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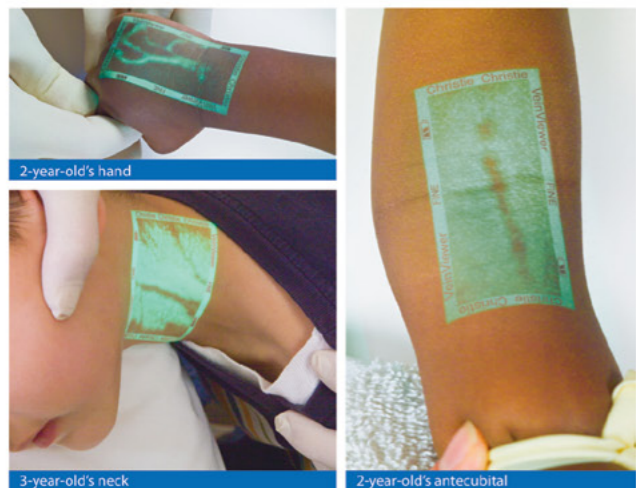
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-Pediatric Nursing, October 2010



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TOWARDS HEALTH, DIGNITY & RIGHTS FOR ALL: GLOBALIZING SOCIAL STRUGGLES AS AN ANSWER TO ECONOMIC GLOBALIZATION



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can bring healthcare to everyone who needs it.

I. HEALTH FOR ALL: AN OBJECTIVE BUT NOT A REALITY

A WHO report entitled "A Billion Voices" emphasized that 43% of the population in developing countries lives in poor quality "slum cities." In the poorest countries worldwide, this jumps to 73%. At this rate, the number of people living in marginalized neighborhoods will reach two billion in 2030, representing 40% of the world population, and might reach 3 billion in 2050.

INTRODUCTION

However, in practice we are very far away from our goals. The gap between rich and poor is growing: over 100 million of people are "pushed below the poverty line" annually; 800 children die every hour. The UN Secretary General Ban Ki-Moon recognized that malnutrition is a serious concern for 925 million people and that the data regarding AIDS, sustainable development and the objective of reducing the loss biodiversity in 2010 are negative. "If the current trends are confirmed, the lost biodiversity will last until the end of the century even though billions of people are depending directly on these for their livelihood and even for their survival."²

Ensuring healthcare for everyone is critical, but how can we make it happen?

Working through civil society is part of the answer. We play an essential role in reducing the inequalities between people, notably through the provision of health care services. Healthcare is unequal worldwide, especially in America and Lebanon, but using the civil society can help us provide services to the poor. NGOs, which are able to gather and effectively use volunteers and donations,

A. GLOBAL HEALTH CARE SITUATION

Healthcare has become a global challenge, even in the most developed countries worldwide. It seems that nowadays we are incapable of meeting the growing needs of communities, especially after the adoption of the privatized "healthcare economy." In the United States, healthcare has become a burden on state governments and the federal budget, and has taken social and political dimensions as the percentage of spending on health increased from 16 to 18% of GDP. In France, the health insurance deficit is the main concern of the government, and even in Britain, with the oldest healthcare system in the world, the NHS is being reconsidered and might be privatized. In short, the issue of healthcare cost is a matter of concern for every country, and **especially for developing countries with limited resources.**

In the United States, for example:
1% of the population owns 37.6% of the wealth
19% of the population owns 50% of the wealth
80% of the population owns 20% of the wealth

In Egypt, 36 millions live with an income of \$60 per month

for an individual, 8 millions are unemployed and 7 million people live in cemeteries and under bridges

In total, 20% of the world's population own 80% of the wealth

With the disparity in the provision of health services, and shortcomings in performance, the World Health Organization decided in 1977, a main objective to be "Achieving health for all by the year 2000," which was adopted at the International Conference on Primary Health Care held in Alma-Ata in 1978. In spite of the criticisms this objective received, it remains a reference, as indeed, "**Health is a natural right for everyone**" regardless of race, creed, and political views. Preserving it is a personal, community, and national duty which we must all carry out.¹

