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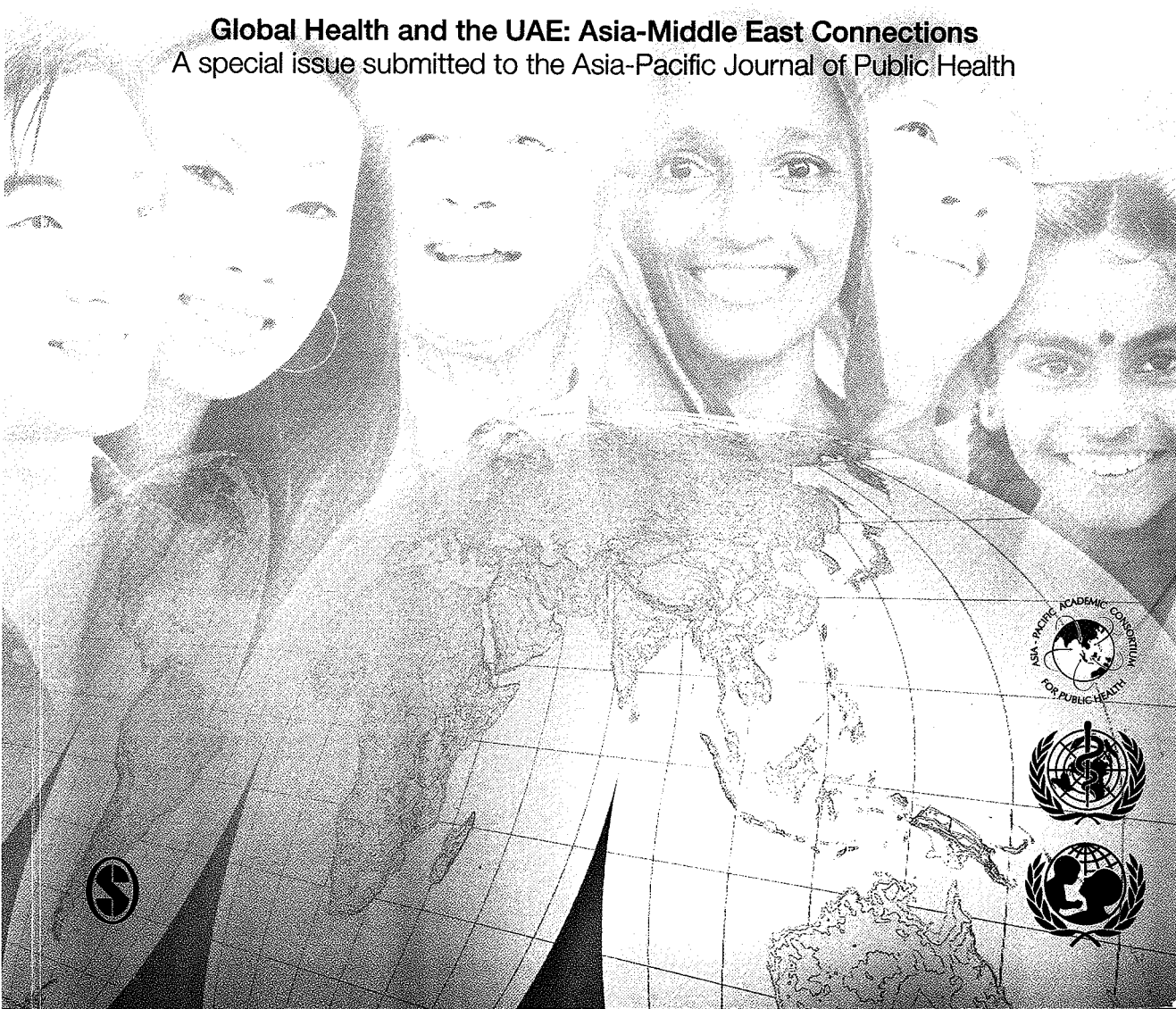

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Introduction: Global Health and the UAE: Asia–Middle East Connections

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Introduction

At the beginning of the 21st century, there is cause for great hope and great concern in the world of global health. On the positive side, advances in global health have occurred at a rate that is unprecedented in human history. In both the developed and the developing worlds, longevity has increased markedly, owing largely to basic research and application of discoveries and inventions in biomedicine and public health. Causative agents of major infectious disease have been discovered, and antibiotics have prevented the deaths of millions. Simple therapies for diarrhea have significantly reduced morbidity and mortality in the developing world, especially among children. Immunization can now prevent infection, morbidity, and death from many diseases that were previously mass killers. Indeed, the global eradication of smallpox by campaigns of vaccination based on public health surveillance may be counted as one of the major world achievements of the 20th century.

