Global Public Health and the Promotion of the Common Good

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WITH THE CATCHY TITLE of "Can public health save the world?" for its July 2020 COVID-19 special issue, the *Hopkins Bloomberg Public Health* magazine explored various issues raised by the global pandemic caused by the coronavirus called COVID-19.[1] To answer, the magazine's articles spanned from the past to the present and then speculated about the future. First, authors focused on what led to the global pandemic—the prequel—with the historical lessons unlearned and the public health policies underfunded that facilitated the spreading of the pandemic.[2] Second, concentrating on the present, on what the magazine described as "the fight," the authors considered what was occurring and how effective it might be.[3] Third, while thinking about the future might

[1] See Ellen J. MacKenzie, "Let's Fix Things for Good: COVID-19 Is Teaching Us a Brutal Lesson: Invest in Public Health or Suffer the Consequences," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 1–2.

[2] See Tom Inglesby, "Never Rest: Big Biological Threats over the Last Couple of Decades Have Taught Us One Thing: More Are on the Way," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 7; Carrie Arnold, "Caught Off Guard: How Policies for Preparedness Could—and Should—Have Protected Us," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 8–9.

[3] See Carrie Arnold, "Countering the Infodemic: Misinformation About SARS-CoV-2 Is as Contagious as the Virus Itself," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 24–25; Carrie Arnold, "The Natural Fix: An Old-School Approach—Using Antibodies from COVID-19 Survivors—May Be a Fast, Stop-Gap Solution for a Modern Pandemic," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 31–33; Jackie Powder, "Coping with COVID-19: A Global Approach to Universal Psychological Responses," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 37; Christen Brownlee, "A Crisis within a Crisis: The Pandemic Has Created a Convergence of Suicide Risk Factors That Also Need a Public Health Response," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 38–39; Cathy Shufro, "Breaking the Chain: One COVID-19 Patient Could Lead to Thousand New Cases: Contact Tracers Use Calls, Texts, and Personal Persuasion to Prevent That from Happening," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 13–15; Karen Kruse Thomas and Dayna Kerecman Myers, "Racism and COVID-19," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 16–17; Laura Wexler and Brennen Jensen, "Voices of the Vulnerable: For Asylum Seekers, the Incarcerated, Frontline Doctors, and Others,

generate anxiety because of unforeseen factors and the uncertainty that they generate, the authors felt it was necessary to investigate where planning might still be insufficient.[4]

With no ambition of covering all the needed topics, and by articulating concerns and methodological approaches raised by the COVID-19 global pandemic, the magazine reminded us that any issue should be examined and addressed by focusing on those affected, on who has the competence and responsibility to intervene, and on who concretely is engaged to promote health on the ground. The collection of articles called us to learn from the past, critically question the present, and look to the future we envision. Furthermore, it showed us to be grateful for all those who dedicate themselves to care for the sick and to promote health, especially because many healthcare professionals suffer mental, emotional, and physical burnout while dealing with the protracted health emergencies that characterize any global pandemic.

The global pandemic has affected millions of people, taken innumerable lives, unveiled the limits and vulnerabilities of health systems both in the Global North and in the Global South, challenged the world economy, harmed educational enterprises, and tested the human ability to adapt to changed living conditions that limit and inhibit social interactions. While global public health has played an important role in assuring living conditions on the planet, skeptics, whether because of culpable ignorance or misguided political biases, may still disregard a balanced assessment of how global public health enriches, strengthens, and expands the promotion of health by focusing on the health of populations and of the whole world.

While we avoid referring to global public health as our savior, we acknowledge and appreciate its positive contributions in promoting sustainability and reinforcing human resilience on earth. We accept that global public health cannot save the world alone but joins many other disciplines engaged in research and social transformation—from multiple natural sciences to social sciences, from the humanities to

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COVID-19 Has Made Hard Lives Harder," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 18–21.

[4] See Karen Blum, "Fast Science: COVID-19 Research Is Happening at Lightning Speed—Sometimes at the Expense of Sound Science," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 44–45; Ronald J. Daniels, "A Vital Mission: Universities Responded to the Pandemic with Sound Science and Advice: We Can Still Do More," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 43; Julie Scharper, "The Vaccine Challenge: A Return to Normal Requires a Vaccine for SARS-CoV-2: What Will It Take to Create One and Get It to Those Who Need It Most?" *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 46–47; Jackie Powder, "Envisioning a Post-Pandemic World: How COVID-19 Has Reset the Present and the Future," *Hopkins Bloomberg Public Health*, COVID-19 Special Issue (2020): 48–49.

political sciences and religion. Isolated and disconnected efforts are praiseworthy but insufficient. What is needed are collaborative efforts that promote multidisciplinary participation and aim at offering realistic and appropriate solutions to complex problems.

