OPINION EDITORIAL

Political Uprisings and Global Health: The Case of the Arab Spring and Uprisings in India

Suhail Hashim, Loma Linda University

In recent years, there has been a surge of political uprisings around the globe, with residents of many countries demanding basic human rights, better governance, and social justice. Political uprisings influence health systems of a country and specifically the mental health of its citizens. This Opinion Editorial will deconstruct health concerns associated with the political uprising of the decade old Arab Spring, and recent uprisings in India.

THE ARAB SPRING: MENTAL HEALTH AND ACHIEVING HEALTH EQUITY

One of the major revolts the world saw in the last decade was the Arab Spring. The pro-democratic movement which spread across the Arab world in the Middle East and North Africa maintains significance today. The primary goal of the revolution was to bring down authoritarian governments in countries such as Tunisia, Syria, Libya, Egypt, and Bahrain. In a broader sense, a public opinion poll conducted in this Arab Region by Zogby Research Services before 2011 showed that access to quality health care as one of the top priorities [1]. Interestingly, the attitude of people towards mental health in Arab countries like Tunisia and scarcity of mental health facilities also played a part [2]. For instance, Tarek el Tayeb Mohamed Bouazizi set himself on fire in front of the governor's office in the city of Sidi Bouzid, to protest against the poor governance of the city officials. This incident planted the seeds for Arab Spring, and it was later reportedly that he suffered from poor mental and emotional health due to the humiliation faced as a result of treatment of people from low socio-economic status in Tunisia [3].

Even though the United Nations Development Program (UNDP) recognized health as the basic human right in the year 1994 [4], it was not until 2009, hardly a year before the Arab Spring that the Arab Human Development Report (AHDR) reinforced this concept by devoting its entire Chapter 7 to "[a]pproaching health through human security – a road not taken". Dr. Enis Boris, Health Sector Manager for the Human Development Department for the Middle East and North Africa at the World Bank argues: people were well aware of the health inequity in the health systems of this part of the Arab world, and they intended to reform this with the Arab Spring [5]. Nonetheless countries like Egypt, which was one of the major countries that came to fore during the revolution, had been showing significant improvements in its health indicators. From 1990 to 2013 there was a 62.5% decrease in Egypt's maternal mortality rates, and the incidence of tuberculosis, a prevalent communicable disease also reduced 37.5% from the period of 2002 to 2015 [6]. But looking at the bigger picture, a survey conducted by National Health Account (NHA) study in the year 2010, showed Egyptians faced disparities when it came to spending for health services. Specifically, high-income populations were found to use health services at twice the rate of the lower income populace [7]. In response, academics like Dr. Hoda Rasha, Director for Cairo's American University Social Research Center and member of the World Health Organization's Commission on the Social Determinants of Health, called for the transformation of health care system in Egypt from a welfare or charity-based approach to a rights-based model. The rights-based model places

its thrust on health equity. Dr. Rasha saw hopes in the revolution in Egypt as means for democratization and freedom that can transform the health system to include the marginalized and the vulnerable section of the population [8]. However, the series of political changes in Egypt from the onset of Arab Spring in 2011, to a military government taking over in the year 2014, put a heavy toll on Egypt and its health system. According to the World Bank, Egypt's healthcare spending declined 16.38% from 2015 to 2016 [9]. The low investment in health has been compensated by an increased reliance on the private sector [10]. This has resulted in compromise of quality and safety, as well as concerns around equity of access to services. Sadly, despite the call for reforms, the challenge of achieving health equity in Egypt still needs attention.

THE POLITICS OF HEALTH IN THE UPRISINGS AND KASHMIR BLACK OUT IN INDIA

In India, the discriminatory Citizen Amendment Act (CAA), 2019 was enacted by the ruling government on January 10, 2020. The CAA offers citizenship to persecuted communities of three neighbouring countries (Afghanistan, Pakistan and Bangladesh) on the basis of religion. It excludes the majority Muslim community of these three countries. The CAA was announced in tandem with implementation of the National Registry of Citizens (NRC); a registry containing details of citizens of India. Critics see this as an attempt to filter and persecute the minorities in India, starting with Muslims, similar to Hitler's Genocide of Jews in Nazi Germany [11]. This fear propagated by the ruling government in India led to widespread protests and uprising in various parts of the country. According to the National Human Rights Commission (NHRC), there are reports of mental health traumas, suicides, and adverse health effects seen in people of India's North Eastern State of Assam where this was first implemented [12].

The suspension of internet and telecommunication services in the Northern part of Indian state of Kashmir shows how health systems can be affected by a government's move to suppress voices of dissent. After the Lancet published an editorial stating that "[t]he militant presence raises serious concerns for the health, safety, and freedoms of the Kashmiri people" [13], the Indian Medical Association (IMA) released harsh criticism for it meddling into internal political affairs. The blocking of internet and other forms of communication in Kashmir happened on August 5, 2019 after the Indian Government undemocratically revoked a special status granted to Indian occupied Kashmir (Article 370 and 35A). The political leaders of state were imprisoned and the state of Jammu and Kashmir came directly under the central governments rule. The government-imposed sanctions affected people's health and ruthlessly compromised the health system of the state. This is happening in a place where access to mental health is already in anguish. The Srinagar-based Institute of Mental Health and Neurosciences (IMHANS) reports only 6.4% of people with a mental illness had seen a psychiatrist, and only 12.6% sought any kind of healthcare help at all [14]. A 2015 study conducted by Doctors Without Borders also mentions nearly one in five people in Kashmir show symptoms of post-traumatic stress disorder [15].

