, and changes in

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nutritional patterns and other lifestyle-related behaviors. Dr. Belgacem, in turn, stresses that Arab countries have different healthcare financing schemes that lead to inequities of financing, and, therefore, access to health care.

The next paper, from Saad Hijazi, MD, professor and president of Jordan University's School of Science and Technology, is a comprehensive review of the issues, challenges, and strategies that are influencing the health status of the Jordanian population. Specifically, Jordan has been upgrading health information systems at various levels and plans to computerize 20 health directorates and 200 health centers. Furthermore, Jordan is witnessing an epidemiologic transition characterized by an increase in non-communicable diseases, particularly cardiovascular diseases, cancer, diabetes, and chronic respiratory conditions. In addition, fresh water supplies in Jordan are scarce, which will adversely affect the Jordanian people. Ahmed Boran, PhD, also from Jordan University, describes occupational asthma in Jordanian industry. This description includes characterizing chemical exposures in the workplace and their adverse health effects.

The Palestinian Arab population resides in two distinct geographic areas: Israel and the occupied territory of the West Bank and Gaza Strip. Khaled Suleiman, MD, et al from The Galilee Society in Israel explore the substantial differences between the health of the Arab minority and Jewish majority in Israel reflecting socioeconomic disparities, such as poverty, unemployment, the amount and quality of health care, and the deteriorating environment.

As for the Palestinians living in occupied territories, Husseini Rafiq, PhD, describes the health and conditions of Palestinians living under military occupation. He stresses that Palestinians have inherited a weak and defragmented healthcare system that was controlled

by Israel before the Oslo Accords. This system has continued because of the lack of economic resources and artificial geographic barriers, such as the Israeli government's newly built security wall.

Healthcare providers play an important role in the health status of populations. Driss Moussaoui, MD, of Ibn Rushd University Psychiatric Center in Morocco, describes a mental health system that is multidisciplinary, including psychiatrists, clinical psychologists, psychiatric nurses, and social workers. Then Raghda Shukri, RN, MPH, PhD, of Sultan Qaboos University in Oman, describes the development of the nursing education programs in the Arab world. Her research indicates that Arab countries experience nursing shortages that are exacerbated through immigration and emigration among Arab countries and between Europe and the United States. She suggests that nursing education should address the many concerns of nurses in the Arab world so that more individuals will choose nursing as a viable career and remain in their parent country.

Finally, Michele Forzley, JD, MPH, from Washington, DC, provides a comprehensive analysis about advancing the health of Arab Americans. Her key point is that Arab Americans are not adequately identified or described as a minority population, and therefore do not have access to federal and state resources, as recognized minorities do. In addition, current data-gathering tools, such as the census program, do not collect adequate information about race and ethnicity—therefore the health and economic status of Arab Americans is not well defined. A conclusion was that Arab Americans should take the lead in setting their own priorities and distinguishing their health needs from those of other sub-populations in the United States. (*Ethn Dis.* 2005;15[suppl 1]: S1-73-S1-93)