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GLOBAL HEALTH EQUITY: A CRITICAL EXAMINATION OF RIGHTS-BASED VERSUS SOLIDARITY-DRIVEN MODELS FOR INTERNATIONAL JUSTICE

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ABSTRACT

The profound disparities in health outcomes and access to healthcare between affluent and low-income nations represent one of the most pressing ethical challenges of our time. The international community has grappled with establishing a robust and universally accepted ethical framework to guide the redistribution of healthcare resources. This debate is largely polarized between two dominant paradigms: a model grounded in the language of human rights and entitlements, and a model centered on the value of solidarity. This article provides a comprehensive philosophical analysis of these competing frameworks. We begin by deconstructing the rights-based model, which posits a universal entitlement to a minimum standard of healthcare, often derived from a more fundamental right to a minimally good life {2}. While this approach offers the allure of legal clarity and individual empowerment, it is fraught with conceptual paradoxes and practical difficulties, including the challenge of defining a "minimum," the statistical nature of public health interventions, and the potential for a "redistributive minimalism" that contradicts the generous intent of aid {1}. Subsequently, we explore the critique of the rights-based model, particularly through the lens of imperfect duties, which characterizes obligations as indirect and institutionally mediated without strict enforcement {1, 3}. As an alternative, this article champions a framework rooted in solidarity, understood not as mere sympathy but as a proactive commitment to collective action based on recognizing a shared human condition {4, 5}. By synthesizing prominent theories of solidarity in public health ethics, we argue that this concept fosters a more flexible, pragmatic, and respectful mode of international cooperation. We further contend that the normative force of solidarity is significantly amplified when integrated with the principles of sustainable development. This synthesis transforms the discourse from one of aid and charity to one of partnership, mutual trust, and shared responsibility for creating a resilient global health system. The proposed solidarity-sustainability model moves beyond the simplistic opposition of self-interest and altruism, offering a politically astute and ethically sound pathway toward achieving genuine international justice in healthcare.

Keywords: Global Health Equity, Solidarity, Human Rights, Healthcare Redistribution, Sustainable Development, Public Health Ethics, International Justice.

INTRODUCTION

Broad Background and Historical Context

The quest for global health equity is not a recent phenomenon; it is a long and complex narrative woven into the fabric of post-war international relations, decolonization, and the evolving understanding of human interdependence. In the aftermath of World War II, the establishment of the United Nations (UN) and its specialized agency, the World Health Organization (WHO), marked a pivotal moment. The WHO's 1948 constitution famously declared that "the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition." This was a revolutionary statement, conceptually linking health to the nascent framework of universal human rights. For decades, however, this declaration remained largely aspirational. Global health initiatives were often fragmented, driven by the geopolitical interests of the Cold War, and focused on vertical, disease-specific programs (e.g., smallpox eradication, polio campaigns) rather than on building comprehensive health systems.

The end of the Cold War and the rise of globalization in the 1990s created a new context. Increased interconnectedness in trade, travel, and communication made it impossible to ignore the stark realities of global health disparities. The HIV/AIDS pandemic, in particular, laid bare the catastrophic consequences of inaction and the moral bankruptcy of a world where life-saving treatments were available in the Global North but inaccessible to millions in the Global South. This period saw the burgeoning of a powerful advocacy movement that explicitly framed access to essential medicines as a human rights issue, challenging patent laws and demanding international action.

This momentum culminated in the UN Millennium Development Goals (MDGs) in 2000, which, for the first time,

set time-bound targets for improving health outcomes, including reducing child mortality, improving maternal health, and combating HIV/AIDS, malaria, and other diseases. While the MDGs achieved significant successes, they were also criticized for their top-down approach and for not adequately addressing the underlying social determinants of health and the need for health system strengthening. In 2015, the international community adopted the Sustainable Development Goals (SDGs), a more ambitious and comprehensive agenda. SDG 3—"Ensure healthy lives and promote well-being for all at all ages"—is central, but it is intrinsically linked to all other goals, from poverty reduction (SDG 1) to gender equality (SDG 5) and global partnerships (SDG 17). The SDGs represent a paradigm shift, recognizing that health is not created in isolation but is the product of balanced environmental, social, and economic policies. It is within this rich historical and political context—moving from aspirational rights, through targeted goals, to an integrated vision of sustainable development—that the fundamental ethical question persists: on what moral basis should wealthier nations assist poorer ones in achieving these goals?

