Introduction:

The Middle East and North Africa region is witnessing more ongoing conflicts, as a result of the wars of aggression and colonial occupation of Palestine, which have negatively affected the health status of most vulnerable population groups, including women, children, and the elderlies. Many parts of the Middle East and North Africa region have witnessed cases of diseases outbreak, especially in conflict-affected countries. Some examples of the ongoing public health challenges are the poliovirus outbreak in Syria and Cholera in Yemen, and the clear absence of health protection for patients, workers and health facilities in Palestine. The deterioration of the health system in the countries affected by conflict has formed a serious challenge for people to obtain their right to health services. The rapid rate of change, together with the increasing burden of disease, in low-and middle-income countries, is creating a major public health threat in terms of creating a high risk of accessing appropriate health-related services and a risk of incurring medical payments, plunging them deeper into poverty in the MENA countries. For example, life expectancy for women has decreased by six years with men’s life expectancy decreasing by nine years. In Egypt, Tunisia and Yemen, life expectancy has decreased by 0.25. Additionally, the effects of the turmoil had left less visible yet equally disturbing effects, for instance, in Syria and after declining at an annual rate of 5.6%, the infant mortality rate in recent years has then increased by about 9.3%.

In war-torn countries, infrastructure damage is generally random. Despite international resolutions prohibiting attacks on health care facilities, such attacks occur regularly in Gaza strip- Palestine, Yemen, Libya and Syria. Furthermore, in the midst of war and severe social unrest, medical and mental health professionals often flee to safer environments, leaving those left unattended and denied - regardless of their position or income - of their basic treatment ranging from physical injuries to drug and alcohol addiction. Conflicts in the region pose a grave danger to people who suffer from mental illnesses or use addictive substances as the overall disease burden rate for mental disorders and drug use, compared to average life expectancy, increased from 4% to 7%.

The region is now witnessing the highest levels of displacement on record since seventy years. The large number of people who have been forced from home to refugee camps in Lebanon and Jordan have posed serious public health measures leading to outbreaks of infectious diseases and in some areas the return of almost completely eradicated diseases such as polio among Syrian refugees in Iraq. Furthermore, most countries that accept refugees are simply not equipped or prepared to deal or handle such a massive influx of people who need health and social services.
Main interventions of People’s Health Movement in the MENA region

1. Broadband Networks in the Middle East and North Africa

PHM manifest in the form of groups coming together nationally or locally, the countries included in the PHM are Palestine-Lebanon - Jordan-Egypt-Yemen-Tunisia and Morocco. The work between coalition staff and coordinators can be described as challenging, in 2019 the coordinators were not able to meet or organize a joint work due to lack of funding in the region, and there is also a challenge in adding new coalitions to PHM from countries that are experiencing many opportunities and challenges in the health system like Iraq, Sudan, Syria and Algeria. Despite this, Health Work Committees as a regional coordinator managed to activate and form networks with a number of countries like Morocco and Tunisia. HWC organized a visit to Morocco, and held a meeting with the Moroccan coalition for the right to health, agreeing on a joint action regarding challenges in the privatization of the health system, and agreed on an action plan to organize activities and initiatives. In Tunisia, meetings were held with activists in the People’s Health Movement and a strategic plan for cooperation was agreed on with the Tunisian General Labor Union (which includes a group of health and medical unions). In Yemen, the Health for All Association organized a set of activities in the local communities to raise awareness on cholera and communicable diseases, as well as a set of activities on international World Health Day. In Palestine, HWC organized a free medical day in different locations of the west bank along with organizing a number of meetings with civil society organizations to further introduce them with PHM work and mission. And in Lebanon, a field visit was organized for the deceased David Sander, with a group of civil society institutions and activists in the People’s Health Movement.

2. International and local media presence:

- People’s Health Movement made a set of contributions to the international and local media. A broadcast on Monte Carlo radio in France were streamed with the PHM regional coordinator and Moroccan Coordinator, the one -hour broadcast tackled issues related to the health situation in the region and the challenges facing health work and health systems, with a special focus on the concept of the right to health and countries health expenditure and budget and privatization of health systems as well as political, social and economic indicators of health.
- Another broadcast was streamed on Monte Carlo radio about comprehensive health insurance and political, economic and social indicators for the setbacks of the health systems in the MENA region. The broadcast was done with the regional coordinator and activists from PHM in Egypt.

- Produce a TV spot about privatization of the health systems and addressing difficulties and challenges that faces citizens in accessing and obtaining health services and facilities. The spot was published in workshops and awareness meetings and sessions conducted by HWC.

- The active participation of “Elham”, aPHM activist from Yemen, that had an intervention on the current health situation facing her country and the deterioration of health conditions in light of the aggressive war on Yemen.