The question I am asking today is this: in a world of generalized poverty, where healthcare and health insurance is a luxury product, **when will we reach "Health for all"?** How can we ensure that healthcare is available for everyone, not simply people with enough money to pay for it? **How can we bridge the gap between rich and poor, and ensure this basic human right?**

B. LEBANESE HEALTH CARE SITUATION

Statistics show that around 50 % of Lebanese citizens are not covered by health insurance. Lebanese citizens do not have access to preventative care and treatment, made worse in many areas by income and geographical disparities. Research reveals that our society is still young, as 30% of the population is below 15 years old while almost 7% is elderly. In addition, transmittable diseases common in poor countries are responsible for child mortality, although vaccination and prevention campaigns are helping reduce it. At the same time, so-called "rich men's diseases" are spreading disturbingly quickly. Research reveals that more than half of the adult population of both genders are obese, that 13% are diabetic, while 26% have high blood pressure. This situation raises a new challenge in terms of financial resources, to cover this "double burden" of disease, and on the other hand, to adapt the services and the resources to upcoming needs and continuing scientific progression. The market of healthcare services in Lebanon is at the mercy of the principles of the free economic system. Most of these services are based on investing in advanced treatments, such as open heart surgery, lithotripsy and other costly applications, which most citizens cannot

afford. The end result is care and treatment for those who can afford it, and nothing for those who cannot.

Since the law of supply and demand is essential in the free trade system, it does not apply to the Health care system where the supply generates demand, which provokes an exaggerated consumption for services people would not really need (this is known as destructive competition). Preventive services with high return for public health with relatively low cost are affected and limited to small programs by the public sector in collaboration with International institutions. Put simply, market forces create a situation which creates short-term profit for corporations and long-term cost for people.

In this context, the Ministry of Health has a new mission, as to financing of the private sector. It has tried to reduce counting on the private sector and developing its own resources, in providing health services, through the construction and rehabilitation of 27 rural hospitals and the Rafic Hariri University hospital (500 Beds) in Beirut however have been real gaps in these projects.

The issue of high healthcare cost is a threat to the "Health for All" policy: **overall health expenses have reached 1.996 billion USD in 1998, which is equivalent to 12.32 % of Lebanon's GDP. This is much higher than the proportion in European countries.**

The price is usually paid by the poor, the socially marginalized, such as women and children. It is worth mentioning that the increase in health care expense was not accompanied by a development of basic services in the regions. Specialists are concentrated in the main cities, and there are 167 hospitals in Lebanon with 11.533 beds, of which 12% are public hospitals and 10% public beds; the total number is 2.88 beds for every 1.000 citizens which is the highest percentage in the Middle East. However, the **distribution of care is highly unequal: there are 6.55 beds for every 1000 citizens in Mount Lebanon, compared to 0.86 in Southern Lebanon.**

In Lebanon, with such a large number of private hospitals and projects undertaken by the Ministry of Health, we should ask a question: Where do we go now? Who is responsible for the health of the Lebanese: the public sector or the private sector? Is it the civil society? What is the role of NGOs in the field of health and relief?

II. HEALTH FOR ALL: CIVIL SOCIETY INVOLVEMENT IS THE KEY OF CHANGE

As I explained it, the situation of health care is quite bad. However, civil society is playing a very important role in providing health services to the most vulnerable population.

A. CIVIL SOCIETY ROLE AND BEST PRACTICES

Civil society responds to the people's needs when the state is unable to address them itself. The democratic system provides a legal framework for non-profit institutions to work. However, the government sometimes looks at the people behind such movements not only as troublemakers (for supporting topics like eco-friendliness, democratic elections, social welfare, or health services) but as "dangerous" actors like organized crime.