The COVID-19 global pandemic invites civil society to prioritize global public health by continuing to invest in research and offering healthcare services to every citizen, particularly those who are more vulnerable; to secure jobs while extending unemployment benefits and providing economic support to individuals, families, and struggling economic activities; and by spending what is needed to safely reopen educational institutions.

GLOBAL PUBLIC HEALTH AS A COMMON GOOD

At the core of any reflection regarding global public health is the profound conviction, tested by everyone's experience, that health is a good, both for human beings and the whole planet. Moreover, health is a shared, common good that concerns everyone. However, health is a fragile and vulnerable good that demands care by examining who lacks health, by asking why people are not healthy, by investigating what affects their well-being and flourishing, and by implementing what aims at restoring health as much as possible for populations and the whole humankind.

These are very simple statements. Hopefully, they are straightforward and shared across cultures, political and religious beliefs, as well as ethnic and linguistic differences. Such a global understanding of health as a common good for humankind and the globe requires a comprehensive approach. As the science and art of promoting good health, preventing disease, and extending longevity in countries around the world in very inclusive manners, global public health fulfils such an ambitious scope by aiming at equity and justice in health and within society.

By examining the social determinants of health, and the role that they play in shaping health outcomes, global public health is rooted in and aims at promoting social justice. A substantial body of scholarship in global public health elucidates the social, political, economic, and environmental factors that influence patterns of health and disease and that drive disparities and inequities in health. Despite the clear connections between global public health and social justice, there has been surprisingly little scholarly exploration of the ethical challenges confronting global public health. This volume engages this gap.

AN INCLUSIVE COMMON GOOD

By aiming at promoting health as a common good, global public health is not a pseudo-global meta-narrative that imposes a vision of health chosen by dominant powers—whether cultural, economic, political, or religious. On the contrary, any true and realistic

understanding of health as a common good is necessarily inclusive and, even more, focuses on those who are left on the margins, who are not considered relevant interlocutors and participants.

In theological ethics, David Hollenbach, SJ, defines the common good "as an ensemble of goods that embody the good of communion, love, and solidarity to a real though limited degree in the multiple forms of human interaction."[5] Health fits well among these goods because it promotes both individual and social flourishing. In today's pluralistic societies, the "pursuit of the common good demands full respect for the many different forms of interrelationship and community in which human beings achieve the good in history."[6] Hence, health as a common good does not imply a vision of health that aims at a disembodied perfection influenced by ideological misconceptions, as in the case of the twentieth-century eugenics or the more recent liberal eugenics. In other words, health does not exclude the limitations and disabilities that accompany human existence and includes any type of diversity—ethnic, racial, cultural, political, and religious.

Both in the Global North[7] and in the developing Global South,[8] unjust inequities characterize and plague the social, economic, and political contexts, as well as health systems and their services.[9] Thus, the common good is closely connected to social justice and equality. By stressing the preferential option for the poor,[10] the common good aims at greater equality by requiring a resolute and effective commitment to reduce and, hopefully, eliminate the causes of unjust inequalities and to promote health at a global level.

In the tradition of Catholic reflection, the common good depends both on the Christian faith, which is concerned with the good of each one, and on the rational reflection on human experience, shared by

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[5] David Hollenbach, *The Common Good and Christian Ethics* (Cambridge, UK: Cambridge University Press, 2002), 136. Quoted in Gonzalo Villagrán Medina, SJ, "Iglesia y Vida Pública en David Hollenbach: Aproximación a Su Método en Teología Moral," *Theologica Xaveriana* 64, no. 177 (2014): 241–266, at 247.

[6] Hollenbach, *The Common Good*, 136.

[7] See Kate Ward and Kenneth R. Himes, "'Growing Apart': The Rise of Inequality," *Theological Studies* 75, no. 1 (2014): 118–132; Kate Ward and Kenneth R. Himes, ed., *Growing Apart: Religious Reflection on the Rise of Economic Inequality* (Basel, Switzerland: MDPI, 2019).