3. Awareness-building meetings:

People’s health movement organized a workshop in Palestine on the right to health, equality of access to health care and international aid constrains. The workshop was conducted for 20 active participants from civil society organizations and activists from PHM. The training session hosted the Moroccan representative of the right to health coalition and the housing coalition coordinator in the Middle East region. During the 4 days’ workshop, concepts of the right to health under international human rights conventions and treaties were discussed, along with discussing and analyzing the normative contents of the right to health, focusing on the final observations and recommendations issued by treaty bodies and addressing restrictions imposed on international aid from the World Bank and the International Monetary Fund (IMF), and finally discussing previous experiences of civil society organizations in influencing governmental policies related to localizing Palestinian health services and integration of health and social sectors.

This workshop coincides with the launch of a recent study prepared by HWC, titled: privatization in the health sector and its impact on fair and equal access to health.
4. Issued a statement against targeting of health workers in Palestine by Israeli occupation forces.

PHM prepared a position paper in both Arabic and English language, in which it examined the impact of the occupation on fair and equal access to health services in the Opt. and addressed violations and attacks on health facilities and workers, in addition to showcasing cases of targeting and killing Palestinians and imposing security and military restrictions on health workers and medical staffs in Palestine.

5. Preparing and publishing a position paper to support the Moroccan coalition's struggle for facing privatization in healthcare and education sectors.
6. Preparing a position paper to boycott the International Conference on Mental Health in Israel

7. Prepare a report about gender and health issues in the MENA region

The report examined the state of dramatic inequality and lack of gender justice as a result of cultural discrimination, wars, conflict, poverty, unemployment, and refuge, which gravely affects health hazards that women endure in their lives, as well as their self-confidence and access to assistance from social support systems to deal with health related problems. For example, the insufficient education made available for women leads to limited social and economic opportunities. Therefore women are driven to poverty and lack spending power. Moreover, the restrictions imposed on the movement of women and girls are preventing them from obtaining health care services, including sexual and reproductive health services.
8. **People’s Health Movement issued a statement that strongly condemns the stand that’s being promoted by “The Lancet”**

which is an international general medical Journal, which adheres in its standards and guidelines to applying scientific knowledge to improve health and advance human progress, as well as its commitment to international human rights standards. Their stand is promoting for a concealed and public support designed to delegitimize humanitarian action in the occupied territory as a response to a report submitted by WHO on the current health situation in the Opt, calling this position to deny the decisions taken and issued by the Human Rights Committee, the Human Rights Council, the UN Security Council, the United Nations General Assembly, International Criminal Court, as well as the Hague Conventions of 1907 and the Fourth Geneva Convention of the year 1949 and the obligations applicable under the Additional Protocols of 1977 and 2005 annexed to these conventions with regard to the protection of civilians, medical personnel, and humanitarian workers. This emphasizes the applicability of International human rights law and international humanitarian law in the Occupied Palestinian Territory.

9. **A workshop at the Medical Relief Society was conducted for civil society organizations and activists from PHM.**

During this meeting, arrangements and tasks were agreed on between participants, with the aim of adopting a plan and a framework for activating PHM activities at the local Palestinian level.

10. **Two workshops were held, one in the West Bank and the other one in Gaza strip.**

It was organized and planned by the civil society organizations through the Health Sector Committee within the People’s Health Movement. The two workshops tackled the comprehensive health coverage and the localization of medical services within a social justice perspective. Moreover, a position paper was presented on Fair health insurance in Palestine, and a group of activists and workers in civil society and human rights organizations participated in the workshops.

11. **Important challenges the MENA region is facing:**

- PHM works in the Middle East and North Africa region under complex political and economic situations. For the last six decades, Palestine have witnessed the continuous and ongoing denial of the Palestinian right to self-determination and in other MENA countries, wars and conflicts are still affecting aid relief and development in the health sector.
- Deficient funding for regional activities between countries is affecting PHM movement in implementing joint campaigns and activities and expanding the joint work between activists and civil society organizations.
- Difficulty in communicating between some countries which hinders the possibility of planning, organizing and networking among countries, organizations and activists in the region.
12. Activating communications between PHM activists through WhatsApp groups

Movement coordinators activate their communication with activists through a WhatsApp group (Razan Al-Najjar). Using this platform the activists exchange information, ideas and visions about health in countries in the MENA region, and share documents, news and information keeping each other up-to-date on the latest news happening in the MENA region and the impact of political, economic, socio-cultural and other external influences on health.

13. Future work plan:

- The Steering Board was contacted through PHM coordinating committee, to prepare and present a proposal on gender issues and the right to health in the MENA region.
- A project on privatization has been presented in the MENA region and upon the final donor approval; a training workshop on privatization is expected to take place for activists from the region and policy papers will be published on privatization and health disparities in the quality and accessibility of health and healthcare across groups.
- Organizing a regional workshop in November on National Drug Policies and issuing policy paper to disseminate reports on drug-related matters.
- The Civil Society Coalition for health in Palestine and the Moroccan coalition for the Right to Health are planning on organizing an effective campaign that includes a joint action plan that highlights health rights violations and health and social insurance.