

Health as a Global Common and How It is Addressed in The International Community: Perspectives from the Ethics of Care¹

La Salud como Bien Común Global y su Abordaje en La Comunidad Internacional: Perspectivas desde la Ética del Cuidado

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Abstract: The global explosion of the last pandemic has rekindled the debate on the need to consider health as a global common good. Therefore, the aim of this article is to present the relationship between universal health coverage as a possible safeguard policy – although subject to criticism – to face the vicissitudes that health, understood as a global common good, is going through in the post-pandemic world era. Thus, a review is made of the concept of global health and the implications of universal health coverage of drugs, treatments and supplies, understood as common goods. Finally, the opportunity to establish an ethics of care with a global perspective that nurtures a new approach to the subject from a paradigm based on the inalienable respect for human dignity is discussed.

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Resumen: La explosión mundial de la última pandemia avivó nuevamente el debate vinculado a la necesidad de considerar a la salud como un bien común global. Por ello, este artículo tiene como objetivo presentar la relación existente entre la cobertura universal de salud como posible política de resguardo –aunque pasible de críticas- para afrontar las vicisitudes que atraviesa la salud entendida como bien común global en la era mundial post pandemia. Así, se realiza un recorrido por el concepto de salud global y las implicancias de la cobertura universal de salud de medicamentos, tratamientos e insumos, entendidos como bienes comunes. Por último, se trata la oportunidad de establecer una ética del cuidado con perspectiva global que nutra un nuevo abordaje de la temática desde un paradigma asentado sobre el respeto inalienable de la dignidad humana.

Palabras claves: Salud Global. Bienes Comunes. Cobertura Universal de Salud. Ética. Cuidado.

1. Introduction

The worldwide explosion of the pandemic in Wuhan, caused by the rapid spread of the Sars-Cov-2 virus, rekindled the debate on the need to consider health as a global common good, given that it has all the characteristics of a common good, thus changing the meaning of the traditional notes that had been attributed to health as an individual good, linked to exclusivity and rivalry (PELLIGRA, 2020).

The appreciation of health as a common good – an intermediate category between private and public goods (CLACSO, Observatorio Social, 2021); implies that no one can be excluded from its enjoyment, although its individual consumption will be exhausted with the passage of time (REVELLO, 2019), confronting it with the paradox posed by Garret Harrin (1968) in relation to the conflict between the rationality of individual interest and the irrationality of the consequences that the former entails (OSTROM, 2020).

In this sense, human health becomes especially important not only because the quality of life depends on it but also because of its particular fragility (MOORE; CATELLA; ABBOTT, 2017), so it requires protection and

active guardianship without falling into the classic dichotomy: privatization *vs.* stateization (CLACSO, Social Observatory, 2021).

However, in the globalized society, these solutions are shown to be limited (NAVARRO, 2018) generating a transformation in common goods and giving them a global dimension whose effect transcends the borders of States (ANTONIO, 2013). In the case of health this would mean ensuring its quality in the millions of people living in each of the States that make up the entire world (ROSA, 2013) but without being tutored in the proper way by resorting to the instruments of the market or national authorities (TERESA, 2014).

Today, the post-pandemic scenario calls for progress along these lines, recognizing health as a global common good and assuming that it is insufficient to guarantee access to health for citizens within the limits of the State, but that it is necessary to move towards universal health coverage (PELLIGRA, 2020), although balanced and fraternal, where everyone is safe or no one is safe (VIDAL, 2020).

It also shows that health costs – from an economic point of view – were not distributed equally (PUCHETA, 2020). The greatest impact fell on the most impoverished sectors and countries whose fragility and vulnerability in access to medication, health treatments and public health has been a pending debt for years (PUNTE, 2020) despite its express recognition in the international human rights system (TERESA; CARMEN, 2014).

The globality of the assumed crisis invites to rethink the conditions of community life, social action and the distribution of health goods and resources within a new horizon of fraternity (SANCHEZ DE LA IGLESIA, 2020) so that – from a prospective vision – it is possible to build a future based on a new anthropological paradigm (VALLEJO, 2020) of ethical relationality (YACARINI, 2020) capable of influencing the normative and institutional framework after a participatory and global cultural and transformative work (SVAMPA; VALE, 2020).

