##### ‘Health for All’ in an Unequal World: Obligations of Global Bioethics

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“Today, instead of health for all, we have health for some. … We all have a solemn responsibility to ensure that today’s declaration on primary health care enables every person, everywhere to exercise their fundamental right to health.”

(Tedros Adhanom Ghebreyesus, Director-General, WHO. Oct 25, 2018, Astana)

“The notion of human right builds on our shared humanity. These rights are not derived from the citizenship of any country, or the membership of any nation, but are presumed to be claims or entitlements of every human being.”   
(Amartya Sen, [The Idea of Justice](https://www.goodreads.com/work/quotes/6804593) )

**Introduction**

The theme of the joint 14th World Congress of Bioethics and 7th National Bioethics Conference Congress ‘Health for All in an Unequal World: Obligations of Global Bioethics’ is of critical relevance in the present global context. Although the world is better off in terms of improved health status of people by many measures compared to earlier times, there exist gaping gaps across and within populations. Report cards, if one were to do of various multi-lateral agencies and governments across the world, would suggest that much needs to be done to respond to preventable plight of people around the world for lack of access to health care, poor quality of living and working conditions, and deteriorating quality of overall environment which affects more adversely the already worse off people.

Against this backdrop, we take this opportunity to note a few observations about the status of affair on this front, and offer brief analytical insights into complex causes that explain the global health scenario that is characterised by disparities. We revisit the original conception of bioethics to suggest that this conception of bioethics is well placed to respond to the current global crisis of inexorably widening disparities in health and wealth, and that global bioethics has an obligation to engage with this crisis at hand.

T**he significance of the congress theme in the year 2018**

The congress theme holds a special significance in the year 2018 which marks decadal anniversaries of a number of landmark documents which either conceptualised the notion of ‘health for all’ or contributed to such a conceptions. First, year 2018 marks the 70th anniversary of the Universal Declaration of Human Rights (UDHR), of 1948, which laid the foundation for seeking the highest attainable standards of health. Secondly, year 2018 also marks 40 years since the Declaration of Alma Ata (DAA) of 1978, in which the world pledged “Health for All by 2000 AD”. During this year of 40th anniversary of DAA, World Health Organisation (WHO) steered a series of consultation to review the progress made on the DAA commitments. These consultations have culminated into countries around the globe signing on Oct 25-26, 2018, yet another document namely, Declaration of Astana (DoA).

Aspirations and motivations behind these declarations remain commendable and laudable. However, over these past decades, failing to meet the targets set by such declarations is remarkably common. For example, the Alma Ata Declaration, 1978 missed the target of ‘health for all’ by the year 2000; the eight Millennium Development Goals set in 2000 to be met by the year 2015 failed to do so. As a result Sustainable Development Goals have been set in 2015 to be met by the year 2030.

Later, we have briefly touched upon some of the foundational constraints of meeting such targets in a sustained manner.

**Scale of health inequity and its implications**

Despite several gains in health research, discoveries and healthcare, the global community has not been able to achieve equitable health care eco-systems. Health inequities have persisted despite the spectacular advances in health sciences. For example, at least half of the global population lacks access to essential health services (WHO, World Bank Group, 2017). About a quarter of children under five are malnourished, more than 260 million children and youth are not in school, and 60 percent of primary school children in developing countries are still failing to achieve minimum proficiency in learning. In too many places, governments are failing to invest in their populations. (Kim, 2018). Over 2 billion people live in countries where government health spending from domestic resources is less than US$25 per capita, roughly a fifth of what is needed to meet SDG3+. (World Bank, 2018). In all countries, health spending is riddled with inefficiencies and inequities. (World Bank, 2018, WHO, 2010). Yet almost 10 million children continue to die of preventable causes under the age of 5 each year and many millions more continue to be poorly nourished, inadequately educated, uncared for and with grossly stunted potential for maturation and achievement of self-sufficiency (Storrs, 2017).

The statistics on six parameters globally accepted to know the status of disparities – maternal mortality, death rate under 5, life expectancy at birth, per capita income, annual per capita health care expenditure, and number of physicians per 100,000 people – continues to be of inexorable scale within and between populations. (WHO, 2015, 2015a, 2015b).