Beyond infectious diseases, principal causes of major chronic diseases, such as lung cancer and heart disease, have been identified. The use of screening technologies can prevent death from cervical, breast, and colorectal cancers. Injuries (both intentional and unintentional) are now seen as matters of public health, and their prominent modifiable risk factors are recognized. Overall, biomedicine and public health have made major contributions to human health during the 20th century.

In the 21st century, new public health philanthropies, such as the Bill and Melinda Gates Foundation, the Global Fund for HIV/AIDS, Malaria, and tuberculosis, and the Clinton Foundation, as well as the World Health Organization (WHO), Rockefeller Foundation, Ford Foundation, and many other agencies and nongovernmental organizations (NGOs), are involved in the huge field of global health. Such organizations have monitored the incidence and prevalence of disease; developed public health interventions, including low-cost, appropriate health technologies; provided public health education and training; evaluated outcomes; and promoted newer and better health policies.

Yet, despite these good works, the challenges to global public health in the 21st century are daunting. Since the year 2000, a number of serious natural disasters, the majority of them in Asia, have killed millions and devastated existing public health and medical infrastructures across the region. Within Asia, these include the South and Southeast Asian tsunamis, devastating earthquakes in Pakistan and China, and killer cyclones in Bangladesh and Myanmar. Beyond

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Asia, major famines in both East and West Africa, as well as horrific hurricanes in the southern United States and Haiti, have tested public health infrastructures, both locally and globally, in terms of their ability to deliver timely relief.

Reemerging infectious diseases also continue to take millions of lives each year. Asia and Africa have been particularly hard hit by virulent viral epidemics of ebola, severe acute respiratory syndrome (SARS), and avian flu—generating concern about the resurgence of a deadly global flu pandemic. Internationally, the emergence and resurgence of 3 "global killers"—HIV/AIDS, malaria, and tuberculosis—can perhaps be counted as *the* most pressing challenge to global health in the new millennium. The HIV/AIDS pandemic has taken more than 20 million lives, has left more than 12 million AIDS orphans, and left many households headed by children. This infection threatens to take the lives of the more than 30 million people now living with the virus, as well as the lives of millions more who will become infected, including in the populous nations of China, India, and Russia.

Chronic "lifestyle" diseases, now epidemic in the United States, are spreading to the Middle East and Asia as a result of changing diet and lifestyle—including the so-called "McDonaldization" effect of globalization and the spread of Western "fast foods" to new regions. In addition, more than half the world's men smoke, including in the People's Republic of China, the world's most populous nation. Throughout the Middle East and Asia, epidemics of tobacco-related diseases and death are occurring. Tragically, these epidemics include family members, both women and children, who suffer the effects of secondhand smoke and the diversion of family resources into tobacco consumption. Increasingly, tobacco-related diseases are a global problem for girls and women, who have become the targets of commercial tobacco campaigns.

Furthermore, since 2000, the United Nations has embarked on a Millennium Development Goal (MDG) campaign designed, in large part, to halve the rate of extreme global poverty by the year 2015. That some continents, including Asia, Africa, and Latin America, are more severely affected by poverty than others emphasizes the major global inequalities and health disparities between regions of the world. The same is true between rich and poor nations within the same region. For example, Egypt and Yemen are examples of resource-poor, developing "neighbors" to the petro-rich nations of the Arab Gulf. Such global and regional disparities have been exacerbated through structural adjustment programs and neoliberal economic policies that reinforce the dependence of needy "recipient" nations on wealthy "donor" nations through donor–recipient models of economic aid, including in health development.

As a result of these various factors, wide gaps separate public health capacities to advance global health and the actual fulfilment of these capacities in countries around the world. Available public health knowledge and resources potentially allow for far more control of human suffering than has been achieved at this point in the 21st century. An index of this gulf is the difference in longevity between Japan, with the world's highest life expectancy (men, 78 years; women, 85 years), and Sierra Leone, with the lowest (men, 37 years; women, 40 years).

Given these sobering realities, the burgeoning arena of global health reflects the dire need for compassion and concern regarding health inequalities and the numerous sources of disease and suffering around the globe. Tackling these global health problems is a formidable task, and will require a new generation of scholars—in public health, biomedicine, behavioral health sciences, social sciences, and public policy—who are committed to both basic research and public health activism.

The Conference and This Special Issue

To that end, a unique conference on "Global Health and the UAE: Asia–Middle East Connections" was held at the United Arab Emirates University (UAEU) in Al Ain, United Arab Emirates

from January 4 to January 8, 2010. The goal of the conference was to highlight global health problems that are emerging across the "New Silk Road" stretching from the Middle East through South, East, and Southeast Asia. In the new millennium, these regions are highly interconnected, with global flows of peoples, diseases, commodities, technologies, capital, and images travelling from Morocco to Malaysia. Furthermore, each of these regions is home to "global cities," including Dubai, Mumbai, Shanghai, Hong Kong, and Kuala Lumpur, with workers and travelers circulating between them. With these global flows of people, infectious diseases and "lifestyle diseases" are spreading across the Asia–Middle East region.