Therefore, the aim of this article is to present the relationship between universal health coverage as a possible safeguard policy -although subject to criticism- to face the vicissitudes that health, understood as a global common good, is going through in the post-pandemic World Era, through a path that starts with the concept of global health, It continues with the implications of universal health coverage of medicines, treatments and supplies, understood as common goods and, finally, it deals with the opportunity to establish an ethics of care with a global perspective that nurtures a new approach to the subject from a paradigm based on the inalienable respect for human dignity.

2. Health as a Global Common

The concept of global health began to take shape in the 1950s due to its recognition in the international instruments signed after the last post-war period.⁵

Influenced by globalization and the interdependence between mankind that this brings, it has been accompanied by various damages to health, which begins to manifest itself with the 2001 crisis (DOMINGUEZ, 2015) motivating the emergence of a growing awareness about it.

This "awareness" begins to manifest itself with the Millennium Development Goals (FUKUDA-PARR; YAMIN; GREENSTEIN, 2014), with the adoption of which the States intended to reduce inequalities in access to health, the distribution of health resources and errors in the global

⁵ An example of this is the Declaration of Human Rights, the International Covenant on Economic, Social and Cultural Rights and many other universal and regional instruments that recognize the human right to health and its exercise in conditions of equality and without discrimination. These make up the international human rights system, which requires the States subscribing to the treaties to adopt all those legislative, administrative and technical measures necessary for the effective realization of the right to health without hiding behind the present weakness of the international regulation linked to the scarce enforceability of the right to health before the jurisdictional bodies of International Law; a deficiency that must be overcome by the domestic law of the States (NAVARRO, 2018).

governance of health (DOMINGUEZ, 2015)⁶ and is "reinforced" through the SDGs with the supra-state creation of a Platform for monitoring and follow-up of the Global Health Framework Convention in order to achieve universal health coverage (VANDEMOORTELE, 2014) in both northern and global south countries (SOUSA SANTOS, 2017).

However, the last Public Health emergency of International Concern (PHEIC), while showing the insufficiency of the global alliance in this sense, brought about a current of thought that seeks to establish a specific perspective of global health understood as a common good (PELLIGRA, 2020) that responds to the criterion of global justice, that guarantees the legitimate exercise of social rights and equity through specific axes that promote the construction of a new public health model (PUCHETA, 2020) within the existing cultural and political diversity at the global level (VIDAL, 2020), that abandons the hegemonic position (KNAUL et al, 2013) and proposes changes capable of redirecting the current models with criteria of locality and fraternity (FRANCISCO, 2020).

This position defines it – then – as a holistic and integral understanding with a critical socioecological and participatory approach (GARELLI; DUMRAUF, 2021) that articulates the biological, ecological, social, cultural and symbolic dimensions. Seen in this way, it is a common good, whose care is the shared responsibility of all the inhabitants of the "common home" (MACHADO ARÁOZ, 2020) and whose implications involve recognizing the limitations of the effort initiated by international health conceived in a traditional way (MENENDEZ, 2020)⁷, having the acuity and

⁶ The economic-financial crisis unleashed between 2001-2002 due to the decline in the volume of world trade in goods influenced the strict field of health in the distribution of resources in health policy, the implementation of governmental plans and inequality in access to health, questioning the concept of ethics in the development of high-cost health programs and opening the field to think about health in terms where the social dimension in all its complexity is contemplated (MICHELLI; LOPEZ; OTERO ZÚCARO, 2008).

⁷ Where production and consumption patterns and economic and social determinants condition the health of individuals and peoples, a situation that entails a necessary awareness of the vulnerability of the human species that requires collective responses that

ability to implement new strategies to address the social determinants of inequality (RIKAP et. al 2020) and seek a renewed scenario to change international relations, power relations in the world and institutional arrangements in countries in such a way that they are capable of fostering a universal and citizen democracy conceived in human rights, solidarity, reciprocal interest, humanitarianism and equity (SOLIS TORRES et. al, 2020).

3. Universal Health Coverage

From this perspective, the need to have an instrument to respond to the contingencies that the population is going through appears as an international health problem -together with the pandemic- which implies guaranteeing people the possibility of accessing the health services they need without causing them financial difficulties⁸ (PONS RAFOLS, 2020).