**Emerging challenges adversely impacting the aspiration of ‘health for all’**

Wars & conflicts, displacement – inter and intra, disasters – natural and manmade, epidemics, shrinking natural resources & over extraction of nature resources, increasing risk to biodiversity, increasing corporatization, growing unorganized sector, breakdown in the ecological balance, air and water pollution, occupational health hazards, unaccountable industry sector, migration – inter and intra national borders & continents, and deforestation are the problems on our face regardless of where we are located across the globe. Climate change, unprecedented corporatization, nexus between political class and corporate entities on matters that are directly or indirectly linked to health and health care, and overall the manner in which neo-liberal conception of development continues to have its stronghold are deeply connected to each other in complex ways. They continue to adversely contribute to structural injustices. Much known and discussed equities continue to remain and are reflecting in the newer areas.

Some staggering statistics help us appreciate the scale and spread of these issues. For example, according to United Nations High Commissioner for Refugees (UNHCR) data, an unprecedented 68.5 million people around the world have been forced from home. Among them are nearly 25.4 million refugees, over half of whom are under the age of 18. (UNHCR, 2018). Nearly 1 person is forcibly displaced every two seconds as a result of conflict or persecution and an estimated 10 million stateless people have been denied a nationality and access to basic rights such as education, healthcare, employment and freedom of movement. (UNHCR, 2018).

The public health crisis and emergencies due to Ebola and later Zika that emerged and prevailed longer than was expected, along with many other ethical challenges, have foregrounded global inequities and the plight of vulnerable populations due to inadequately developed and organized national health systems of the affected countries. This can be attributed to state players and multi-lateral agencies ignoring the commitment of investing in making health systems robust and comprehensive and instead focusing on single disease intervention and over emphasis on health technologies as ‘magic bullets’ to address all problems.

The data on a number of other facets of our eco-system mentioned earlier would also underscore the state of affair which requires our attention.

**What explains the challenges and threats to achieving ‘health for all’**

We consider the Alma Ata Declaration as reference point for this conversation since it was for the first time ‘health for all’ was globally talked about. The DAA continues to be a bold for its explicit recognition of health as a fundamental human right and primary health care as essential one and must be universally accessible. It was the call for action by the governments to protect and promote the health for all as it believed that it is the responsibility of governments for the health of their people. It did not make any reference to private sector or partnerships with business entities. Over the past few decades as the neo-liberal ideologies shaped up the development discourse including the one on health and health care, the commitments of the governments for their peoples’ health in the DAA have been extensively watered down. Here are some of the examples:

First, the World Development Report of 1993 entitled ‘Investing in Health’ is considered as one of the landmark and influential documents by the World Bank. Interestingly however, it was critiqued by diverse community of scholars identified with different schools of political ideologies and development. Amongst others, some critiqued that report for health sector reform being regressive and damaging for it was characterized by privatization, decentralization, structural adjustment policies (SAPs), and imposition of user fees.

Secondly, both the Sustainable Development Goals document of 2015 and now the Declaration of Astana of Oct, 2018 emphasize the private entities in meeting the goal of universal health coverage (and not health care, the commitment in the DAA). By doing this these document underplay the responsibility of governments in achieving primary health care for all. By doing so it also dismisses the state’s obligation of honouring people’s right to health as human rights.

The Declaration of Astana emphasizes the role of health technologies in achieving the goal of affordable health care for all. However, there is little evidence to support such a claim, especially when the health technology industry is largely a private sector affair driven by economic growth keeping in line the principles of running any business.

Today, the critique of documents such as WDR 1993 stands to be vindicated both by empirical research findings and substantive discourse in this area. We note an example from Indian context. Chakravarthy and colleagues (2017) demonstrate that in India it is the withdrawal of the state from healthcare, transformation of healthcare into a commodity, and promotion of the private healthcare sector by the state. This has led to an unregulated health industry - trans-national pharma, equipment, insurance, and other health corporations - that is aggressively seeking expansion and profits from the provision of healthcare, and attracting investments by global finance capital. The overall healthcare market in India was estimated to be $100 billion (2015), and expected to grow to $280 billion by 2020, an unprecedented annual growth rate of 22.9 per cent.

The rising commodification and corporatization of health care, the international pro-industry regime of intellectual property and the collapse of the public health systems in many parts of the world, are the manifestations of the inability of the current neoliberal order to address the ever accentuating crisis in health and in other arenas. Accompanying these trends is a global order where governance for health is being held captive by private foundations and corporations.

