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Arab NGO Network for Development  
شبكة المنظمات العربية غير الحكومية للتنمية



AMERICAN  
UNIVERSITY OF BEIRUT  
FACULTY OF HEALTH SCIENCES

# FOREWORD

## ACCOUNTABILITY FOR A HEALTHY SOCIETY

*Roberto Bissio*

A thousand years ago, the physician, mathematician, and philosopher Ibn Sina, known in Europe as Avicenna, defined health as a balanced state and disease as the result of not maintaining such equilibrium. In his monumental work *Al-Qānūn fī al-tibb* (The Canon of Medicine), Ibn Sina, set the basis of modern medicine and established seven principles for the preservation of health: “moderation of temperament; choice of food and drink; depuration of superfluity; protection of the body; purity of the inhaled air; proper clothing; balance of physical and psychic movements, sleep and wakefulness.”

In the 14th century, Ibn Khaldun offered in his “Muqaddimah” insights about the nexus between population pressure, weather variation and environmental degradation, food security, and public health that are surprisingly relevant today. He wrote that the principal reason for diseases is the corruption of the air by overpopulation, and the putrefaction and the many evil moistures with which the air had contact (in densely populated cities).

Those views are at the basis of modern medicine and Avicenna’s Canon was used in European schools of medicines well into the 17th century. The notions of health as a balance of physical and psychic aspects, the emphasis on prevention to avoid disease and the need to balance urban life (civilization) with a healthy environment (purity of food, water and air) are still relevant today.

The postulations made by these early philosophers are consistent with the Right to Health (established in 1948 as a Universal Human Right), the International Covenant on Economic, Social and Cultural Rights (1966) and also the more recent recognition, in July 2022, by the General Assembly of the United Nations that a clean, healthy, and sustainable environment is a human right. In 2015, the 2030 Agenda committed all governments to achieve a set of goals, including SDG3, that promises to “ensure healthy lives and promoting well-being at all ages.”

But despite this solid body of international law, and policy commitments, the reality of health in the world is far from those standards. While in the 46 countries classified by the UN as “least developed” more than four children out of one hundred born alive die before their first birthday, in the developed countries that rate is five per thousand: eight times smaller! More than eighty per cent of the population has been vaccinated against COVID-19 in OECD countries as of March 2023, but only 58% in the Middle East, and barely 37% in Africa (The New York Times 2021).<sup>1</sup>

And yet the health performance of countries does not correlate strictly with their income. Chile, Costa Rica and even the now bankrupt Sri Lanka had higher life expectancy than the United States in 2021.<sup>2</sup> Chile and Costa Rica achieved those results with per capita expenditures on health of around one thousand dollars a year each. Sri Lanka spent 151 US dollars per capita in 2020, while the United States had surprisingly poor results while spending 11,702 US dollars per capita on health in 2020.

The reason for this paradox would be obvious to anyone remembering the seven principles of Ibn Sina. You cannot expect better health results out of more money spent on medicines and hospitals when your air and water are polluted, your food is of poor nutrition and quality, and your daily life lost its balance with nature. To make matters worse, in the past few decades, health budgets have displaced prevention and primary care in favor of expensive treatments of diseases that could have been avoided with healthier food and lifestyles.

The COVID-19 pandemic dramatically showed the inadequacies of policies that dismantled public health services and substituted them for privatized facilities in the name of efficiency. Instead of supporting public services, which is the recognized way of ensuring the realization of economic and social rights, the World Bank has argued that universal health systems unfairly subsidize the rich. As a result of World Bank

<sup>1</sup> The New York Times. 2023. “Tracking Coronavirus Vaccinations Around the World.” [Link](#).

<sup>2</sup> World Bank. 2023. “Data Bank – Health Nutrition and Population.” [Link](#).

conditionalities, instead of being a common public good, health and education become services provided for profit to those that can afford them and through “focalized” subsidies for the poor. Without proper accountability, those services for the poor become poor services.

During the pandemic, the weakened health systems were overburdened, and the real cost was dramatically shifted onto the shoulder of women, that constitute all over the world the absolute majority of paid and unpaid care providers. A recent study by the Economic Commission for Latin America and the Caribbean of the UN has shown that “investment in care is not only necessary, but also economically viable and sustainable” and the multiplier effect of such investment in the economy can be even greater than that of the construction of physical infrastructure, generating more tax returns and jobs, particularly for women.<sup>3</sup>

But investment in care and prevention, even when it makes economic sense, is not a profitable business for corporations and thus requires to be pursued with active public policies. The pandemic dramatically exposed the failure of global markets. Inequalities have grown between countries, as evidenced by the blatantly unfair distribution of vaccines, and within countries, as shown by the impoverishment of the majorities and a simultaneous increase in the number of billionaires everywhere.

This Arab Watch report contributes to the ongoing global debate on health and care policies and exposes multiple policy failures at national and regional level, resulting from domestic tensions and global trends. As the sixth report on Economic and Social Rights, it is a valuable source of information and analysis from practitioners, academia, and civil society organizations.

But the main value of this report goes beyond its content and lies in its process. The Arab Watch is the result of the invisible history of consultations, networking, and coalition building that made it happen. And in that regard, the public launching of the report is not its end, but the beginning of its life as an advocacy tool. By strengthening civil society in its key role of making the powerful accountable, this report is contributing to better health policies, and making governance more democratic and healthier.

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*Roberto Bissio is Coordinator of the Social Watch*

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<sup>3</sup> Scuro, L., Alemany C., & Coello Cremades, R. (Coords.). 2022. “Financing Care Systems and Policies in Latin America and the Caribbean: Contributions for a Sustainable Recovery with Gender Equality (LC/TS.2022/134), Santiago, Economic Commission for Latin America and the Caribbean (ECLAC)/ United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women).” [Link](#)