1) Volunteering

No matter the different reasons for volunteering, in the end they all relate to people's needs. Voluntary organizations often **represent the bridge between the people and the state, including groups advocating causes relating to development, freedom, and equality and "protesting, opposing, and speaking on behalf of the community"**. They are also considered an essential part of the civil society that allow people to be engaged, express their opinions, meet their needs, develop their own capacities, and control their own lives. In brief, these organizations are the tools of solid human resource development. To do so, civil society organizations follow various organizational patterns. Some of them are affiliated with organized and stable structures. Others are extremely cautious when it comes to their autonomy, while the rest follow prominent leaders, both political and religious.

Today, one out of two adults in Lebanon is directly connected to a social organization or NGO. These connections to civil society have serious influence in Lebanese society as a whole. Giving to a particular cause is an "important part" of the culture of the community (for both residents and expatriates), especially regarding religious institutions.

In Lebanon, volunteers are the foundation of the civil society, but there are no sound studies on this matter. However, voluntary work expanded widely during the 1980s and 1990s, as it started to have a tangible impact in areas that were initially restricted to the government's formal

sector. This expansion has undoubtedly risen in light of the general climate, which was focused on limiting the interventional and central role of the government in order to emphasize the role of the private sector and push towards the adoption of a strategy of economic restructuring. All this was greatly beneficial for marginalized social groups, which highlighted the new and significant role of the civil society and its institutions - of which voluntary work forms a significant part.

From there, **humanitarian action has passed through four phases**. French and British colonialism in Asia and Africa was based on the **missionary spirit** of Rudyard Kipling's "white man's burden". In the 1960s and 1970s, **self-determination of peoples** and the **movements towards colonial independence** was marked by the Vietnam War, the Palestinian occupation and the emergence of resistance movements. After the fall of the Berlin Wall, free market became the global rule and with it, the golden rule that the rich would be getting richer and the poor poorer. At that time, civil society organizations were considered by the UN as a **third sector, highly technical** and necessary to deal with the devastating consequences of neo-liberalism that came against social justice for the peoples.

Today, **with the Arab Spring and "Indignés" movements in the West** due to the global financial crisis, there is a **window of opportunity for the peoples' needs** and causes to be put back in the spotlight, thanks to voluntary work and action. This is where **Amel Association International stands today in Lebanon**.

2) The example of Amel Association International

Amel is a non-sectarian Lebanese NGO which was created in 1979 after the first Israeli invasion in South Lebanon in 1978 and operated throughout Lebanon during its 15-year war.

Since its creation, Amel has kept its independence and its own identity in a situation of humanitarian emergency. Lebanon was then a country facing a fratricidal war. South Lebanon was occupied by Israel. The fact that Amel has worked effectively for over 30 years in these regions, with the different communities, while still working for more rights and quality services, is in itself a success. During the civil war, as the country was divided in communitarian areas and when citizens risked their lives in simply going from one place to another, the Amel Association has started to work in regions with different confessions and political orientations.

As the different militias fought, and as the International Committee of the Red Cross was forced to close, Amel was opening community development centers across Lebanon. During the war, Amel opened multiple centers for Palestinian refugees in order to provide its services to Palestinians as well as Lebanese, regardless of sectarian divides. Besides its emergency humanitarian action, Amel also focused its action on development projects.

Today, even if the war has ended, the Lebanon is unstable and the day to day life is marked by the communitarian divisions and the international conflicts. In this situation, which is full of inequality and discrimination underneath a weak state, the **Amel Association continues its involvement for the promotion of equality and freedom of expression for everyone.** In a Lebanon undermined by political corruption and the confessional system, Amel has developed itself and expanded across the Lebanese territory, independent from all the political and/or sectarian movements. We have created a **parallel trend which is dedicated entirely to equal development, dialogue, acceptance of the others as everybody wants to reach the same objective: to live as better as possible, far away from the inequalities and the unfairness.**

The vision of Amel is based on a **participative approach** which is **respectful of human rights for all and which leads to social and economic autonomy for local populations.**

The association has adopted the slogan: **“Positive thinking and permanent optimism”** in order to gather all the efforts of everyone and to solidify actions in the field. The strategy of Amel is based on **offering quality services as the platform of the development programs**, gaining a people’s respect and trust in order to reinforce their **culture of rights and concept of citizenship.** We work for the promotion of civil rights for all citizens without any sectarian, socio-economic or political distinction.