Promoted by the WHO/OMS after the publication of the World Bank report presenting those global financing mechanisms (WBG, 2020) considered necessary by this organization to address the health crisis (PERAZZO, 2022)⁹, the proposal implies investment in "human capital and economic growth" (OMS, 2022)¹⁰ to enable access to affordable primary care to end poverty and

should be based on the unity of the human species, solidarity among peoples and strengthened multilateral cooperation among States (ALDANA ROSILLO, 2022).

⁸ In addition, the taxation of the economy related to public health problems should be considered, in addition to strengthening, reviewing and progressively updating the social protection systems linked to public health (CEPAL, 2022).

⁹ As stated when considering the MDGs, universal health coverage is an integral part of the SDGs. 3.8 by which it seeks to "[...] achieve universal health coverage, including financial risk protection, access to quality essential health services and access to safe, effective, affordable and quality medicines and vaccines for all." (DOMINGUEZ, 2015) (t/n.: Quote in Spanish, translated by the translators).

¹⁰ The healthcare sector is one of the most important sectors of the world economy and represents 50 million jobs (QUIROS, 2022). In this regard, the WHO/OMS (2022) is committed to a global strategy of both expanding the number of health workers and the hierarchy of the health workforce by 2030 by offering UN Member States policy solutions in terms of training, regulation, retention and optimization of the skill mix of the health workforce, among other things.

increase equity and shared prosperity (VELASCO et. al, 2022) through services ranging from health promotion to prevention, treatment, rehabilitation and palliative care (OMS, 2021).

This conception – contradictory in its formulation – (FRANCO GIRALDO, 2016) ignores the current socio-ecological crisis (YACARINI, 2020) aggravated by the prevailing social class and ethnic-racial inequities – mostly in the countries of the global south (SOUSA SANTOS, 2021), the pressures coming from the monopolies of the pharmaceutical industry¹¹ and the intellectual property regime that affects the human right to health and access to medicines, resources and technology (SERCOP, 2015)¹², which hinders the certain, real, concrete and timely possibility of universal health coverage with all that this implies (PERAZZO, 2022).

In this sense, the ecosocial theory (ZÁRATE CUELLO; CUESTA; ARIAS PINEDA, 2020), which links health with socio-cultural and historical factors – if addressed – would make possible the authentic implementation of this measure with a holistic and integral approach (WILLIAMS BECKER, 2020). According to this approach, the development of healthy environments is necessary because if the environment is not adequate, neither will be human biology, lifestyle and the organization of service care (LEÓN, 2020).

From this position, in order to move towards universal health coverage, it is necessary to strengthen health systems in all countries without structuring them solely on the basis of monetary financing ¹³ (LÓPEZ;

¹¹ The top twenty laboratories known as Big Pharma, mostly from the European Union and the United States, account for more than 60% of total global pharmaceutical industry sales (PERAZZO, 2022).

¹² The TRIPS Agreement (1995) remains the primary mechanism by which a global multilateral body as the WTO imposes the interests of the pharmaceutical complex on states, societies and health systems, especially in those countries dependent on pharmaceutical imports in the South. These patent and licensing rights on products, vaccines and pharmaceuticals effectively impose the trade and profit of multinational and national pharmaceutical companies on collective health (FRANCO-GIRALDO, 2016).

¹³ The current structure requires solid financing, which is understood to be based on credit, the gain that makes access possible to those who can afford to pay for health care, creating disadvantages between and within States due to the unequal division of health care resources (PERAZZO, 2022).

SANTOS; SANMARTÍN, 2015) whether public or private (PERAZZO, 2022). If the population has to pay for most of its health expenses by its own means, those in vulnerable situations will be unable to obtain many of the services they need, and even the "rich" would be exposed to financial difficulties in the event of serious or prolonged illness.¹⁴

The Covid-19 pandemic has dramatically highlighted the interconnection¹⁵ between the human right to health and the criteria and forms of distribution of the resources¹⁶ it implies and the absence of protection against dominant interests.¹⁷

The "communality" of health also requires – also – another organization of health practice transcending the provision of services, whose accessibility implies an adequate interconnection between all levels of care, overcoming the classic hierarchical and bureaucratized state structures,

¹⁴ In the contemporary world in which there are "so many iniquities and more and more disposable people deprived of basic human rights" ethics leads to the principle of justice and solidarity to strive for the common good (VIDAL, 2020) which means making decisions based on "[...] a preferential option for the poor" (FRANCIS, 2015) with intragenerational, intergenerational and global aspects (SACCHINI, 2019).

