EMRO

Eastern Mediterranean Region

REGIONAL GUIDE

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Rectifying Historical and Contemporary Prejudices and Oppressions Undermining Global Health

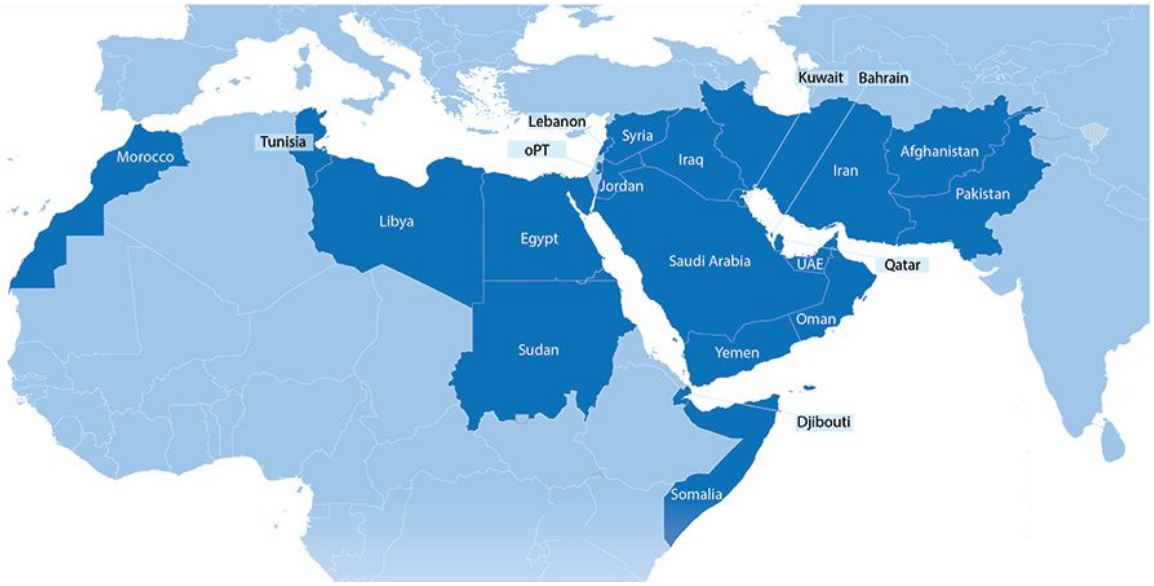
Introduction

The World Health Organization's (WHO) Eastern Mediterranean Region (EMRO) comprises 22 member states spanning across the Middle East, North Africa, and parts of Asia.[1,2] Similar to the African Region, the EMRO region faces diverse cultural landscapes, languages, and indigenous groups.[1] The region has witnessed political tensions, conflicts, and armed struggles, influencing public health.[1]

Post-Cold War, the EMRO region has experienced armed conflicts, popular protests, and the growing role of religion in conflicts; the Uppsala Conflict Data Program reports extensive state-based and non-state armed conflicts between 1990 and 2015.[3] Notable conflicts include the Syrian Civil War, conflicts in Yemen, Iraq, and ongoing tensions in the region.[3] These conflicts have significantly impacted public health in the EMRO region, and the WHO has been actively engaged in addressing health challenges arising from conflicts.[1]

These conflicts have caused widespread health issues, displacement, and damage to healthcare infrastructure across the region.[1] The consequences of armed conflicts in the EMRO region extend beyond mortality, affecting mental health, healthcare systems, and overall well-being.[1]

Movements and resolutions to silence guns in the EMRO region have seen limited success, underscoring the need for comprehensive approaches involving national and international levels.[2] Addressing public health concerns arising from conflicts requires sustained efforts to rebuild infrastructure, ensure mental health support, and strengthen healthcare institutions in the EMRO region.[1]



Gender, Sexual, and Queer Violence

Queer and gender-based violence in the EMRO region remains a critical concern, reflecting broader societal challenges related to LGBTQ+ rights and gender equality.[1,4] Discrimination, stigma, and violence against queer individuals persist, driven by cultural, religious, and societal norms.[4] LGBTQ+ communities face heightened vulnerability, with incidents ranging from physical assaults to systemic discrimination, often going unreported due to fear of reprisal.[4] Moreover, gender-based violence, affecting both cisgender and transgender individuals, is prevalent in the region.[4,5] Deeply ingrained gender norms contribute to the perpetuation of harmful practices, including domestic violence, harassment, and restrictions on personal freedoms.[4,5]