Because health and wealth are closely connected and private entities have grown to be dominant players in health care provision in the contemporary neo-liberal context, we note a couple of statistics comparing wealth of corporate sector and governments. Johnson (2018) notes a finding by Global Justice Now (GJN), a UK based campaign group: “When it comes to the top 200 entities, the gap between corporations and governments gets even more pronounced: 157 are corporations… Walmart, Apple, and Shell all accrued more wealth than even fairly rich countries like Russia, Belgium, Sweden.”. He further notes that such a concentration of wealth with a small number of corporate entities lends them power to influence policy in their favor and skirt accountability.

Generally speaking, it would not be an overstatement to say that often times the root causes of disparities are side tracked in an effort to find quick fixes. It is noteworthy that rich scholarship in development discourse evolved over the past couple of decades and critique by wide based people’s movement from around the world has been persistently questioning the development model motivated by economic and consumption growth which makes ‘sustainable development’ notion untenable by any standards regardless of how we may approach it. There is a small constituency from within bioethics or global health ethics which has contributed to this discourse over the past about two decades. For example, Benatar and Bensimon (2006) had proposed a “… paradigm shift toward a new metaphor that develops sustainability, rather than sustains development.” (pp: 59). This already provides a base for global bioethics to build on and pursue this discourse.

**Revisiting and revitalizing the original conception of bioethics in the context of ‘health for all’**

Against this backdrop, is it relevant to pose a question if bioethics discourse has any obligations to engage with these areas, particularly in relation to ‘health for all’ pursuit? The question we ask is: are enough of us doing enough to engage with all the emerging matters, issues and concerns which have implications for the wellbeing of human society conceived comprehensively, broadly and inclusively? What could be these areas? How do we justify them to be part of bioethics discourse? Do we need to further expand the scope of bioethics discourse? Relevance of these questions may depend upon the conception of bioethics. Does that warrant rethinking the conceptual understanding of bioethics or does that warrant reminding ourselves the ‘all-encompassing conceptual framework and notion of bioethics conceived by scholars like Fritz Jahr, the German theologian, Van Rensselaer Potter, the American biochemist and an oncologist much earlier?

Fritz Jahr published three articles in 1927, 1928, and 1934 using the German term “Bio-Ethik” (which translates as “Bio-Ethics”) and forcefully argued, both for the establishment of a new academic discipline,  and for the practice of a new, more civilized, ethical approach to issues concerning human beings and the environment. Jahr famously proclaimed his bioethical imperative: “Respect every living being, in principle, as an end in itself and treat it accordingly wherever it is possible,” (1927: 4). It becomes apparent that Fritz Jahr’s bioethical imperative included not only animals, but plants as well. Van R Potter reiterated a similar conception of bioethics later in 1970.

Over time, the discipline of bioethics, like any other discipline, has grown in its scope in response to the fast paced changing contexts of health, health care, health care technologies. It would not be an overstatement to say that bioethics discourse has largely been able to maintain its pace of engagement with the changing contexts and emerging issues in this domain. The ethical issues we confront in the changing contexts are either old ones requiring revisiting as the existing bioethics discourse is insufficient to respond to or they could be entirely new ones requiring fresh thinking, and newer analytical approaches. Bioethics is a rich, fascinating and ever evolving discipline. It has embraced within it traditional framework wide ranging topics such as abortion, reproductive ethics, end of life care, research ethics, the doctor-patient relationship, genetic manipulations, allocation of resources, and global health ethics.

In some other parts of the world, particularly resource limited settings, peoples' movement and justice related matters shaped the bioethics discourse. Often, 'bioethics' was not used in those conversations, deliberations and advocacy initiatives aimed at legal and policy reforms founded on and shaped by principles of equity and justice. Overtime, globally, boundaries of bioethics are expanding and yet the field largely remains confined to medical ethics. It is a matter of urgency that bioethics brings in its fold wide ranging issues and concern which adversely affect human being and the larger environment of which we are only a part. A concept such as 'one health' which brings in animal kingdom in bioethics discourse is an example. As well, climate change which is visibly affecting the overall health of our planet is being viewed as bioethics issue. Similarly, issues that are to do with urban planning, also have implications for the wellbeing of the society as a whole and health of our planet. Extensive work both at the level of developing discourse and implementing interventions is underway outside the field of bioethics in these areas.