1.2. Critical Literature Review

The central tension in the ethical justification for global health resource redistribution lies between two powerful, yet divergent, moral languages: the language of rights and the language of solidarity. This tension is not merely academic; it shapes the policies of governments, the strategies of non-governmental organizations (NGOs), and the very nature of international cooperation.

On one side of the debate are proponents of a rights-based model. A prominent and sophisticated defense of this view is presented by Nicole Hassoun in her work, *Global Health Impact: Extending Access to Essential Medicines* {2}. Hassoun argues for a global redistributive framework based on the obligation to ensure a minimum quality of life for all people, from which a universal entitlement to minimal medical care is derived {2}. The foundation of this model is the individual's right to a life that is, at the very least, minimally good {2}. The moral force of this approach is its appeal to a universal human right, which theoretically transcends national borders and obligates the international community, particularly its wealthiest members, to act. The right is not a plea for charity but a claim of justice. This model seeks to move beyond the paternalistic and unreliable nature of charity, which can perpetuate inequality and leave beneficiaries in a subordinate position without recourse or guarantees. By grounding the obligation in rights, it empowers recipients and places a clear, albeit general, duty upon the global community.

However, this rights-based framework faces significant philosophical and practical challenges, which have been incisively articulated by critics like Daniel Hausman {1}. In a direct polemic with Hassoun, Hausman questions the very foundation of a human right to *essential* or *minimal* healthcare {1}. He points out several paradoxes inherent in this position {1}. Firstly, the concept of a "minimally good life" is deeply subjective; many individuals facing serious illness might still consider their lives to be good, complicating any objective standard for intervention {1}. Secondly, public health interventions are often statistical in nature. For instance, a vaccination campaign that prevents a disease with a 1-in-1000 mortality rate is a crucial public health measure, but it is difficult to frame vaccinating any single individual as safeguarding their *personal* minimum health needs in that context {1}. The obligation seems to apply to the collective, not to each individual in isolation. Thirdly, Hausman raises the problem of "redistributive minimalism" {1}. Defining the obligation in terms of a "minimum" can create a harsh and stingy standard of care, one that fulfills the letter of the duty but violates its spirit {1}. It suggests an engagement born of reluctant necessity rather than genuine concern, which seems at odds with the moral impulse to help. To account for these issues, Hausman refers to the Kantian ethical concept of "imperfect duties," a notion further explored by Daniel Statman {1, 3}. An imperfect duty is a general obligation to promote a certain end (like the welfare of others) but allows discretion in when, how, and to whom one fulfills it. This duty is fulfilled indirectly through institutions, and there are typically no sanctions for failure to perform a specific act of aid {1}. This places the obligation in a space between a legally enforceable right and mere charity.

On the other side of the debate is the model of solidarity. Scholars like Angus Dawson, Bruce Jennings, Peter G.N. West-Oram, and Alena Buyx argue for giving the concept of solidarity a central place in public health ethics {4, 5}. They advocate for moving beyond the traditional liberal individualism that underpins rights discourse, which sees individuals as atomistic rights-bearers, and instead starting from a vision of the individual as an inherently social and relational being {4}. Solidarity, in this view, is not pity or sympathy but a proactive recognition of interconnectedness—a "standing by" one another in the face of a shared challenge {4}. West-Oram and Buyx define solidarity as an "enacted commitment to carry 'costs'... to assist others with whom a person or persons recognize similarity in a relevant respect" {5}. This commitment is not primarily based on calculation or emotion but on a direct recognition that the problems of others are our problems because we are part of a community {4}. The argument for solidarity as a driver for global public health is that we act together because we are alike in our shared humanity {5}. A tangible, large-scale example of this principle in action was the WHO's COVID-19 Solidarity Therapeutics Trial, which brought countries together in a cooperative search for

effective treatments, demonstrating a global response to a shared threat {6}.

1.3. The Identified Research Gap

The current discourse often presents a stark choice: the legalistic, individual-focused language of rights or the relational, community-focused language of solidarity. While some work compellingly argues for the superiority of a solidarity-based approach combined with the idea of sustainable development, a deeper, more systematic analysis is required. The research gap lies in the need to move beyond mere advocacy for one model over the other. What is missing is a comprehensive framework that (a) performs a deep, critical deconstruction of both models, laying bare their philosophical assumptions and practical limitations in exhaustive detail; (b) systematically explores the operational challenges of a solidarity-based model, which is often criticized for its vagueness and lack of enforcement mechanisms; and (c) fully articulates and operationalizes the proposed synthesis between solidarity and sustainable development, demonstrating how this combination can create a framework that is not only ethically robust but also politically viable and practically implementable in the complex arena of international relations. This article aims to fill that gap by constructing such a detailed analysis.