Our services fulfill fundamental needs like health and education, which allow citizens the ability to live and express themselves as citizens of a community. Amel made the decision to be involved with the people while also holding a constant dialogue with Lebanese political authorities in order to reinforce the peoples’ knowledge and to promote **tolerance and dialogue.** Communication between different communities is in the center of Amel’s concerns. In a country where there are 18 sects living together, the Lebanese of one group still ignoring the others, a situation

which reinforces preconceived ideas and prejudices. This is obviously very bad for national unity and the chances of development and peace.

Amel’s involvement in the **deprived regions of Lebanon and with exploited refugees and migrant workers is based on our will to promote the fundamental rights of all the people and to really act in order for these rights to become a reality.** While working with people in the field, Amel has built a relationship based on trust and has acquired strong and lasting support. Our association works constantly with **youth and children** in order to involve them as fundamental members of the civil society.

We base our actions on the conviction that change is possible if we recognize its long term aspects. We need to use our experience, our resources, and an optimistic spirit to mark the way. As an association with human values, Amel has always taken part to the promotion of human rights.

With our theory of the “3P” - Principles which define a Position that we put into Practice - Amel aims at building a prosperous and democratic Lebanon where all people, regardless of their confession, their political ideology, and their socio-economic conditions, can live in harmony. A Lebanon where citizenship would be a concept lived and shared by everybody, where fundamental rights (health, education, decent housing, etc) would be ensured by a rule of law which would leave citizens free to think, to believe, and to express themselves.

As I’m sure you can imagine, we have devoted considerable resources towards assisting the Syrian refugees coming across the border into Lebanon. With our partners’ support, since April 2012 we have assisted Syrian refugees in Lebanon by providing primary health care services, educational services, and psychosocial services and by distributing food and non-food items to more than 10.000 beneficiaries. Almost 100.000 Syrian refugees, including women and children, are now living in Lebanon. In this emergency situation, Amel is putting its principle into practice: **health for all, no matter their background.**

Within this context, I would like to underline the fact that Amel Association now has the **status of an international NGO.** We are now ‘Amel International’ in order to enhance our **collaboration with our partners in both South and North.**



To promote this dialogue, in April 2013 Amel will hold a conference on the universal right to health. It will gather actors from the North and from the South, all working together for universal access to healthcare. This conference will be a clear demonstration that the civil society from both North and South can and must collaborate for the well being of people everywhere.

And now, I’d like to devote a moment to the relationships between these NGOs.

B. THE NEW HUMANITARIAN ACTORS

Amel believes in a **united and committed partnership** for the fair cause of the people, avoiding the abuses of technical professionalism, excessive media coverage and charity business.

It is time to stop this **ineffectual industry of human rights as implemented by the Northern powers in order to justify their interventions and which worsens the gap between rich and poor.** It is time to come back to a

fair, equitable and sincere partnership between the North and the South, based on humanism and Human Rights values, in order to build a common future of solidarity and humanism. We in Lebanon have personal experience of this inequality:

During the 15-year war, we had the support of many NGOs such as MSF and MDM. We **witnessed the solidarity and humanitarian values** in the volunteers who had come to live with us during our conflict, who risked their lives every day alongside us. They were doing this without any motivation except solidarity and the generosity and, usually, they did not have any financial expectations.