Case Study 1: Exacerbation of Gender-Based Violence in Afghanistan Under Taliban Rule

There were around 200,000 cases of sexual violence in Afghanistan in 1990 alone; this number rose steadily until it had more than tripled by 2019.[6] 9 in 10 women will experience violence from an intimate partner at some point in their life,[6] and almost half of women with a partner have experienced some kind of physical or sexual violence from their partner within the past 12 months.[7] The plight of women due to gender-based violence has long been a pervasive issue, but the commencement of Taliban rule in 2021 only worsened the issue.[8] The Taliban have stripped women of many of the most basic measures that were previously in place to prevent and combat gender-based violence.[9] Most commonly, gender-based violence involves physical violence (such as beating), rape, and involuntary marriage.[9] The gravity of these issues cannot be understated; survivors of this violence often require urgent medical treatment and are at high risk of being victims again in the future.[9]

Since the Taliban's takeover of Afghanistan, their actions as a government have sent the state of this issue into further decline.[10] The Taliban's commitment to enforcing rules regarding women's coverings has resulted in beatings across the country.[10] These rules are enforced in most public spaces, but instances of violent punishment in universities and schools (including elementary schools) are the most concerning.[10] By releasing gender-based violence offenders from prisons, the Taliban increased the number of potential perpetrators and increased the risk for women across Afghanistan.[10] Support systems for victims that were in effect before the Taliban's rule have been shut down, including ones that provide psychosocial support and medical treatment.[9,10] In a country where many women face gender-based violence, the dissolution of these systems creates a vacuum for victims in need of help.[9,10] One particularly difficult source to combat violence is from partners and family members.[9] When the Taliban shut down shelters for victims of gender-based violence, many shelter residents were often left without a place to go, due to fear of returning to their families.[9] In cases like these where family members are the perpetrators of violence, it is nearly impossible to report incidents to the Ministry of Women's Affairs as they used to be able to do; the Taliban requires a male guardian to be present for such incident reporting.[9]

While the systems that were previously in place to prevent gender-based violence were not comprehensive, they were decidedly effective at alleviating some of the burden that victims faced.[11] Reintroducing elements of these systems may be crucial in preventing and minimizing the damages that violence causes.[11] The UN, through their UNFPA fund, has been mobilizing recruits to work to prevent gender-based violence, including training responders and implementing discreet reporting systems.[11] Amnesty International, a human rights organization that has done extensive research on this issue, has called on the Taliban to rollback measures and cooperate with the UN in fighting gender-based violence.[8] Their report calls for action from governments and international organizations, which may be the best way to spur new implementations and rollbacks from the Taliban.[8]

Case Study 2: Queer-based Violence: Treatment of LGBT Individuals after the 1979 Iranian Revolution

Persecution of sexual minorities, namely against those identifying as lesbian, gay, bisexual, or transgender (LGBT) threatens the health, safety, and well-being of thousands of individuals in Iran.[12] Evidence shows that prior to the Iranian Revolution in 1979, there was less enforcement of punishment against same-sex acts.[13] However, following the revolution, the incorporation of Islamic Shari'a law increased the stringency of such rules and regulations, further subjecting LGBT individuals to harassment, abuse, and ostracization.[3,4] In particular, Iran's Islamic Penal Code now groups same-sex relations as *hudud* crimes, which are legal wrongdoings against "divine law".[12,14,15] Additionally, the post-Iranian Revolution government explicitly classified transsexuals and transvestites as falling within the same group as gay and lesbian individuals, criminalizing their conduct.[12]

The punishments for these crimes under Iranian law include physical torture, imprisonment, and the death penalty.[12,14] For instance, women convicted of *mosaheqeh* (lesbianism) are to receive 100 lashes each and upon four repeated offenses, the death penalty.[12,14]

Examining specific cases of discrimination and violence against LGBT individuals in Iran further displays the urgency and severity of the issue. For example, in 2007, two agents of the *basij* targeted Navid, a 42-year-old gay man, while he was walking home.[12] The *basij* handcuffed him and placed him in their car. When they arrived at Navid's home, they beat, tortured, and sexually assaulted him before delivering him to a local police station.[12] More recently, in 2022, two women protesting the ill-treatment of LGBT individuals in Iran were arrested and confined in a detention center, where they were discriminated against and abused.[17] Following their conviction, they were sentenced to death for "corruption on earth" and "trafficking".[17] These examples demonstrate the oppressive stance of the Iranian government towards those who identify as and/or support LGBT individuals, highlighting the need for international attention and systemic change in Iran.