This "Asia–Middle East Connections" conference was path-breaking on a number of levels. First, to our knowledge, this was the only time that "global health" per se has been highlighted in a scholarly conference in the Middle Eastern region. Given that global health efforts are now so important around the world, it seems quite timely and very important for the Middle East to be the site of a global health initiative, including this conference and the collaborations that will follow.

Second, this was an explicitly interdisciplinary conference, involving 65 scholars from 3 major fields, including public health, biomedicine, and medical anthropology. All 3 fields are making major contributions to global health, and increasingly, are working together. Such collaborations are clear in the recent volume, *Anthropology and Public Health: Bridging Differences in Culture and Society*,[1] which highlights the intersections between 2 of the 3 fields. The intersections between the 3 fields were also clear at the recent global conference held at Yale University (September 24-29, 2009) on "Medical Anthropology at the Intersections: Celebrating 50 Years of Interdisciplinarity," which brought together more than 1000 scholars from anthropology, public health, biomedicine, and nearly a dozen other disciplines. In the new millennium, such interdisciplinarity represents the wave of the future in global health scholarship and activism.

Third, activism was present at the UAEU conference, which brought together both scholars *and* practitioners, or those people on the public health front lines, who attempt to intervene to ameliorate disease and improve public health. They go beyond knowledge for knowledge's own sake, and operate in the spirit of compassion, altruism, and humanitarianism. These are the very noble inspirations that underlie global health work in general.

Fourth, this conference represented a unique international collaboration between 6 universities, including 2 in the Middle East (UAEU, American University of Beirut), 3 in Euro-America (Yale University, University of California, Unifob Global of the University of Bergen, Norway), and one in Asia (Institute for the Humanities and Social Sciences, University of Hong Kong). Institutional partnerships of this kind are also the wave of the future in global health. The goal of this collaboration is to put the UAEU "on the map" in the Middle East as a leader in global health and as a research "hub" connecting the Middle East to Asian partners.

Fifth, the conference went beyond the rubric of global health to emphasize "global flows." In a new world of interconnection, diseases themselves "go with the flow," sometimes spreading quickly across international borders. The conference emphasized many sorts of "global flows," not only of disease pathogens but also of technologies, pharmaceuticals, lifestyles, industries, climate changes, water, pollutants, foodstuffs, biological substances, political violence, and the like. By the end of the conference, no one left without a vast appreciation of the ways in which our lives and our health are now deeply interconnected.

Sixth, the conference was intended to be agenda setting. In May 2009, a group of public health experts from the 6 major collaborating universities met in the UAE to set the conference program. Together, they decided that there were 7 major areas to be covered at a conference on global health in the Asia–Middle East region. These include (*a*) the chronic disease epidemic; (*b*) infectious disease epidemics, including HIV/AIDS; (*c*) addictions; (*d*) mental health; (*e*) environment, climate change, and emergency preparedness; (*f*) nutrition and food security; and

(*g*) reproduction, genetics, and women's health. Seven excellent sessions devoted to these various themes occurred over the course of the conference.

Seventh, it was very appropriate to hold this conference in the UAE. Within the Asia–Middle East region, the UAE truly serves as a kind of "global hub." During the past decades, the UAE has been the site of intense flows from countries such as India, Pakistan, Malaysia, the Philippines, and Iran. More recently, these flows have expanded to include other parts of the Middle East (including refugee populations from Lebanon, Palestine, and Iraq), sub-Saharan Africa, Central Asia, China, and many countries in Western and Eastern Europe. With these intense movements of people, the UAE itself has been impacted, in terms of population health and well-being. Thus, the conference organizers deemed it especially important to look at the local public health realities within the UAE. This was the focus of a day-long session at the conference.

Last, the conference had 4 long-term goals. The first was intended to introduce scholars and public health practitioners to each other, to establish links and networks, and to produce the kinds of collaborations and exchanges described above. Second, UAEU announced its plans at the conference to provide seed funding for innovative, collaborative research in any one of these global health priority areas. Third, UAEU intends to establish the UAE Global Health Institute, which can serve as a Middle Eastern center for research and training in this important area. The final goal of the conference was to develop a special journal issue based on the conference presentations. We are very grateful to the *Asia-Pacific Journal of Public Health* for agreeing to publish this special supplement, which consists of most of the peer-reviewed conference papers. For more information about the UAEU conference and related activities, please see: http://globalhealth.uaeu.ac.ae/index.html.

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Reference

1. Hahn RA, Inhorn MC, eds. *Anthropology and Public Health: Bridging Differences in Culture and Society*. 2nd ed. New York, NY: Oxford University Press; 2009.