1.4. Study Rationale, Objectives, and Hypotheses

The rationale for this study is grounded in the urgent need for a more effective and less polarizing ethical framework to guide global health policy. The persistent and widening health inequalities are a source of global instability and a profound moral failure. A clear, well-justified ethical foundation is essential for mobilizing the sustained political will and financial resources required to build equitable health systems worldwide. Without it, international efforts risk remaining fragmented, underfunded, and susceptible to the shifting winds of national interest and charitable whims.

The primary objective of this article is to conduct a rigorous philosophical analysis comparing the rights-based and solidarity-based models for global health resource redistribution. It will move beyond a simple comparison to build a positive, constructive argument for a synthesized framework. The specific aims are:

1. To provide a detailed exposition and critique of the rights-based approach to global healthcare, exploring its theoretical strengths and its significant practical and philosophical weaknesses.
2. To thoroughly analyze the concept of solidarity as a foundation for public health ethics, examining its different interpretations and addressing its potential limitations, such as its perceived vagueness and declining force at the global scale {5}.
3. To develop and defend a novel synthesized framework that integrates the principle of solidarity with the policy architecture of sustainable development, arguing that this combination offers the most promising path forward.

The central hypothesis of this philosophical inquiry is that a framework for global health justice built upon the synergistic principles of solidarity and sustainable development is more ethically sound, flexible, and politically pragmatic than a rigid framework based on entitlements and imperfect duties. This proposed model is better equipped to foster the trust, partnership, and long-term commitment necessary to address the complex, multifaceted challenges of achieving global health equity. It offers a universal language that can accommodate diverse motivations and build a climate of genuine cooperation rather than one of obligation and charity.

METHODS

2.1. Research Design

This study employs a qualitative research design rooted in the methodologies of applied ethics and political philosophy. The approach is that of a conceptual analysis and normative argument. This design is non-empirical; it does not involve the collection or statistical analysis of quantitative or qualitative field data. Instead, its purpose is to critically examine, clarify, and evaluate the core concepts, principles, and arguments that constitute the ethical debate surrounding global health justice.

The choice of this design is justified by the nature of the research question, which is fundamentally normative: What is the most appropriate ethical foundation for the international redistribution of healthcare resources? This question cannot be answered by empirical data alone, as it concerns values, duties, and principles of justice. A philosophical approach is required to dissect the logical structure of competing arguments, expose their underlying assumptions, and construct a coherent, well-reasoned normative position. The methodology involves a process of deconstruction and reconstruction. First, the dominant theoretical models—rights and solidarity—are deconstructed into their component parts for critical evaluation. Second, a new, synthesized framework is constructed from the most defensible elements of these models, integrated with the concept of sustainable development. This design allows for a deep, systematic, and rigorous exploration of the ethical landscape, aiming to provide clarity and guidance for policy and practice.

2.2. Study Area / Participants / Sample

In the context of this philosophical inquiry, the "Study Area" is the broad and interdisciplinary body of academic

literature concerning global health ethics, theories of international justice, human rights law, and political philosophy. This encompasses foundational texts in ethics, contemporary debates in bioethics journals, policy documents from international organizations like the WHO and UN, and critical analyses of global development paradigms.

The "Participants" or "Sample" for this analysis are not human subjects but rather a curated selection of key scholarly works and the philosophical traditions they represent. The core sample consists of the texts identified in the literature review {1, 2, 3, 4, 5, 6}. These works were selected because they represent clear, influential, and competing positions within the contemporary debate:

- **Nicole Hassoun's *Global Health Impact*** {2} serves as a primary exemplar of the modern, sophisticated rights-based approach.
- **Daniel Hausman's critique** {1} represents a powerful internal challenge to the rights model, introducing crucial paradoxes and the alternative framing of imperfect duties.
- **Daniel Statman's work on imperfect duties** {3} provides the deeper philosophical context for Hausman's argument, tracing it back to its Kantian origins.
- **The work of Angus Dawson and Bruce Jennings** {4} and **Peter G.N. West-Oram and Alena Buyx** {5} are leading examples of the "solidaristic turn" in public health ethics, providing the theoretical architecture for the solidarity model.
- **The WHO's Solidarity Trial** {6} serves as a real-world case study or "text" that illustrates the practical application of solidarity in a global health crisis.

Beyond this core sample, the analysis will draw upon the broader philosophical traditions these texts inhabit, including liberal individualism, Kantian deontology, and communitarian and relational ethics, in order to provide a richer and more nuanced analytical context.