[8] See Agbonkhianmeghe E. Orobator, "*Caritas in Veritate* and Africa's Burden of (under)Development," *Theological Studies* 71, no. 2 (2010): 320–334. In this book, see the chapters of Jacquineau Azetsop and Stanislaus Alla.

[9] See National Academies of Sciences Engineering Medicine, *Crossing the Global Quality Chasm: Improving Health Care Worldwide* (Washington, DC: The National Academies Press, 2018).

[10] In this volume, the chapters by Michael Rozier, Alexandre Martins, Lisa Sowle Cahill, as well as Paul Farmer and Andrea Vicini further discuss the preferential option for the poor.

each person regardless of any cultural, religious, linguistic, racial, social, and political difference. Hence, the common good is, at the same time, specific to the Catholic and Christian tradition and integral to basic human experience.

Concretely, the common good presupposes the right to health for every citizen—regardless of income, social location, capabilities, or working skills—and calls each person to contribute to the realization of the common good by promoting health. Further, health depends on personal, local, national, and global involvement, from those who are directly engaged in promoting health (i.e., doctors, nurses,[11] technicians, and administrators) to politicians, legislators, and governments (responsible for the development of the health system in each country) to groups, organizations, foundations and institutions that are at the service of health at a global level (e.g., Partners in Health, Médecins Sans Frontières, Bill and Melinda Gates Foundation, the Centers for Disease Control and Prevention, and the World Health Organization) and, finally, each citizen. Among these social actors, to stress its commitment to promote the common good in the health sector, the December 2016 issue of *Health Progress*, published by the Catholic Health Association—the "largest group of nonprofit health care providers in the nation" serving "more than 600 hospitals and 1,600 long-term care and other health facilities in all 50 states"[12]—dedicated the entire issue to the common good.[13]

RATIONALE AND OUTLINE

Initially a conference organized and held at Boston College (Boston, Massachusetts) in September 2019, this volume gathers almost all the original contributions, in a revised and expanded form. By examining the collection of essays, global public health emerges as a complex discipline that requires multidisciplinary contributions—from ethics to economics and public policy, from nursing to social work, from medicine to population health—to address the social determinants of health and to articulate transformative practices and structures able to improve the quality of life and foster health for individuals, communities, and the whole planet.

The choice of topics discussed does not have the ambition of being complete and exhaustive. Hopefully, both expert readers and

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[11] See Elma Lourdes Campos Pavone Zoboli, "Cooperar Para el Bien Común: ¿Responsabilidad Social de la Enfermería?" *Bioethikos* 1, no. 1 (2007): 118–123.

[12] Catholic Health Association of the United States, "About" (2020), www.chausa.org/about/about.

[13] As examples, see Meghan Clark, "Health Equity, Solidarity and the Common Good: Who Lives, Who Dies, Who Tells Your Story," *Health Progress* 97, no. 6 (2016): 9–12; Thomas Nairn, "Health Care Decisions for the Common Good," *Health Progress* 97, no. 6 (2016): 4–7; Deborah M. Spitalnik, "Disability Rights and the Common Good," *Health Progress* 97, no. 6 (2016): 48–53.

practitioners will appreciate the insights and experience shared, the rigor in engaging issues, and the concern for promoting ethical commitments that will benefit the earth and humankind, particularly those who are more vulnerable. At the same time, those familiar with the field of global public health and its ongoing ethical challenges will agree that global public health is strengthened by a robust ethical agenda.

The contributors were chosen, first, to represent and exemplify the diverse and multidisciplinary engagement in global public health at Boston College while, second, interacting with selected and outstanding scholars and activists, both nationally and internationally. Striving to be global is demanding. Being rooted in the scholarship and research that occurs in a particular context like Boston College, while attracting contributions from diverse locations in the US and abroad across continents, is one way to begin addressing multiple ethical issues in global public health.

In part one, "Setting the Context," the book explores two key ethical challenges in global public health by focusing, first, on the inseparable connection between the environment and health in times of climate change. Walter Ricciardi and Laura Mancini examine the problematic consequences on human and planetary health caused by the ongoing changes in our global climate: from direct to indirect effects on people, animals, and ecosystems, as well as from increased diseases to implications for mental health. Interventions to address the climate change crisis, and protect the quality of life on the planet, are needed and urgent. Restorative actions are required, and resolute political commitments should promote them. The international agreements that the authors discuss are one example that demands implementation.