**Obligations of the global bioethics**

If we agree on the problem at hand, the analysis of the problem and its causes, and the broader conception of bioethics as a field of enquiry, we argue that the global bioethics ought to squarely engage with this foundational crisis of the 21st century and its oddity against the backdrop of strides the field of health sciences have been credited for, especially in the areas of high end health technologies which either are not affordable to all or relevant for health concerns of a few around the world. The contemporary crisis runs the risk of adversely impacting existing human capital and poses serious threats to our future generation and our planet. A revitalised bioethics discipline ought to strengthen and expand discourse in the areas of ‘equity’, ‘justice’ and ‘solidarity’ to raise and deliberate challenging philosophical and political questions relating to all pervasive injustices and inequities.

We believe that original conception of bioethics enables us to respond to this crisis via multidisciplinary engagement to take into account macro, meso and micro level context. It would create spaces to look into areas of enquiries which have remained at the periphery. These areas warrant more attention and a central place in the contemporary global bioethics – which some label it as global health ethics - discourse. The need to locate the discourse on health inequities in the broader context of the conception of development (mis) guided by economic and consumption growth models has not been ever so urgent than now. This, we hope, would help connect the dots with the larger eco-system – social, environmental, developmental, structural determinants of health – of which ‘human health’ is only part of. This is because this conception appreciates interdependence and interconnectedness across populations, countries; beyond human health to planetary health.

“Fostering the ethics of greater cooperation, mutual respect, deeper democracy, solidarity and enhanced social justice could facilitate the development of sustainability as a maxim of wisdom and praxis. Ultimately however, such progress requires the transformation of political power, as well as policies that are grounded in new ethical commitments.”. (Benatar et al 2018).

**The congress**

Against this backdrop, the congress platform, especially plenaries conceptualised around the main theme, is expected to facilitate intersectional and multidisciplinary conversations from diverse philosophical traditions, approaches and perspectives.

*Plenaries*

Five plenaries have been conceptualised based on our experiential knowledge and understanding of the issue at hand as health activists and being part of the people’s movement, and as academics; and drawing upon the extant scholarship from within the broader discipline of bioethics about the obligation of the global bioethics towards closing the colossal gaps in equitable access to health care.

Across five plenaries, participating colleagues and friends will be able to listen to and engage with about 15 to 20 scholars, activists from across the world who will be presenting views centre-staging the congress theme. The cross over plenary on Dec 5 will bring to the table a feminist analysis and struggles for health for all, including deliberations from the FAB pro-congress taking place on Dec 3 and 4, 2018 on “Confronting inequality in health and health care: global challenges and feminist responses”.

*Parallel tracks*

During the two and half days congress, there will be a number of parallel tracks for conducting in-congress workshops, full-length paper presentations, rapid rounds, and poster presentations on the wide ranging issues from within the field of bioethics. These are the ones which have been selected from the a little over 500 high quality submissions we received.

*A Parallel Arts Festival*

In keeping the tradition of the WCB platform and with the theme of the Congress, the Health and Humanities Division of St. John’s Academy of Health Sciences, has curated an eclectic collection of events which focusses on reflective ethics and its embeddedness in everyday life, especially those on the margins in our unequal world. The field of ‘ethics in health’ needs people to relate to the emotive and broader ethical constructs and lived realities that impact health. The medium of film, theatre, literature, poetry, art and dance is not only a powerful means of communicating complex ethical issues but also allows for inter-disciplinary understanding and a respect for plurality, because “ethics is a fluid discipline, not something a person learns once and then never revisits” (Wocial 2010).

The Festival includes film screening, forum theatre, performative pieces, installations, exhibitions and poetry on resilience and illness, the struggles for survival of the marginalised and on mental health. A guided walk through the S.L. Bhatia Museum of the History of Medicine highlights key historical events that raised ethical conundrums; and a literary roundtable with Indian writers focuses on the development of the reflective narrative to better understand the human condition. Interpretative classical and contemporary dance as expressions of creativity specially focussed on the Congress theme, and the premiere of ‘Monsters in the Dark’ a play scripted by Bangalore Little Theatre based on Siddharth Mukherjee’s ‘The Emperor of all Maladies’ will be performed on the two evenings of the Congress.

We hope the arts festival will help trigger the moral imagination to encourage bioethical discourse across cultures and disciplines.

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