Such instances of queer-based violence harm not only the physical health of the LBGT population, but also their sexual and mental health too.[12] Addressing this issue in Iran requires systematic legal reform, advocacy, and international cooperation. For instance, the Human Rights Watch (HRW) calls upon the government of Iran to abolish all laws that criminalize same-sex conduct as ordered in the Islamic Penal Code, prohibit the harassment, abuse, and torture of sexual minorities, and provide access to health services to LGBT individuals.[12] Widespread adoption of action like this is a step towards ensuring basic human rights regardless of an indivdual's identity.

Cast Study 3: Female Genital Mutilation (FGM) in Somalia

Female genital mutilation (FGM) is the nonmedical practice of removing part or all of the external female genitalia.[18,19] There are four types: type 1 (clitoridectomy) on the clitoris, type 2 (excision) on the clitoris and labia, type 3 (infibulation), which involves a narrowing of the vaginal opening, and type 4, which encompasses all other procedures on the female genitals, such as scraping or burning.[20] FGM, in all its forms, has no health benefits and is a violation of human rights deeply rooted in and perpetrates gender inequality.[19]

Globally, over 200 million females alive today have had some form of FGM.[21] This is a particularly pressing issue in Somalia, which reports the highest rates of FGM in the world, with 99% of females aged 15 to 49 having undergone the procedure, most of which were performed between the ages of 5 and 9.[22,23] The majority of FGM procedures in Somalia are type 3, which is the most brutal.[26] In Somalia, the practice is rooted in reasons such as religious obligation, social conformity and tradition, control of sexuality, and socio-economic factors.[19,21,22] This has detrimental effects on female sexual and reproductive health, as well as overall functioning and well-being.[21] Health consequences that result from FGM include infections, sexual dysfunction, anemia, vaginal obstruction, childbirth complications, and psychological problems.[19,21] For instance, a study conducted on Somalian women revealed that 87.6% of women who underwent a form of FGM suffered from female sexual dysfunction (FSD).[25]

Despite such dangerous implications of FGM, the practice remains widely practiced throughout the country, which necessitates intervention to work towards its elimination. FGM's widespread prevalence and the level at which it is engrained as an obligation in Somalian societyculture create obstacles for such progress.

The Constitution of Somalia states, "Circumcision of girls is a cruel and degrading customary practice and is tantamount to torture. The circumcision of girls is prohibited."[26,27] However, there is no national legislation in place to enforce any form of criminalization and punishment.[26] As a result, FGM remains widely practiced throughout the region. Certain subregions have made more progress than others. For instance, in June of 2021, Puntland passed a zero-tolerance bill that bans all forms of FGM–a huge step towards eradicating the practice.[28,29]

In addition to more stringent and widespread law enforcement that prohibits and criminalizes FGM, educational efforts, particularly raising awareness about the harmful effects of FGM, are also crucial to changing the beliefs that surround FGM in Somalia.[30] Further insight into the importance of this can be gained from first-hand accounts from Somalian families. One mother, who will be referred to as Khadra to protect her identity, is a parent to five daughters.[30] She circumcised three of her daughters before receiving education from CARE International on the practice's health consequences.[30] However, after learning more about FGM, Khadra reported a realization of the harm of this procedure and vowed not to circumcise her remaining two daughters.[30]

Reducing and eventually eradicating FGM will be essential to the advancement of public health. Accomplishing this will require tangible action to be taken. For example, initiatives to debunk myths and spread awareness about the dangers and long-term health impacts of the procedure can demystify FGM,help young women and girls understand its risks, and empower them to make educated decisions.[30] In addition, formal legislation is also needed to criminalize the practice and establish legal consequences. Support from NGOs, healthcare professionals, lawmakers, and advocacy groups will be essential in these efforts.