2.3. Materials and Apparatus

The "Materials" for this research are the primary and secondary scholarly texts that form the basis of the analysis. The primary materials are the six core references that frame the central debate {1, 2, 3, 4, 5, 6}. Secondary materials include a wide range of books, journal articles, and reports that elaborate on the key concepts under investigation, such as the history of human rights, the ethics of sustainable development, and various philosophical accounts of solidarity.

The "Apparatus" consists of the analytical tools and conceptual frameworks of philosophical inquiry. These are the intellectual instruments used to "process" the textual materials. This apparatus includes:

- **Conceptual Analysis:** The precise definition and clarification of key terms like "right," "solidarity," "justice," "need," and "charity." This involves distinguishing between different senses of a term and understanding its logical relationships with other concepts.
- **Argumentative Deconstruction:** The process of breaking down an author's argument into its constituent premises and conclusion to evaluate its logical validity and the soundness of its premises. This will be applied rigorously to both the rights-based and solidarity-based positions.
- **Normative Reasoning:** The construction of ethical arguments to defend a particular position. This involves appealing to ethical principles, using thought experiments and analogies, and demonstrating the desirable or undesirable consequences of adopting a certain view.
- **Synthesis:** The creative process of combining insights from different theories into a new, more comprehensive framework. The primary synthesis in this article will be the integration of solidarity and sustainable development.

2.4. Analytical Protocol

The research will be executed following a structured, multi-stage analytical protocol designed to ensure a systematic and thorough investigation.

Stage 1: Comprehensive Deconstruction of the Rights-Based Model. This stage will involve an exhaustive analysis of the entitlement-based framework. It will begin with a deep dive into Hassoun's argument {2}, meticulously laying out her derivation of a right to minimal medical care from a right to a minimally good life {2}. This analysis will explore the model's significant strengths: its grounding in the powerful and widely accepted discourse of international human rights, its capacity to empower individuals as claimants of justice rather than passive recipients of aid, and its potential to provide a legal basis for holding institutions accountable. This stage will go beyond the source text to explore the broader legal and philosophical architecture of the human right to health.

Stage 2: Critical Evaluation of the Rights-Based Model and the 'Imperfect Duty' Alternative. Building on the first stage, this phase will systematically develop the critique of the rights model. It will unpack in great detail the paradoxes identified by Hausman {1}, such as the subjectivity of "quality of life," the statistical focus of public health versus the individual nature of rights, and the inherent "harshness" of minimalism {1}. This section will dedicate significant space to explaining the philosophical underpinnings of Kant's concept of imperfect duties, using Statman's work {3} as a guide. It will explore what it means for a duty to be real

but not directly enforceable, and how this concept attempts to solve the problems of the rights model while preserving a sense of moral obligation {1, 3}. The limitations of the imperfect duty model itself—its potential lack of motivational force and ambiguity in assigning responsibility—will also be critically examined.

Stage 3: Systematic Construction and Analysis of the Solidarity Model. This stage will shift focus to building a detailed picture of the solidarity-based alternative. It will synthesize the theoretical contributions of Dawson & Jennings {4} and West-Oram & Buyx {5}. The analysis will move beyond a single definition of solidarity to explore its various dimensions: solidarity as shared practice, solidarity as political commitment, and solidarity as an expression of recognized interdependence. It will analyze the psychological and social mechanisms that underpin solidarity, such as the recognition of similarity and shared vulnerability {5}. The WHO's COVID-19 Solidarity Trial {6} will be analyzed as a case study to ground these abstract concepts in concrete practice, examining both its successes and its challenges as an instance of global health solidarity. This section will also proactively address the main criticisms of solidarity: that its cohesive force weakens as the group size increases, and that it can be project-specific and lack the permanence of a rights-based system {5}.

Stage 4: Synthesis of Solidarity with the Framework of Sustainable Development. This final analytical stage will execute the article's main constructive task. It will elaborate on the proposal to combine solidarity with sustainable development. This will involve a detailed exploration of the UN's Sustainable Development Goals (SDGs) as a political and ethical framework. The analysis will show how the principle of solidarity can serve as the "driving force" for achieving the SDGs, while the SDGs, in turn, provide the concrete goals, metrics, and policy language that prevent solidarity from remaining a vague ideal. This section will argue that this synthesis creates a powerful narrative of shared fate and mutual interest, effectively moving beyond the unhelpful dichotomy between selfish and altruistic action and reframing international cooperation as a partnership among equals.