Second, Kurt Straif further defines the context of the global health agenda by highlighting the important role played by accurate assessments of the negative impact on health—for individuals, communities, and the whole planet—caused by the production, use, and disposal of chemical products. His research and engagement with the Monographs Programme, promoted by the International Agency for Research on Cancer, allows us to appreciate the needed and vital contribution of independent, ethically grounded research that assesses the health risks of exposure to old and new chemicals, particularly in the case of cancers. At the same time, from an ethical standpoint, Straif shows how scientific research aimed at promoting global public health might expose the role and responsibility of multinational corporations in producing and distributing what could harm human and planetary health and might face corporate attempts to silence and stifle beneficial and groundbreaking investigative research.

In part two, four contributors reflect on "The Changing Context of Global Public Health" and its ethical implications. First, Keith Martin

highlights the "Challenges Confronting Global Public Health" and presents solutions currently implemented and needed. Pandemics caused by infectious diseases dominate his analysis and, as a solution, he discusses the Global Health Security Agenda platform that allows the international community to collaborate, prevent, detect, and respond to disease outbreaks. At the same time, he reminds us of the gravity of non-communicable diseases (i.e., cardiovascular disease, cancers, respiratory diseases, diabetes, mental health, and injuries) that should be addressed by comprehensive public health programs able to foster prevention and promote adequate interventions and by focusing on the social determinants of health. Furthermore, he considers environmental threats and climate change, with the still insufficient commitment to address them. Martin concludes by discussing more issues that require significant commitments: from adequate financing for public health programs to political governance at the service of the citizens' needs, from avoiding corruption to fostering women's health and healthy nutrition.

Second, in his chapter "Pollution, Climate Change, and Global Public Health: Social Justice and the Common Good," Philip J. Landrigan summarizes current knowledge of the known and projected health effects of pollution and climate change to planetary health and examines the distribution of their impacts through the lens of social justice. In the world today, pollution is the largest environmental cause of disease, disability, and death—whether we consider pollution in air, oceans, and soil or caused by chemicals. At the same time, global climate change not only has numerous negative effects on the planet's ecosystems but also multiple adverse effects on human health. Furthermore, both pollution and climate change disproportionately affect the poor and the vulnerable and, among them, children and people living in the Global South and in poor communities worldwide. Hence, pollution, poverty, poor health, and lack of social justice are closely intertwined.

Third, Michael D. Rozier, SJ, focuses on "Global Public Health and Catholic Insights: Collaboration on Enduring Challenges" by showing how resources that inform the Roman Catholic ethical tradition could be valuable for global public health by helping to cultivate a sense of vocation among public health professionals, like the awareness of vocational commitments enjoyed in other healing professions. Moreover, the social teaching of the Catholic Church, particularly the preferential option for the poor, could help promote a more just distribution of global resources. Finally, dignity and solidarity—which inform and shape a Catholic approach—could provide the conceptual grounding needed to invest more energy in capacity building in low-resource settings and, at the same time, promote changes within the Church itself, empower communities in the Global South, and facilitate living lives nourished by joy and

purpose. Hence, for Rozier, a more intentional relationship between global public health and the Catholic Church, with its highlighted teachings and commitments, would benefit both and particularly the people they aim to serve.

Fourth, in "The Affordable Care Act and Pharmaceuticals: An Economic Perspective," Tracy L. Regan discusses ongoing challenges and transformations in the American healthcare context after the 2010 Affordable Care Act by comparing it with what occurs in the United Kingdom, where the National Health Service is both the payer and provider of health care, and in France, where health coverage is universal and compulsory. In her assessment, the US health care system fails in basic dimensions—like preventative care and reimbursement schemes for physicians—but its innovation, technology, and research enabled many people to live longer and healthier lives. Moreover, in the US, regulation of the pharmaceutical industry and of drug prices should be part of the necessary reform of the health care system, but the political scene and market dynamics make any attempt to reform a currently impossible task.

In part three, three authors articulate their "Global Public Health Ethics." First, in his chapter on "Social Structures and Global Public Health Ethics," Daniel J. Daly relies on critical realist social theory because it provides an account of social reality that enables global public health ethicists to understand the causal mechanisms that perpetuate the suffering of the poor. Then, he ethically describes social structures by examining structures of virtue and vice. Finally, such an approach allows him to critically discuss two ongoing global public health crises—global warming and the lack of health workers in the Global South—by stressing how structures influence the moral character of individuals and produce social outcomes that promote or undercut human well-being. Notably, vicious structures foster social injustice and undermine the common good.