¹⁵ The intergenerational dimension emphasizes that the economic and social problems of the present cannot be solved without taking into account the guarantee of the foundations of life for future generations (LATOUCHE, 2009).

¹⁶ Solidarity and justice, both intra and intergenerational, nowadays also require to be thought not only within national states or inter-state relations but also as global justice, which requires institutions that act as effective subjects of the demands of equity at a global or interdependent level to favor and protect global public or common goods (SZTULWARK, 2020). Effective ways and instruments are needed for global governance (ZÁRATE CUELLO; CUESTAS; ARIAS PINEDA, 2020).

¹⁷ Therefore, sustainable development (ALONSO BEDATE, 2013) must be complemented by eco-solidary development, which radically challenges the idea of infinite or unlimited growth, which has so excited economists, financiers and technologists. It supposes the lie of the infinite availability of the planet's goods that leads to squeezing it to the limit and beyond the limit (H.H. FRANCIS, 2015).

complemented by a supply of services¹⁸ that does not exclude anyone or generate rivalries through their consumption (ECLAC, 2022).¹⁹

4. Ethics of Care with a Global Perspective

The various situations described, the prevailing world²⁰ situation and the consequences they bring about show the need to rethink a moral response²¹ that takes into account all the circumstances and actors involved.

In this sense, a possible response comes from the theoretical/discursive construction presented as "ethics of care"²² which "requires sitting down to think and discuss about the conditions of life and survival of a society, with the honesty to question models of development, production and consumption" (H.H. FRANCIS, 2015) with openness towards categories that transcend language and connect with the essence of the human (WILLIAMS BECKER, 2020)²³ building bridges.

¹⁸ Improving health services coverage and health outcomes also implies the availability, accessibility and capacity of health and care workers to provide quality, integrated, people-centered care. The Covid-19 pandemic, which initially disproportionately affected health care workers, has highlighted the need to protect health and care professionals, to prioritize their training and employment, and to promote partnerships to provide them with decent working conditions (PERAZZO, 2022; QUIROS, 2022).

¹⁹ Digitalization in healthcare is transforming medical care and, consequently, fostering the emergence of companies with "innovative digital solutions" that favor consumerism, jeopardize the data protection system for those used and promote the concentration of this "digital transformation" in the hands of those who prevail in the market (MARTÍNEZ VERDE, 2022).

²⁰ The war unleashed between the Russian Federation and Ukraine has generated an international crisis whose effects have not only exacerbated the disruptions present in the production, trade and transportation systems but have also increased the economic and social impacts of the pandemic, making the massive support that has been provided – since 2020 – to compensate for them insufficient (CEPAL, 2022).

²¹ Jonas (1997) writes: "the moral obligation of men to the next generations and to the natural world does not imply reciprocity. Include in your present choice the future integrity of mankind as the common goal of your will" (t/n.: Quote in Spanish, translated by the translators).

²² The ethics of care refers directly to the exercise of caring, which is an indispensable requirement for the development, growth and maturity of any human life – in order to live it with dignity (LLANO, 2002).

²³ There are two cultures, which seem to be unable to communicate: the economic and the humanistic: if it is accepted that this lack of communication is one of the reasons that make

The bridge metaphor expresses the idea of communicating and allowing interaction, through a common space, between separate points that may constitute an obstacle to "human progress". Current structures were conceived and cultivated by the will of the modern spirit as separate spaces, by virtue of a metaphysical belief or dogma that decouples knowledge, the world and fundamental human rights (ARANA, 2008). That separation is no longer sustainable (DONADÍO MAGGI DE GANDOLFI, 2019).

Therefore, we propose a Global Ethics based on the already described paradigm of care that takes into account in a special way man in the relational context that he establishes with the physical, social and mental environments in which he lives (PORTELA, 2017), which is respectful of his nature, *i.e.* his ontology based on his intrinsic dignity (WILLIAMS BECKER, 2020).

The pandemic traversed leaves the teaching that as long as the distribution of goods is strongly unequal, it is "perfectly compatible" with our current geopolitical and economic system, given that it is centered on national political units, and – the distribution of evils – can only be seen with a cosmopolitan gaze. Thus, the panorama contemplated with such a view is truly disheartening (PELLIGRA, 2020).