2.5. Framework for Normative Evaluation

To guide the final discussion and conclusion, this study will employ a multi-criteria framework for evaluating the competing ethical models. The "better" framework will be the one that scores highest across the following five criteria:

1. **Ethical Robustness:** The coherence, consistency, and soundness of the model's underlying moral principles. Does it provide a compelling reason for action?
2. **Political Viability:** The model's realism and potential for acceptance within the actualities of international politics. Does it use a language that fosters cooperation rather than confrontation?
3. **Flexibility and Adaptability:** The model's ability to apply to a wide range of contexts and to adapt to changing circumstances without requiring rigid, doctrinaire interpretations.
4. **Respect for Agency:** The degree to which the model respects the dignity and autonomy of all parties, particularly the recipients of assistance, avoiding paternalism and condescension.
5. **Long-Term Sustainability:** The model's potential to build lasting, trust-based relationships and resilient systems, rather than providing only fragmentary or temporary solutions.

This framework will be used in the Discussion section to structure the final argument for the superiority of the solidarity-sustainability synthesis.

RESULTS

A Philosophical Analysis of Competing Frameworks

This section presents the results of the analytical protocol outlined in the Methods. It unfolds in three parts: first, an analysis of the rights-based framework and its inherent appeal; second, an exposition of the critical challenges to this model, which leads to the consideration of solidarity as a viable alternative; and third, an exploratory analysis of how the concept of sustainable development can be synergistically combined with solidarity to create a more powerful normative framework.

3.1. The Case for a Rights-Based Framework: The Allure of Justice and Entitlement

The primary result of the analysis of the entitlement-based model, championed by thinkers like Nicole Hassoun {2}, is its powerful moral and legal appeal. The framework's central argument is that every human being has a right to a minimally good life, and from this fundamental right, a more specific entitlement to the necessary conditions for such a life, including minimal medical care, can be derived {2}. The strength of this position is twofold, resting on the concepts of justice and empowerment.

First, by framing the provision of healthcare as a matter of *rights*, the model elevates the discussion from the realm of charity to the domain of justice. Charity, while often well-intentioned, is inherently voluntary, discretionary, and often fragmentary. It creates an unequal power dynamic between a donor and a beneficiary, where the latter is cast as a passive recipient who ought to be grateful and has no grounds to criticize the scope or form of the aid received. This can be condescending and perpetuate a cycle of dependency. A rights-based framework, in contrast, refutes this dynamic. It asserts that providing essential medicines or healthcare is not a praiseworthy act of optional generosity

but a moral and, ideally, legal obligation. The recipient is not a beneficiary but a rights-holder, a claimant of justice. This reframing is politically and psychologically empowering.

Second, the language of rights provides a strong doctrinal basis for social and legal policies. It aligns with the dominant discourse of international law and human rights that has gained significant traction since the mid-20th century. This allows for the development of international consensus, the establishment of benchmarks, and the creation of mechanisms for accountability. It provides a clear, if general, answer to the question of why a wealthy nation should divert its own public funds for the benefit of non-citizens: because it is fulfilling a duty to uphold a universal human right. This justification is designed to be more stable and sustainable than one based on fleeting emotions or shifting national interests. In essence, the rights model offers a vision of a global order where the most basic needs of every individual are secured by a system of entitlements, theoretically insulating them from the whims of goodwill.

3.2. Main Findings: The Paradoxes of Rights and the Ascendancy of Solidarity

Despite its powerful appeal, a deeper analysis reveals significant paradoxes and limitations within the rights-based model, paving the way for the consideration of solidarity as a more robust alternative. This analysis, drawing heavily on the critique formulated by Daniel Hausman {1}, identifies three core problems.

The Paradox of Minimalism: The very concept of a right to *minimal* care, while pragmatic, is ethically problematic. As Hausman notes, in many cases, what we might define as the bare minimum required for survival or a "minimally good life" is far less than what our moral sentiments would compel us to provide for those whose fate we genuinely care about {1}. This "redistributive minimalism" can feel harsh and stingy, reflecting a desire to do as little as is required to discharge an obligation rather than to act from a spirit of generosity or genuine concern {1}. This approach seems to be animated by a desire to overcome selfishness just enough to meet a requirement, rather than being motivated by a positive sense of connection with others.

