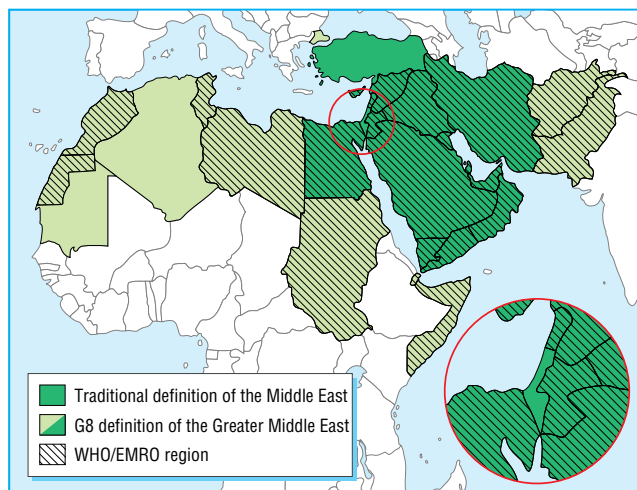


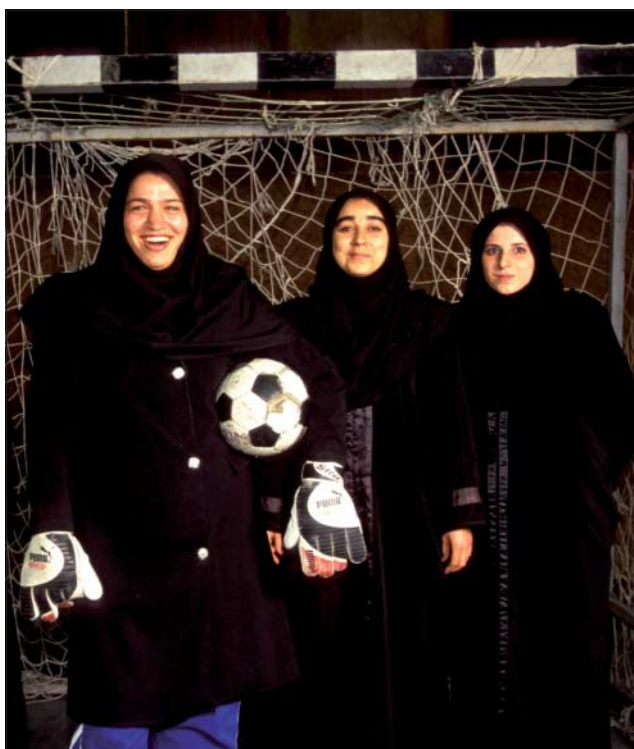
## Middle East: definitions



WHO's Eastern Mediterranean Region (EMRO) is made up of 22 countries: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, and Yemen (see also [www.emro.who.int](http://www.emro.who.int)).

Two other definitions used in this issue but not shown on the map above are the Arab League and the Gulf Cooperation Council. The Arab League, founded in Cairo in 1945, is a voluntary association of independent countries whose peoples are mainly Arabic speaking. The term "Arab world," used by authors in this issue, is used in the same way. Members of the league are: Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, United Arab Emirates, and Yemen.

The Gulf Cooperation Council (GCC), founded in 1981, comprises six countries: Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates.



CAROLINE PENNIPANG

## Editor's choice

### Messages from the Middle East

*BMJ* readers, our surveys suggest, don't like theme issues. But we offer few apologies for this one on the Middle East. In a globalised world regions can ill afford to ignore each other's health problems. As tension and distrust between Islamic countries and the West mounts, we hope this issue will promote awareness of the challenges the region faces and help promote rational debate and collaboration among doctors and policy makers—in and outside it. We share Samer Jabbour's optimistic view (p 837) that action to improve health may help spur the social and political change which many of this week's contributors call for. Few of the health problems described are new; what is new is the acceptance that tackling them requires action outside, as well as inside, the health arena. "For many people in the region, health improvement must start somewhere else—with education, equality, and security" (p 815).

When we put out our call for papers we put no proscriptive definition of the term Middle East, and there are several to choose from (see figure). Of the 150 or so submissions, of which we could, as usual, accept only a handful, most fitted best in the Analysis and Comment section and Letters pages; hence the unusual balance of this fully open access issue.

Improving health depends on political will as much as resources, Bhutta argues (p 839). Of the current 1.4 million deaths among children under 5 in the Eastern Mediterranean Region close to 60% could be saved by implementing simple, cost effective community based interventions. Social change is crucial too, above all to provide women with more freedom and choice, not least to get sexual and reproductive health services. Gender equity is high on the agenda of next week's meeting of the Global Forum for Health Research in Cairo ([www.globalforumhealth.org](http://www.globalforumhealth.org)).

In a list of obstacles to health in the region (p 859) spending hugely more on defence than on health and research and development must rank high. The legacy of this investment can be seen in the rubble of Lebanon (p 848), the appalling death toll among civilians in Iraq (p 821), and the tented camps of Darfur (p 846). International action is as important here as it is in tackling common health problems from rising rates of non-communicable disease to the threat of avian flu (p 856).

We learnt a lot from putting this issue together, not least about the difficulty of avoiding causing offence. We have repeatedly been accused of anti-Zionism. We also met hatred, from the unprintable response of one Arab reviewer to a request to review a paper from a US author and the Lebanese professor who would not write for us because the issue contains Israeli voices. But we have felt the warmth, inspiration, and fortitude of many more. As editors we weekly brace ourselves for highly critical online rapid responses (and braced we are, gentle reader, although "we come not to offend"). Some of this week's contributors risk bullets.

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Christiane Rehwagen *editorial registrar*

The external advisers for this issue were Mohamed Abdur Rab, Zulfiqar Bhutta, and Abdul Ghaffar.