Migrant Health and Religious Persecution

Migrant health in the EMRO region presents a complex challenge due to the diverse factors influencing the well-being of migrants, as well as the unique situations that migrant groups face.[31] The region experiences significant population movements, driven by conflict, economic disparities, and political instability.[31] Migrants often face barriers to accessing healthcare services, including language barriers, legal constraints, and discrimination.[31]

The precarious living conditions of many migrants in the EMRO region contribute to health risks, with issues ranging from infectious diseases to inadequate sanitation.[31] Additionally, the mental health of migrants may be adversely affected by the challenges of displacement, separation from families, and the stress associated with the migration journey.[31]

Cast Study 1: Health Disparities of Afghan Refugees in Iran:

The presence of conflict and instability, food insecurity, poverty, and natural disasters are some of the reasons for the relocation of millions of Afghan individuals.[32,33] One driving factor in the large resurgence of immigration out of Afghanistan was the claiming of power by the Taliban in 2021.[34] Under their rule, human and health rights have been threatened throughout the country.[34] For example, Taliban security arbitrarily tortured and detained citizens, agricultural production has greatly declined, and Iran is one of the most common destinations for people fleeing such crises, hosting an estimated 780,000 registered Afghan refugees,[35] with the number being even higher when considering the undocumented population. The majority of refugees living in Iran are of Afghan descent, but despite such a large presence in the country, such refugees face systemic challenges that threaten their health and well-being.

One area of particular concern is the health disadvantage of Afghan refugees in Iran. Their vulnerability is exacerbated by various factors, such as limited healthcare access, racism, low education, and poor living conditions.[36] Studies have found that Afghan refugees have a higher prevalence and burden of various adverse health outcomes, including noncommunicable diseases (NCDs) like heart disease and stroke as well as communicable diseases such as malaria and tuberculosis.[37,38] For instance, while Iran has nearly eliminated malaria and tuberculosis among its native population, the presence of such infectious diseases remains high among its Afghan refugee population.[37,39,40] Not only do Afghan refugees face challenges to their physical health, but they also disproportionately struggle with their mental health.[37,38] In particular, a study conducted in the Dalakee refugee camp showed that the prevalence of social dysfunction, psychosomatic problems, anxiety, and depression for Afghan refugees at the camp was 80.1%, 48.9%, 39.3%, and 22.1%, respectively.[37,41] These rates are significantly higher than those found among the Iranian population. The high burden on Afghan refugees can be attributed to a variety of factors, including homesickness, trauma from their home country, and a lack of social support.[38]

One major driver in such disparities is unequal access to healthcare.[37] Working to improve this is essential to ensuring the right of Afghan refugees to find safety and well-being outside of their home country. A large factor in this is the inability of Afghan refugees to pay for healthcare.[37,42] A large proportion of Afghan refugees have a low socioeconomic status, working jobs with wages 10-23% lower than their Iranian counterparts.[37,43,44] Furthermore, over 1 million Afghan refugees harbor an illegal status, which prevents them from obtaining insurance and therefore adds an additional barrier to accessing healthcare.[37] This further emphasizes the importance of providing healthcare services to an already vulnerable population. Yet, the Iranian government has not properly created or enforced comprehensive policies to address this lack of access, which must be changed in order to reduce inequities.[37]

Case Study 2: The Condition of Migrant Workers in Qatar

In Qatar, migrant workers face a plethora of issues that are a significant detriment to their health. Qatar has long been embroiled in controversy for its human rights violations,[45] and its treatment of migrant workers has faced similar scrutiny. The issue of migrant workers has been especially prevalent in recent years because of Qatar's hosting of the 2022 FIFA World Cup and the massive influx of workers that came along with it.[46]

Migrants working in Qatar deal with work-related dangers daily.[46,47,48] The most obvious evidence is in the most extreme consequences: migrant workers die at an alarming rate in Qatar, with nearly 6000 deaths in the decade from 2011 to 2020.[47] While Qatar attributes the vast majority of these deaths to "natural causes," this is often used to obfuscate underlying medical issues caused by poor working conditions.[47] Heat-related illness, for example, can be a major contributor to health issues that can lead to death; the temperatures in the deserts of Qatar can be scorching.[47,48] Workers can be forced to labor tirelessly to the point of exhaustion, which may be why cardiac arrest is one of the most common causes of death.[46] Among the other leading causes of death in recent years has been suicide.[47,49] Unfortunately, the migrants must work to be able to maintain their immigration status in Qatar, which leaves them without the option of refusing work, even in dire circumstances.[50] Additionally, the recently outlawed *kafala* system in Qatar allowed companies to control their workers passports, thereby preventing them from switching jobs if they wanted to stay in the country.[50]