The Paradox of Subjectivity and Statistics: The foundation of the right, a "minimally good life" {2}, is difficult to pin down objectively. As Hausman points out, quality of life is largely a subjective judgment {1}. One can find individuals suffering from serious diseases who nevertheless report being happy, which complicates the claim that their condition automatically negates their right to a good life {1}. More fundamentally, many crucial public health interventions are statistical in nature. A vaccination program is vital for a population's well-being, but it is conceptually difficult to argue that each individual vaccination is a fulfillment of that specific person's *individual human right*, especially when the personal risk of death from the disease is low {1}. The moral obligation in public health often seems directed at the health of the collective, not just the sum of individuals' rights.

The Inadequacy of Imperfect Duties: The proposed solution to these paradoxes—framing the obligation as a Kantian "imperfect duty" {1}—is itself unsatisfactory. An imperfect duty is a general duty to sometimes help some people in need, often fulfilled indirectly through state institutions, with no sanction for failing to perform any specific act {1, 3}. While this accurately describes how much international aid functions, it is a weak foundation for building a just global health system. It lacks the urgency and directness of a strong moral imperative. It effectively formalizes the status quo, where aid is institutionally mediated and lacks strong enforcement, rather than providing a new, more powerful ethical vision.

These limitations lead to the primary finding of this philosophical analysis: the concept of **solidarity** offers a more promising foundation. As conceived by Dawson, Jennings, West-Oram, and Buyx {4, 5}, solidarity is not an emotion like pity but a proactive stance and a practical commitment. It is based on the recognition of a connection between people facing a common problem {4}. The key features of a solidarity-based model are:

- **Proactivity and Directness:** Solidarity replaces a deliberative, indirect attitude with a direct one {4}. The needs of another become an immediate call to action, a shared challenge to be solved together. It is a pragmatic and goal-oriented relationship.
- **Rejection of the Charity/Entitlement Dichotomy:** Solidarity transcends the debate between charity and rights. Actions are not undertaken because of a legalistic obligation or out of condescending pity, but out of a self-evident sense of mutual support and shared responsibility.
- **Emphasis on Community and Partnership:** Solidarity presupposes a community of action {4}. Even at the global level, where the sense of a single community can be weak {5}, solidarity is enacted in specific projects where diverse stakeholders become a community by engaging with each other as partners to serve a particular welfare goal.
- **Flexibility and Openness:** Unlike rigid doctrines of justice or rights, the discourse of solidarity is undoctrinaire, flexible, and open to various interpretations and motivations. This is a serious advantage in the complex world of international politics, where different actors may have different belief systems but can still cooperate on practical goals.

3.3. Secondary Finding: The Synergistic Role of Sustainable Development

The analysis further reveals that the concept of solidarity,

while powerful, can be criticized for being abstract or emotionally contingent. A key finding is that its normative force and practical applicability are immensely strengthened when it is synergistically integrated with the global policy framework of **sustainable development**.

Sustainable development, based on balancing social, economic, and environmental factors, is framed as being in the common interest of all humanity. It provides a prudential imperative, obliging us to avoid the profound risks associated with massive global inequalities, which are themselves a threat to global stability. This framework inherently appeals to a notion of universal human solidarity, reinforced by a shared global fate and common threats like pandemics and climate change.

The synthesis works in two directions. On one hand, solidarity provides the moral motivation—the "driving force"—for pursuing the ambitious goals of sustainable development. It answers the "why" question with a value that is more profound than mere self-interest. On the other hand, the framework of sustainable development provides the "what" and "how." It translates the general attitude of solidarity into a concrete political program with specific, measurable goals (like the SDGs), policy pathways, and a language of partnership. This synthesis allows for the acknowledgment of mixed motivations; actions can be simultaneously in one's national interest and genuinely altruistic, and there is no need to separate or value them differently. By grounding solidarity in the shared, pragmatic project of sustainable development, the framework moves beyond a time-honored but potentially conservative duty to "help one's neighbor" and toward a modern, forward-looking politics of shared survival and flourishing.

DISCUSSION

The results of our philosophical analysis indicate a clear path forward. The traditional, entitlement-based model for global health redistribution, while born of a noble impulse for justice, is ultimately ensnared in conceptual paradoxes and practical limitations. A framework built on the twin pillars of solidarity and sustainable development emerges as a more ethically robust, politically astute, and practically flexible alternative. This section will interpret these findings in greater depth, compare them with the foundational literature, assess the strengths and limitations of the proposed model, and discuss its profound implications for both theory and practice.