After the end of the war in the 1990s, **things quickly changed.** We have seen the change of profile in the **humanitarians who have come to Lebanon.** They were paid well by Northern NGOs, and came expecting to change everything to their own expectations. They had diplomas, but more than everything else, they had no experience or understanding of the reality in the field. NGO representatives (from the North indeed) who became rich were the **new humanitarian actors and the adventurers of the 21st century.**⁴

We saw **the consultants and technical experts** who were sent by partnering NGOs in order to teach us our work. Often, they **didn’t have practical knowledge of the field themselves!** We met the **arrogance of representatives** from partners and funders, who pretended to know better than us about what should be done in the field and how.

Nevertheless, since its creation the Amel Association has served as the **bridge between the North and the South.** We have encouraged Northern organizations in Lebanon while clearly taking positions for **fair and equal relations between the North and the South.** Amel believes in the necessity of having a **fair and equal partnership.** It is only through this **partnership that** we will find the strength which will be able to bring countries from both the North and from the South to face their responsibilities.

III- HOW DO WE SHIFT FROM HEALTH TREATMENT TO PREVENTION AND CREATE

‘HEALTH FOR ALL?’

The challenge that the Ministry of Health, the private sector and voluntary bodies face in order to put theory into practice is the transition from treatment policy to prevention and health for all. More than simply treating diseases, preventing health problems from worsening is key to meeting the Millennium Development Goals.

I- Modernize the current health system. Lebanon’s health infrastructure is inefficient and provides care primarily to the rich, and it is threatening to collapse. The way to improve the health status for the low income population in Lebanon in particular (and for nations in general) is to surpass the therapeutic approach of healing diseases and move to the view adopted by the World Health Organization: emphasizing primary health care to ensure health for all. This means breaking the strong divisions between different disciplines of medicine and focusing on nationwide policy efforts.

II - Adopt a sophisticated administrative structure for the Ministry of Health that takes its specialized nature into account. The ministry will need more flexible regulations, which would allow department directors to accomplish their tasks more easily and attract efficient health personnel. It would also need to ensure that its health policy covers all of the Lebanese regions, especially rural ones.

III- Adopt a health map for Lebanon based on the instructions of the World Health Organization, in order to redistribute tasks among state institutions and the civil and private sectors.

IV- Apply an integrative approach between the public and the private sector and NGOs. While the Ministry of Health needs to play the role of regulator for the health sector and to maintain public institutions, as the private sector will not effectively provide services for the whole society unless the state institutions are eligible and able to regulate it properly.

V- Reduce the hospitalization costs to improve health status, one of the elements of sustainable development, through:

A – Compliance with the **flat rate** for surgical interventions approved by the Ministry of Health, as is the case in many countries.

B - Find alternatives to hospitalization: (**One Day Clinic**) adopted and developed by many countries. The United States and European countries have done so already, and this simple measure led to approximately 30% in cost reduction, while still covering about 50% of hospital services.

C - To identify cases for hospitalization by the specific diagnosis, i.e. adopting the principle of **Diagnosis Related Groups (DRG)** - with a specific financial maximum amount. Any amendment requires the approval of the guarantor.

D - **Reducing hospitalization** if there are no medical needs. Implementing this policy alone can reduce the cost of health spending by 30-40%.

E - Adopting the concept of **home care** (as is the case in France, where there are 2 large state-owned companies that handle home health care, which allows the French state to achieve significant reductions in hospitalization costs). This is an area where the private sector can easily make a profit and assist society as well, particularly in large urban and remote rural areas.

F – Referring a **family doctor** as an intermediary between the patient and the specialist doctor, which would help limit the abuse of some health services. In the case of adoption of compulsory health insurance as part of the solution for the health system (as is the case in the U.S.) insurance companies compete by offering better services and lower prices.