Second, in writing on "Ethics and Equity in Global Health: The Preferential Option for the Poor," Alexandre A. Martins denounces poverty as the main cause of health issues, diseases, and premature death. To break the vicious cycle caused by poverty, which begins with injustice and ends with death, he argues for an approach *from below*, from the experience of the poor, which places the voices and experiences of poor people at the center of discussions and actions in global public health by stressing the need of a preferential option for the poor. As an existential commitment, and an ethical imperative that inspires decision-making processes and informs concrete choices, such an option can greatly contribute to promote equity in global health. The samples of voices of poor people featured in his chapter exemplify his approach and engage us in searching for ways and practices that will break the unjust vicious cycle of poverty, vulnerability, lack of healthcare, and premature death.

Third, by writing on "Social Justice and the Common Good: Improving the Catholic Social Teaching Framework," Lisa Sowle Cahill recapitulates the modern history of Catholic social teaching by focusing on the common good and, particularly, the universal common good, as the indispensable criterion of social justice because it entails the equal participation of every member of society in basic material, social, and political goods. However, the promotion of the common good is challenged by the absence of real *political will*, the urgency of *conversion* of imaginations and worldviews, and the need to foster a *decentralized* global socioeconomic and political agency centered on popular mobilization. Additionally, the enduring secondary status of women in virtually every society urgently demands gender equality in having access to health resources and the social determinants of good health. Her chapter concludes with a case study from the Peruvian Amazon that exemplifies the commitment to promote the common good and the empowerment of women.

Part four offers three contributions that further enlarge the horizon of inquiry with "International Approaches to Global Public Health" from three continents: Africa, Asia, and Europe. First, Jacquineau Azetsop, SJ, guides us to explore the "Challenges in Global Health, Culture, and Ethics in Africa." An African perspective stresses how global health implies a vision of what it means to be a community that upholds human rights, social justice, respect for others, and health equity as necessary to live a good life. The realization of such a vision calls for a global solidarity that goes beyond national and continental boundaries. However, to implement this vision, most African countries face three major challenges: the fragmentation and pitiful shape of the healthcare system; the lack of real democracy with its consequences on public health policy and leadership; and the cultural inadequacy of the ethical principles regarding research and clinical work. In particular, health sector policy and planning, as well as the role of external partners in promoting health development and in implementing health system structures, are needed to overcome the fragmentation and inefficiency of health systems. Moreover, to shape an ethical approach informed by African contributions, he proposes *four contextualized principles:* the principle of respect for persons and for the alterity of their culture; the principle of social justice; the principle of public benefits; and the principle aimed at promoting local capacity building.

Second, Stanislaus Alla, SJ, reviews "Public Health Concerns in India." Diversity and plurality define India and such complexity is shared by several Asian nations. Cultural components, poverty and population concerns, illiteracy and ignorance, superstition and corruption require urgent attention, and they severely limit any effort to make healthcare accessible to large sections of the population. Moreover, as in other places in the world, in India climate change and

pollution are devastating the lives of the poor. Alla begins his chapter by describing the state of people's health as a partial story of success. He stresses how healthcare has been made accessible to several sections of the Indian population; mother and child mortality rates have been reduced; and the average life expectancy has improved. Then, he critically examines what ails healthcare services in India by highlighting three concerns: the need for more funding devoted to public health programs; the challenge of eliminating food and water contamination; and the lack of political will in maintaining and expanding governmental health centers. Moreover, he proposes that public discourse on health should address the conflict between constitutional and cultural values. Finally, human rights should be considered not simply a legal concept but also a moral compass. This could help in promoting health by defining what is required to foster health and by prohibiting what is harmful for peoples' health.

Third, in her chapter "A European Take on Global Public Health: Applying the Catholic Principle of Subsidiarity to Global Health Governance," Thana Cristina de Campos contrasts two radically different approaches to governance in public health emergencies. On the one hand, she discusses a centralized approach that would further empower the World Health Organization (WHO). On the other hand, she presents a decentralized approach to global public health that is shaped by the principle of subsidiarity. Originally proposed in Catholic social teaching, such a principle informs governance within the European Union. The principle of subsidiarity establishes that when families, neighborhoods, and local communities can effectively address their own problems, they should do so; and only when they cannot, governments and other higher-level structures of power and authority should intervene and provide aid. For de Campos, fostering a decentralized subsidiarity is a promising principle for global health governance. Moreover, this principle justifies certain limitations of the WHO and of other higher-level global health authorities and powers by respecting the participation of local communities.