4.1. Interpretation of Key Findings: Beyond Rights to Relationality

The central finding of this article is that a shift from the language of rights to the language of solidarity is not merely a semantic preference but a fundamental reorientation of our ethical posture. The rights model, for all its strengths, operates within a legalistic and individualistic paradigm. It conceives of the world as a collection of individuals who hold claims against one another or against abstract global institutions. This can lead to an adversarial stance, where justice is a matter of demanding what is due. The solidarity model, in contrast, is inherently relational. It begins not with the isolated individual, but with the connection between individuals and communities {4}. Its guiding metaphor is not a courtroom, but a partnership.

The assertion that the language of solidarity is "more universal and promising" can now be understood more clearly. Its universality does not stem from a rigid, top-down legal doctrine that all parties must subscribe to, which can be perceived as a form of ideological imposition. Rather, its universality comes from its flexibility and its capacity to create common ground. In the pluralistic arena of international relations, it is a great advantage that solidarity does not require a shared, "strong theory of justice". Cooperating parties can be motivated by different beliefs—be it religious compassion, secular humanism, national interest, or a sense of shared vulnerability—and still come together in a joint enterprise. Solidarity provides a space where these diverse motivations can coexist and lead to effective action. It fosters a climate of trust, not one of legalistic obligation. This is not a "weaker" foundation, but a more resilient and politically intelligent one, better suited to the realities of our world.

Furthermore, the synthesis with sustainable development grounds solidarity in a universally (at least officially) accepted political project. It transforms the abstract duty to "help" into a concrete, shared task: building a world that is socially, economically, and environmentally sustainable for all. This reframes health aid not as a one-way transfer from rich to poor, but as a mutual investment in global stability and resilience. When preventing an epidemic in one country protects all countries, the action is simultaneously an expression of solidarity and a matter of enlightened self-interest. The solidarity-sustainability framework embraces this complexity, moving decisively beyond the unhelpful opposition of altruism and self-interest that has long plagued discussions of foreign aid.

4.2. Comparison with Previous Literature: Synthesizing the Debate

The proposed solidarity-sustainability framework serves as a powerful synthesis that resolves many of the tensions present in the existing literature. It offers a way through the impasse of the Hassoun-Hausman debate {1, 2}. Our framework accepts the core of Hausman's critique: that a rigid, individualistic right to minimal healthcare is conceptually flawed and ethically unsatisfying {1}. It acknowledges the problems of minimalism, subjectivity, and the statistical nature of public health {1}. However, where

Hausman offers the somewhat anemic concept of "imperfect duties" {1, 3} as an alternative, our framework proposes something far more positive and proactive. Solidarity is not an imperfect duty; it is a direct, motivating, and relational virtue {4}.

Our framework takes the theoretical concepts of solidarity advanced by Dawson, Jennings, West-Oram, and Buyx {4, 5} and gives them practical traction. Those authors eloquently describe what solidarity *is*—a "standing by" {4}, an "enacted commitment" {5}. Our synthesis with sustainable development provides a clear answer to what solidarity *does*. It becomes the moral engine for the concrete, globally-agreed-upon agenda of the SDGs. It addresses the potential criticism that solidarity is too local or "projective" by embedding these projects within a universal, long-term vision for humanity's shared future. It also provides a practical context for real-world examples of solidarity, such as the WHO's collaborative research trials {6}, framing them not as one-off events but as exemplars of the kind of partnership needed to achieve the broader goals of sustainable development.

Finally, the framework systematically addresses the problems of the charity model. Charity is criticized for being condescending, for perpetuating inequality, and for lacking reliability. The solidarity-sustainability model replaces this with a paradigm of partnership. In a true partnership, all stakeholders are treated with respect, funds flow in one direction but expertise and context flow in both, and the goal is co-created by donors and recipients working together to improve a community's health.

4.3. Strengths and Limitations of the Study

The primary strength of this analysis and the framework it proposes lies in its synthetic and pragmatic nature. It avoids doctrinaire rigidity and instead offers a flexible, relational, and politically astute path forward. It successfully integrates a powerful ethical ideal (solidarity) with a globally accepted policy framework (sustainable development), creating a model that has both moral force and practical applicability. The framework's ability to accommodate mixed motivations, to foster trust, and to reframe international assistance as a partnership represents a significant advance over the polarized debates between rights and charity. It provides a richer, more nuanced ethical language for discussing our global health obligations.

However, it is crucial to acknowledge the limitations of a solidarity-based model, which represent important areas for future consideration. The most significant limitation is the issue of enforcement and normative force. A human rights claim, at least in theory, has legal weight. Solidarity, by contrast, is a moral and political value. What happens when solidarity fails? If a wealthy nation simply refuses to act in solidarity, what recourse do those in need have? The model lacks the "teeth" of a legally binding entitlement. While we have argued that its political flexibility is a strength, this can also be a weakness, potentially allowing powerful actors to evade responsibility under the guise of interpretation.