G - In order to better organize this vital area for all the Lebanese: development of a national system of hospitalization with one of the **fundamental pillars**: standardization of hospital funds, and to support and activate the public sector hospital, and activate the system, the establishment of public institutions to manage the public hospitals in the Mohafazats. Development of a plan programmed for the dissemination of health insurance to all Lebanese citizens, and adoption of the principle of participation in the cost of health services by citizens.

VI - Develop a national drug policy to respond to health care needs, and to develop appropriate legislation to implement this policy and for the adoption of lists of essential drugs. Accelerate the implementation of the national work of the Office of the drug.

VII- A modern organization of NGOs, to enhance their role in primary health care through the **reorganization of clinics**, where they are dispensed from what is a plus, introduces what is necessary, mobilize all energies in the direction of the implementation of the national health plan, in an inclusive innovative and creative way and with the involvement of all energies actors. Re-distribution of tasks between the public and private institutions; arranging conditions of the centers and clinics in both the legal and regulatory frameworks. Seek with the Ministry of Health to find the appropriate legislation adequate to the nature of the activity.

VIII - Consider these trends as a strategic plan to implement the Millennium goals for health that were supposed to be achieved, and achieving in 2007, half the goals for child and maternal mortality that were supposed to be and halting the spread of HIV, malaria and other diseases. Also improve the health status of people, in general, as one of the indicators for human development

Social media and the impact of the digital revolution on volunteering

Modern communication tools have played an important role in the Arab Spring, and spread too many Arab countries, as well as other countries in the world. In the era of globalization and unlimited technical development, social media has become an outlet to individuals and groups, particularly those of young people. It brings up the latest developments to which they relate, and opens to them the doors of dialogue and debate about matters that were not raised extensively in the print media time. Social media is published in electronic pages on the web, and through the follow-up, interaction and his comments, the visitor (actually browser) becomes active on the field, transferring and commenting on the latest events happening.

CONCLUSION

The health sector is in crisis. People have a longer life expectancy, which means that the cost of health maintenance is becoming increasingly high. There is a growing global need for more equipment and medicine. Access to health care is becoming more of a burden: the issue was already mentioned at the WHO summit in 2000, and our aim is to generalize this access to Health care services and to work on blending commitment and professionalism, at a time of general collapse.

The Middle East remains one of the most unstable parts of the world, especially as the effects of globalization have become synonymous with a war of religions, chaos, extremism and fundamentalism. This situation comes along with the hardening of the colonial spirit and silence of some countries, especially the U.S. administration, in speaking out for the Palestinian people’s rights and the rights of Arab peoples protesting.

In the face of the globalization of capital, there is a need to globalize the social struggles and to consider development, including the right to health, as a central theme. We need to reconsider the policy of structural adjustment,

which led to the collapse of the credibility of countries in the East and West, and to the outbreak of ethnic and religious disturbances. We also need to reconsider the International financial institutions - the World Bank, International Monetary Fund, and the World Trade Organization, among others - that adopt these policies. There is a dire need to strive to establish a better world order, based on clear rules that meets the peoples’ needs and aspirations for a decent and safe life; a global system based on providing the vital needs of people based on justice and freedom.

The “Dictatorship Market” will require a long struggle. The voice of the liberals in the world - that is your voice, Brothers and Sisters - is a force towards this. There are fundamental challenges for the future of Lebanon: eliminating poverty, illiteracy and unemployment and providing the right to health; reducing migration and fighting the gap between the regions and between social groups, among many problems. We need to catch up with the cultural development of the Arab region, and this can only be achieved through the democratization of development. This should be based on the involvement of the various forces and social groups, including the civil society, in defining policy choices on the economic, social and local levels.

To achieve this objective, we need to cooperate with the outside world and the Arab world and get out of fear to engage in a participatory and interactive relationship of equality. The empowerment of democratic institutions is the second pillar in the process of development, which requires a culture and society of tolerance. We also need to promote civic participation and build the rule of law and institutions, as well as changing the role of the citizen, to redefine his relationship with the state and strengthen the role of the judiciary and its independence.