The issues resulting from working conditions are only exacerbated by the extreme poverty that many of the workers experience.[49] In the case of World Cup workers, living quarters for stadium builders were cramped and overcrowded and often had poor sanitation.[49] The majority of workers received around the minimum wage in Qatar, equivalent to around $1 an hour; in many cases, workers sent a large portion of these wages back to family in their home countries.[46,49] Many World Cup workers have even complained of wage theft, where companies refuse to pay workers wages that they have earned.[50,51] After the World Cup ended, many of the workers lost their jobs and were left unemployed.[51] The result of this is unsurprising; many workers are unable to afford rent or food on their own.[51] Some migrants described going days without food, leaving them starving and malnourished.[51]

While the Qatar government has made some progress, including the introduction of free healthcare, which should improve healthcare utilization, it's clear that many issues still prevail. Authorities in Qatar have not been active in efforts to hold employers accountable while failing to implement measures to prevent labor abuses in the future.[45] While non-migrants are granted the right to join and form workers' unions, migrants are prohibited from doing the same.[45] Intervention seems necessary to prevent the further plight of migrant workers.[47]

Case Study 3: Immigration Control in Tunisia and Its Effects on Migrant Health

Because of Tunisia's geographic location in the northernmost part of Africa, it has become a hub for African travelers; many hope to cross the Mediterranean Sea and reach Europe, as nearly 100,000 did in 2023.[52] Other travelers to Tunisia may seek refuge or asylum, as recent years have seen African countries near Tunisia become embroiled in conflict.[53,54] However, the conditions that these migrants undergo can be dangerous and even deadly due to a variety of factors.[54]

Tunisian authorities have often used excessive force in attempts to control and limit migration into the country.[53,55] Stories of the brutality of Tunisian authorities have been well documented.[55,56] Migrants have been forcibly expelled from Tunisia and left on the borders of the country.[52,55,56] Thousands of migrants have been arrested for arbitrary reasons, including what authorities call "irregular stay."[55] Police may show up at places of work, or even raid homes as they evict residents and arrest individuals discriminatorily.[55] The treatment of these migrants often involves violence as authorities act with relative impunity; migrants have reported physical beatings, sexual assault, and even torture.[55] One refugee reported being beaten and electrically shocked while in police custody.[55]

The harsh environment of Tunisia and its surrounding area also poses a serious threat to migrant health.[53,57] In expelling migrants, many individuals are left in the desert without any food or water, or in other cases stranded in the Mediterranean sea.[52,55,56] For those who get to stay in Tunisia, environmental conditions can be quite harsh as well.[53,57] While city centers are a common destination for migrants, these locations often have poor sanitation.[53] Meanwhile, refugees may not be provided with any food, water, or shelter.[57]

Refugees can be forced to live on the streets; one woman described sleeping alongside hundreds of other refugees on the ground.[53,57] The weather can be punishing as well, with frequent rain and low temperatures.[57] The treatment of these refugees within cities is quite intentional; by stranding refugees and migrants without food or shelter, authorities hope to force them from the public areas where they reside.[6] Without aid, migrants are forced to rely on intermittent help from locals and NGOs to receive food or medical treatment.[57]

Despite the seemingly dire situation that migrants face, external sources have been reluctant to help. An EU deal with Tunisia in mid-2023 provided upwards of €100M for "border management."[55] This deal, however, failed to include mandates on the humane treatment of migrants.[55] In line with policies intended to force migrants out, Tunisian authorities have actually reduced humanitarian aid to migrants.[55,57] Politicians frequently blame migrants for nations' issues.[53] As the state of migrants' health worsens, there seem to be few signs that the condition will improve in the near future.

Conclusion

Over the years, the EMRO region has faced a series of challenges including political instability, natural disasters, and resource conflicts, from the Taliban rule to wars to droughts and earthquakes.[1,2] Such events greatly threaten the safety, health, and well-being of individuals in the EMRO region and place vulnerable populations at greater risk.[1,2] Women, refugees, and LBGT individuals are a few of the groups that face disproportionate challenges. Health system, educational, and legal reform are all essential components in mitigating the effects of these prejudices and oppressions. With such action and international cooperation, it is possible to work towards the goal of ensuring that the human right to health is attainable by all.

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