

Social Movements and Health System Reforms: The Impact of the Arab Spring in Reconceptualizing Health Delivery in the Middle East

Sonya Soni, MPH
Harvard School of Public Health



A woman holds her wounded relative in her arms shortly after a violent protest demonstration in a mosque in Sanaa, Yemen, which was being used as a temporary field hospital. *Courtesy of Samuel Aranda/ National Yemen, October 15, 2011.*

In January 2011, the fast food chain Kentucky Fried Chicken was ironically transformed into Tahrir Square’s “KFC Clinic,” a makeshift healing center where Egyptian physicians and medical students volunteered their services to treat wounded protesters regardless of their socioeconomic status, religious identity, education level, or gender.¹ The grassroots clinic served as a rebuke to the systemic injustices that burdened Egypt’s health care system long before the Arab Spring revolutions, which occurred in countries comprised of rapidly growing populations whose health crises are exacerbated by high unemployment rates, lack of food security, political corruption, and depleting

and mismanaged resources. Khairy Abdel Dayem, chairman of Egypt’s Medical Association, calls Egypt’s hospitals dysfunctional due to the absence of high-quality equipment, lack of trained health professions, and the mandate of patient user fees.²

With pervasive optimism for social change stemming from the Arab Spring in the midst of the Middle East’s deteriorating health systems, significant unanswered questions remain. Do broad social movements generate enough political will for non-democratic governments and social institutions to address health system reform? Is health system reform sufficient in these countries, or can the Arab Spring’s call for a political

revolution translate to a revolution of health system management and delivery of care? What new paradigms and lessons from social movements such as the Arab Spring inform how crumbling health systems should be restructured?

Health systems undergo extreme stress when they attempt to provide public health services in a tumultuous political environment such as the Arab Spring. Conversely, political destabilization provides the opportunity for protestors, patients, global activists, and other stakeholders to fight for more just and effective public health systems. The redevelopment of health systems in post-conflict nations as a result of social movements has historically addressed acute and long-term population health needs, the state of health care infrastructure post-violence, and health work force strengthening.³ Furthermore, social movements are incited by both individual and societal suffering. This demands a wider lens that deconstructs categories normally construed as separate discourses in health system reform, such as the ‘medical,’ the ‘legal,’ the ‘moral,’ the ‘religious,’ the ‘political,’ and the ‘economic.’

Since both social movements and inequitable health care systems arise from similar sources of structural violence, the Arab Spring has been central in redefining the health care system for both the people in power and the powerless. For the powerful, an early commitment to health system reform is one of the most effective tools new governments can use to prove their legitimacy

to their citizens and the global public.³ For the powerless, democratic transitions can create opportunities for social change coupled with community empowerment and hopes of redistributive justice. Social movements such as the Arab Spring provide a physical and conceptual space for the voicing of collective traumas, such as denial of access to basic primary care services. Within this space, Arab citizens have begun to reconceptualize their role and identity in society, as well as their relationship to their countries' social public institu-

“Social movements such as the Arab Spring provide a physical and conceptual space for the voicing of collective traumas, such as denial of access to basic primary care services.”

tions, including their health care system.

Social movements alter the framework for addressing social inequalities from a technical development-based perspective to a human rights-based approach, which highlights structural issues, not simply technical inadequacies of the country's health system.⁴ Hoda Rasha, director for Cairo's American University Social Research Center, member of the World Health

Organization's Commission on the Social Determinants of Health, and Senate member of the Egyptian government, professes that the Arab Spring transformed Middle Eastern perceptions of social services such as health care from a welfare or charity-based approach to a rights-based model.⁴ As a result, she predicts that impoverished citizens will be awarded new sustainable opportunities in education, employment, and security, and eventually will be able to better recognize and demand their right to health services.⁴

Health professionals who participated in the Arab Spring uprisings argued that health systems are as central as their justice systems to the democratization process of their governments, and that rights-based reform can lead to effective, integrated, and accessible health systems in the Middle East.⁵ By redefining how health care should be structured, Egypt's dedicated health professionals attempted to expand the visionary and administrative power of stakeholders beyond the State, such as patients and health professionals.⁵ Dr. Charles Clements, executive director of the Harvard John F. Kennedy School of Government's Carr Center for Human Rights and former president of Physicians for Human Rights, echoed this sentiment in an interview with the HCGHR: “The framing of many social welfare issues into a rights-based framework allows the world to see the marginalized as protagonists rather than

subjects of oppressive systems. That gives them agency to make social change, as opposed to when they are labeled as passive recipients of generosity bestowed on them.”⁶

Clements argues that social movements have historically contributed to drastic changes to public health.⁶ However, he hesitates to confirm whether social movements have brought drastic changes to the organization and management of health systems, cautioning that “it is still a little too early to tell if the Arab Spring will have a significant impact on the countries' health care systems.”⁶ Rasha also believes that changes in Egypt's health system are improbable until power rests in the hands of a new president, which may occur as late as 2013.⁴ She notes, “At present, in our efforts to improve people's health and well-being, Egypt is very much health-systems driven, rather than taking an approach that involves the whole of the government including the health system. [This] allows you to see the big picture, but not the inequities in different social groups or the structural determinants beyond the health system, such as unemployment, lack of education, and poverty.”⁴ If the spotlight shifts from health system inefficiencies to a demand for health equity, the Arab Spring's call for freedom and democratization will likely transform into improved health outcomes for the marginalized in the Middle East.

¹“Roaming Revolution: Unfolding the Narratives of a Square.” Harvard Radcliffe Institute. Cambridge, MA, Mar 2012.

²“Egypt: Health system needs cash injection.” Integration Regional Information Networks (IRIN). 19 Mar 2012. <<http://www.irinnews.org/printreport.aspx?reportid=95097>>. 24 Mar 2012.

³“Health Reconstruction after the Arab Spring- Libya: an emerging opportunity.” Downtown Consulting International Journal (2012). <<http://www.downton.com/journal/2011/09/health-reconstruction-after-the-arab-spring-libya-an-emerging-opportunity-2/>>. 12 Apr 2012.

⁴“Will the Arab Spring bring better health to Egyptians?” Bulletin of the World Health Organization (2011): 777-852. <<http://www.who.int/bulletin/volumes/89/11/11-041111/en/index.html>>. 12 Apr 2012.

⁵“Arab health professionals hold key to future.” Bulletin of the World Health Organization (2012): 1-74. <<http://www.who.int/bulletin/volumes/90/1/12-040112/en/index.html>>. 12 Apr 2012.

⁶Clements, Charles. Personal Interview. 22 Apr 2012.