GLOBAL HEALTH IN POLITICAL UPRISINGS: CALL FOR ACTION

Global health and political uprisings cannot be seen in isolation. The remnants of Arab Spring are still present in countries like Syria and Yemen; whose economies and health care systems are completely broken. The uprising in India and the black out in Kashmir is also ongoing, and in this time, there is a desperate need for mental health access and health equity. As such, it is high time for the global health community to conduct research, push for policy changes, and call for further action to address this pressing global health challenge.

REFERENCES

1. Zogby Research Services. Attitudes of Arabs [Internet]. New York: Zogby International. 2009 [updated 2016 October 1; cited 2020 Jan 21]. Available from: https://d3n8a8pro7vhmx.cloudfront.net/aai/pages/9762/attachments/original/1431961475/ArabAttitudes_2005.

2. World Health Organization. Building general practitioner capacity in Tunisia by implementing the mhGAP. Geneva: World Health Organization. [updated 2020 January 1; cited 2020 Jan 21]. Available from: https://www.who.int/mental_health/mhgap/mhgap_tunisia/en/

3. Abouzeid R. Bouazizi: the man who set himself and Tunisia on fire [Internet]. New York: Time USA. 2011[updated 2020 January 1; cited 2020 Jan 21]. Available from: http://content.time.com/time/magazine/article/0,9171,2044723,00.html

4. United Nations Development Program. Human development reports [Internet]. New York: Oxford University Press. 1994 [updated 1994 December 1; cited 2020 Jan 21]. Available from: http://hdr.undp.org/en/content/human-development-report-1994

5. Elsayed N. Health care inaccessibility plays role in Arab spring [Internet]. The Chronicle. 2012 [updated 2020 January 15; cited 2020 Jan 21]. Available from: https://www.dukechronicle.com/article/2012/08/health-care-inaccessibility-plays-role-arab-spring

6. World Health Organization. Global health observatory country views Egypt statistics summary 2002-present [Internet]. Geneva: World Health Organization. 2016 [updated 2019 October 21; cited 2020 Jan 21]. Available from: http://apps.who.int/gho/data/node.country.country-EGY

7. USAID. Global health - Egypt overview [Internet]. Washington DC: USAID. 2019 [updated 2020 February 13; cited 2020 February 18]. Available from: https://www.usaid.gov/egypt/global-health

8. Soni S. The impact of the Arab spring in reconceptualizing health delivery in the Middle East. J Harvard College Global Health. 2012 Nov;12(26):25-6.

9. Egypt healthcare spending 2000-2020 [Internet]. Macrotrends. 2010 [updated 2020 January 1; cited 2020 Jan 21]. Available from: https://www.macrotrends.net/countries/EGY/egypt/healthcare-spending

10. World Health Organization. Egypt country cooperation strategy at glance. Geneva: World Health Organization. 2018 [updated 2018 May 16; cited 2020 Jan 21]. Available from: https://apps.who.int/iris/bitstream/handle/10665/137164/ccsbrief_egy_en.pdf;sequence=1

11. Indo Asian News Service. CAA stir: Anurag Kashyap compares PM Modi with Hitler, calls him 'Urban Nazi' [Internet]. Mumbai: The New Indian Express. 2019 [updated 2019 Dec 23; cited 2020 Jan 21]. Available from: https://www.newindianexpress.com/entertainment/hindi/2019/dec/23/caa-stir-anurag-kashyap-compares-pm-modi-with-hitler-calls-him-urban-nazi-2079970.html

12. Mander H. Report on NHRC mission to Assam's detention centres from 22 to 24 January, 2018 [Internet]. New Delhi: National Human Rights Commission. 2020 [updated 2018 March 26; cited 2020 Jan 21]. Available from: https://www.deccanherald.com/national/top-national-stories/harsh-manders-full-report-nhrc-678127.html

13. The Lancet. Fear and uncertainty around Kashmir's future. J of Lancet. 2019 [cited 2019 Aug 17];394(10198):542. Available from: https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31939-7/fulltext?hss_channel=tw-27013292

14. Siddik N. Kashmir's mental health crisis goes untreated as clampdown continues [Internet]. Geneva: The New Humanitarian. 2019 [updated 2019 Dec 23; cited 2020 Jan 21]. Available from: https://www.thenewhumanitarian.org/news/2019/12/23/Kashmir-conflict-mental-health

15. Doctors Without Borders. MSF scientific survey: 45% of Kashmiri population experiencing mental distress [Internet]. New Delhi: MSF India. 2016 [updated 2016 May 18; cited 2020 Jan 21]. Available from: https://www.msfindia.in/msf-scientific-survey-45-kashmiri-population-experiencing-mental-distress/