The most fundamental call is to get out of the despotic anthropocentrism (BERGOGLIO, 2010) proper to modernity, belief and attitude by which the hegemonic conception that man "can handle everything" is maintained (LUKAC DE STIER, 2019).²⁴ In synthesis the paradigm of dominance must be radically overcome by a paradigm: of care (DIAZ, 2017).²⁵

us doubt the possibility of the future of humanity, possibly by building a bridge between these two cultures we will build a bridge to the future (LLANO, 2002).

²⁴ This statement responds to the thought that it is up to man to dominate creation and the species in the manner of an all-powerful king who subjugates his subjects without considering other ends than his own interests (HABERMAS, 2002).

²⁵ Care, as part of existence itself, takes place in everyday life and in all the spaces in which a person lives and develops; it is a type of relationship that one has with all that one loves (John Paul II, 1995); it is an essential characteristic of the human condition, therefore it is

Men cannot solve the economic, political, social, cultural and health problems of the global community (DONADÍO MAGGI DE GANDOLFI, 2019), but through communion, fraternity and solidarity (LUKAC DE STIER, 2019) they can provide what cannot be achieved through economic plans, political programs and legal regulations (PUCHETA, 2020) to facilitate beneficial processes for the sustainable²⁶ development of the present and future global common health.²⁷

Care – then – is not just any ethical attitude; it is the fundamental ethical attitude, the basis of ethical awareness of personal dignity, respect for the rights of people, healthy political coexistence, recognition of differences, a healthy environment, have their foundation in the care of oneself and the relationships that are maintained with the other (human and non-human) (SVAMPA AND VIALE, 2020).²⁸

5. Perspectives

The health pandemic experienced helps to reason what happened trying to overcome the national perspective, because it is true that each country went through partially different stories, but they are all part of the same global event, which equals and makes us understand, in an

as old as the human species and in this sense every person has the capacity to care (John Paul II, 1997).

²⁶ Sustainable development is understood as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs" (POTTER, 1988) (t/n.: Quote in Spanish, translated by the translators).

²⁷It appropriates human and social realities that reflect an ethical problem that points to a crisis of values that sustain sustainable development and the common good (VIDAL, 2019) and is based on the most basic feeling of interindividual life: respect (CAPÓ; DRANE, 2014). Without respect for the other: nature, other people, a genuinely ethical behavior would be impossible (FINN; O' FALLON, 2017).

²⁸ In the relation with the earth that one inhabits, such care also implies "respect for the rhythms inscribed in nature by the hand of the Creator" (H.H. FRANCIS, 2015), just as we respect the various rhythms that shape life: the rhythms of personal learning, of loving relationships and friendship with other people, of the political processes through which a people struggles to achieve peace and development.

unprecedented way, the dimension of humanitarian interdependence at the planetary level (PELLIGRA, 2020).

Given these circumstances, the member states of the United Nations have agreed to strive to achieve universal health coverage by 2030 at the latest in the framework of the achievement of the so-called SDGs.

However, this pact does not contemplate primary health care, which meets 80-90% of the needs of the population throughout their lives (PERAZZO, 2022) and adds up to a mismatch, worldwide, of eighteen million professionals between active health personnel and those who would be needed today to ensure universal health coverage (QUIROS, 2022).

It also faces the stark reality that nearly half of the world's population lacks comprehensive access to basic health services (ECLAC, 2022) within which it is estimated that about one hundred million people turn to extreme poverty by having to pay for health services out of their own pocket and that about 12% spend at least 10% of their household budget to pay for health services (FERRARI, 2022).

The scenario is set and awaits change. Any change needs motivation and a moral educational path. This is not exclusively dedicated to denouncing the prevailing degradation, to informing about the rights and duties of citizens from the ecological responsibility or to promoting good practices but tries to think what are those virtues that make possible those habits that must be cultivated by every inhabitant who intends to make care one of the primary objectives of his action in the world (REY LEMA, 2019).

The task is ahead and there are those who personally and communally are already involved in it. We will have to try to promote among all and from different areas (each one where he/she can) an authentic ethical behavior that effectively helps to grow in solidarity, responsibility and care based on compassion (ARAOS, 2018).

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