By studying three continental examples, these three chapters explore key elements in global public health and indicate how striving to promote global public health demands familiarity with the specificity of each local context. In other words, global public health appreciates and depends on particularity. Hence, the engagement of the diverse local contexts—with its citizens, cultures, religions, and institutions – is integral to fostering global public health.

In part five, three chapters contribute to "Building an Ethical Framework for Education and Research in Global Health." First, Nadia N. Abuelezam focuses on "Inequities as an Ethical Imperative: Challenges Related to Identification, Engagement, and Interventions in Minority Health." Health inequities are rooted in injustice, are often difficult to ameliorate, and require structural changes. In the American

healthcare system, examples of inequities include maternal and infant health as well as lacking access to healthcare and health insurance. To address health inequities in the changing demographic of American society, she proposes a threefold approach that focuses, first, on the identification of minority populations to understand and document health inequities, unveil their risk factors and health outcomes, and develop research programs in minority health. Second, engagement with community members is required to understand the needs of minorities. Research should prioritize vulnerable populations and provide employment opportunities for them, like the Program in Community Engagement that worked with Black and Latinx men to ensure appropriate education around HIV prevention strategies. Finally, interventions are needed to address inequities in housing, employment, and education to improve health. Communities of opportunity exemplify this approach by focusing on children of low socioeconomic backgrounds in areas historically disadvantaged; by ensuring that healthcare professionals privilege prevention in providing care; and by empowering policymakers with information about the health inequities occurring in those communities.

Second, in her chapter "Addressing Health Disparities Among Families: Policy Approaches to Improve Infant Health," Summer Sherburne Hawkins shares the results of her evidence-based research showing that fiscal policies, particularly taxes, have downstream effects on infant health by influencing parental health behaviors as well as women's health habits during pregnancy. As a case study, state cigarette tax increases led to the largest benefits for the most vulnerable mothers and infants by proving that tobacco control policies, particularly cigarette taxes, reduce prenatal smoking and improve birth outcomes among the most vulnerable infants. Hence, an evidence-based approach to population health could promote needed policies aimed at improving the health and well-being of the most vulnerable children and families.

Third, in "Humanitarian Aid, Infectious Diseases, and Global Public Health," Nils Hennig examines ethical challenging priorities in humanitarian aid, global trends in both common and neglected infectious diseases, and key ethical issues in global health research. Considering his experience in critical contexts across the globe, he lists ten priorities that describe what humanitarian interventions should provide: (1) initial assessment of the situation, (2) water and sanitation, (3) food and nutrition, (4) shelter and site planning, (5) health care in the emergency phase, (6) control of communicable diseases and epidemics, (7) measles immunization, (8) public health surveillance, (9) human resources and training, and (10) coordination. The complexity of these needs reveals how humanitarian aid workers constantly face ethical challenges during the emergency phase while they aim at promoting health and preventing disease with equity.

Moreover, globally, and particularly in low-income countries, well-known infectious diseases are resurgent, spreading more rapidly than ever before, and new infectious diseases are being discovered at a higher rate than at any time in history. In terms of global health research, inequities regard who will set the research agenda, who will benefit from the research's results, and how will communities be involved or affected. Thus, in humanitarian interventions, the ethical decision-making framework should be informed by principles. Hennig proposes seven principles based on the World Health Organization's Global Health Ethics Unit recommendations: justice or fairness, beneficence, utility, respect for persons, liberty, reciprocity, and solidarity.

Finally, in the conclusion, Paul E. Farmer and Andrea Vicini, SJ, propose that "An Ethical Agenda for Global Public Health" be centered on the preferential option for the poor. It would animate global public health by caring for the well-being of everyone and for justice. It would unmask past and present attempts that undermine such an option. When the option for the poor is central, positive results are remarkable, for people in need and for the whole society. The constructive engagement of universities, with their research agendas and teaching commitment to education and formation, exemplifies how social transformation and the promotion of the common good can occur and help humanity and the planet to flourish.

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