Another limitation is the challenge of scaling solidarity. As West-Oram and Buyx acknowledge, the cohesive force of solidarity tends to be inversely related to the size of the group {5}. It is strongest in small, close-knit communities and weakest at the pan-human level {5}. While global threats like pandemics can temporarily generate a powerful sense of global solidarity, sustaining this attitude over the long term for chronic issues like maternal mortality or non-communicable diseases is a formidable challenge. The framework relies on the cultivation of a global civic consciousness that is still in its infancy. It is an aspirational model that requires significant political and cultural work to become fully realized.

4.4. Implications for Theory and Practice

The conclusions of this article have profound implications for both ethical theory and global health practice.

For Theory: This analysis calls for a significant shift in the focus of public health ethics. It supports the move, advocated by Dawson and Jennings {4}, away from the dominant paradigm of liberal individualism and toward a more relational or communitarian ethics. It suggests that concepts like interdependence, trust, partnership, and solidarity should become the central categories of analysis, rather than being treated as secondary to individual rights and distributive justice. It also challenges ethicists to engage more directly with real-world policy frameworks like the SDGs, using them as a basis for developing "mid-level principles" that can bridge the gap between high theory and on-the-ground practice.

For Practice: The implications for policy and practice are concrete and far-reaching.

1. **Reframing of Policy Language:** International health organizations, government aid agencies, and NGOs should consciously shift their language from "aid," "donations," and "charity" to "partnership," "investment," and "cooperation for sustainable development." This is not mere rhetoric; it shapes attitudes and relationships.
2. **Program Design:** Health interventions should be designed collaboratively with recipient communities, treating them as equal partners with essential local knowledge. The goal should not be simply to deliver a service, but to build local capacity and strengthen health systems in a way that is sustainable long after a specific project ends.
3. **Funding Mechanisms:** Funding should be structured to promote long-term partnerships rather than short-term, project-based grants. This builds trust and allows for the development of more comprehensive and

integrated health strategies that align with the recipient country's own sustainable development priorities.

4. **Global Health Diplomacy:** Diplomacy should focus on building coalitions of trust and mutual interest around shared health and development goals. This means emphasizing the "win-win" aspects of global health—such as pandemic preparedness and the economic benefits of a healthy global population—while grounding these pragmatic arguments in the unifying moral value of solidarity.

Conclusion and Future Research Directions

In the search for international justice in healthcare, the path of solidarity, paved with the pragmatic goals of sustainable development, offers the most promising way forward. This article has argued that the traditional rights-based model, while important, is ultimately too rigid and fraught with paradoxes to serve as the sole foundation for a global health system. A solidarity-based framework, by contrast, is pragmatic, flexible, proactive, and respectful. It fosters a spirit of partnership rather than obligation, of trust rather than legalism. By integrating this powerful ethical concept with the concrete, globally endorsed agenda of sustainable development, we create a robust framework that is both aspirational and actionable. It provides a moral language that can unite diverse actors in the common cause of building a healthier, more equitable, and more sustainable world for all.

This conclusion, however, is not an endpoint but a call to action for further inquiry and practice. Several key directions for future research emerge from this analysis:

- **Empirical Case Studies:** There is a need for in-depth, empirical research on existing health partnerships that explicitly operate on a solidarity model. What are the critical success factors? What are the common pitfalls? How is trust built and maintained between partners from vastly different cultural and economic contexts?
- **Measuring Solidarity:** Can we develop metrics to assess the degree of solidarity present in international health programs? While seemingly abstract, it might be possible to create indices based on factors like joint decision-making, capacity-building investments, and long-term commitment.
- **Strengthening Normative Force:** Further philosophical work is needed to explore how the normative force of solidarity can be strengthened at the global level without resorting to the legalism of rights. This might involve developing new international norms, charters, or agreements that codify the principles of solidarity and partnership in global health.
- **Public and Political Engagement:** Research is needed on how to effectively communicate the value of solidarity to the public and to political leaders in wealthier nations. How can the case for global health investment be made not as a burden of aid, but as a vital act of human connection and prudent investment in a shared future?

Ultimately, achieving international justice in healthcare depends on more than just doctrines, whether of rights or of solidarity. It depends on the cultivation of a global conscience and the political will to act on our profound interconnectedness. The framework of solidarity and sustainable development provides the most fertile ground for that conscience to grow and for that will to be put into transformative action.

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