Perhaps most importantly, we need to fight corruption, to create mechanisms for transparency, accountability and respect for the role of legislative authority and rationalize the political culture, and to maintain and expand political pluralism to ensure freedom for civil society.

Lebanon and the Arab world are in dire need for these two pillars to initiate the process of development for the future, as the world is becoming closer and more interdependent, and as the regional coalitions

Approach has become a characteristic of this century.

New Lebanese and Arab systems represent a basis for

“Democratic development”, and “empowerment of democratic institutions,” capable of achieving social justice, freedom, and reaching a position in the new world order.

Starting with these two pillars in Lebanon and the Arab world also requires the end of the vicious circle of violence, wars and occupations that have financially drained this region, in order for civil society organizations, including voluntary bodies to play the role of a partner in the development process. They need to undertake a monitoring of their performance and programs, and to work on strengthening the mechanisms and practices of democracy within the organizations themselves, and to develop a strategic vision for a general role and to not make circumstantial temporary and incomplete campaigns. They also need to give priority to the most vulnerable social groups and respond to their needs instead of addressing to the donors, and to deal with the causes of health and social problems, rather than dealing simply with the results.

The policy that has been led in by politicians in Lebanon has caused an economic and ethical crisis, and made the target of democracy hard to reach. Even though Lebanon is abiding by the trends of economic globalization that respond to the characteristics of the Lebanese economy, with the problems and crises here, the country addresses the economic crisis, with the same policies that caused the crisis. The requirements of development are participation and interaction of actors through the development of a social contract for development, one which offers participation for the forces of civil society, the private sector and the government in future projects in order to develop a compromise that respects the country's present and future interests.

In one world we must work for one future for one people, and a fair distribution of wealth among - In Lebanon and the Arab world, we need to promote and provide social justice and health for all through the democratization of development and empowerment of democratic institutions and a generation of young men and women leading the Arab movement, which inspired the “angry movement” in the world, for democracy, freedom and social justice.

Today, globalization is a phenomenon which affects the entire world. We are going towards one world, which means one future.

It means that solidarity between the civil societies and the states is urgent. However, I'm still optimistic and I have

my reasons.

The Arab revolutions which were launched recently by the Youth, who protested peacefully, even though they were supposed to represent potential terrorists, are giving us great lessons regarding the advantages of globalization. In fact and thanks to the Internet and the media, they have been able to get mobilized and to make themselves heard. They are an example, not just for all the Arab countries, but all for the Occident. They have demonstrated that it is not sufficient to use force and oppression to impose a destiny which was decided by the dictatorships of their country and supported by the Occident. They have demonstrated that the new generations will not accept inequality, humiliation and deprivation of their fundamental rights. They put an end to the injustice and they are announcing the beginning of a new era, a fair world where the Palestinians will have the right to live in dignity on their land and where all the Arab countries and Occident will be free from the oppression of the multinationals and the States, under their power.

The Indignant Movement which is being developed more and more and which is inspired by the Arab Spring will lead us towards a fair globalization, a fair repartition of the wealth, a fair world and a State which will go back to its regulation role.

Amel has been involved in this path, in collaboration with the civil societies of the North and of the South. We are actors of the solidarity, with a one-to-one basis approach. We can work together through a real and equal partnership, for a fair and a human world.

NGOs in the North and the South must always work together against “economic globalization” and its devastating impact on the planet, and build a Global Alliance for an alternative globalization which is rather “the globalization of humanity” or “globalization of solidarity” with the most vulnerable people, ensuring the right to “Health for All.

In conclusion, I address my deep thanks to my friends and colleagues in “Access”, to these elite, the pride for us at the ethical, professional and humanitarian levels. Let's work together towards the partnership between civil society organizations in the north and south, in order to become a model through a nucleus of partnership between “Access”, “Naama” and “Amel” and **play the role of Catalyst for a more fair and just world.**



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