Right to Health under the Pandemic Conditions: Individual-State Cooperation and Interconnectedness

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Abstract: The article studies an individual's Right to Health through the prism of the challenges faced by the world due to the COVID-19 Pandemic. Particular attention is paid to Right to Health social component. The authors make a brief analysis of what the world has in this aspect for now and try to make some prognoses as to changes in the principles of human-state cooperation and relationship in general as to Right to Health realization in the new realities of Post-coronavirus period. The article illustrates participation of individuals and states in Right to Health realization, as well as of other social institutions such as business, sports, education, entertainment industry, religious organizations etc. The factors that influence the level of Right to Health realization are identified; the roles of interaction subjects in Right to Health realization in connection of these factors are identified. Based on the analysis of COVID-19 countermeasures, possible scenarios that can influence the models of relations between different entities in the process of Right to Health realization are analyzed. The authors presented their personal posts of view as to directions in which the models of human-state interaction could change during the period of exit from the COVID-19 pandemic and in the post-coronavirus time from the standpoint of Right to Health realization.

Keywords: *Right to Health; medical services, individual-state interaction, public administration health protection mechanisms.*

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Introduction

The ongoing COVID-19 pandemic requires quick action from many social institutions, governments and international organizations. People are to understand and accept new behavior patterns that dictate the current conditions of mass disease threat. Today, the crisis of national health systems (which were not ready for such large-scale challenges) and international cooperation in this field, requires not only additional resources for medical issues (hygiene products, medicines, human resources, equipment, etc.), but also rethinking of basic approaches as to understanding individual and public health categories. A key category for rethinking is "Right to Health". Today, health is understood as «a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity» (WHO, 1946). The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without any distinction. The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.

The epidemiological threat to the collective security of mankind forces us to reconsider principles of human-state interaction from the point of collective security, safe living and working conditions, balance between safety and comfort of everyday life, physical and spiritual needs - everything that we understand as «social health».

In the article, Right to Health implementation through the prism of the challenges posed to humanity by the COVID-19 pandemic is under consideration. Particular attention is focused upon social component of understanding Right to Health idea itself and those changes in the principles of human-state cooperation for its realization in the new post-coronavirus period.

The relevance of the problem caused the changing in the principles of interaction between a person and the state as to Right to Health realizing goes beyond the healthcare sphere. Social health of a person and society contains aspects of decent standard of living, work, nutrition and infrastructure, access to various (not only emergency) medical and social services, realization of spiritual and social needs, etc. That is, apart from an individual and the state, various social institutions are involved in Right to Health realization: business, sports, education, entertainment, religion, etc. Our research is of the applied nature, because changes in cooperation between a person and the state starts with the awareness of each person -

acceptance or refusal to accept new conditions of living together. The COVID-19 pandemic, even if it does not end up within a few months, will emerge from the period of acute crisis. It will be necessary to establish life in new conditions of the post-coronavirus period. For the development of post-Corona society, it is important to be prepared to construction of a new social reality, starting with each member of the society.

COVID-19 pandemic issues in scientific research gradually gain more and more scientific interest. Analysis of recent months' scientific development demonstrates certain general lines of research. The largest number of studies is devoted to the issues of anti-COVID-19 therapy, possible treatment methods, provision of emergency care to patients and the use of different kinds of medicines, anti-epidemiological measures' organization etc. The areas mentioned lie beyond our scientific interests. A very small amount of research are of public administration, human-state interaction during the COVID-19 pandemic area. Among them, we can mention studies in the field of healthcare system management during the COVID-19 pandemic (Renda & Castro, 2020), social interactions to build out resistance to COVID-19 (Ayres, 2020), environmental pollution and protection options during COVID-19 (Ong et al, 2020), control measures in society to control the epidemic trends (Ferretti et al., 2020). These studies, although are not directly related to the topic of our study, they clearly demonstrate a wide range of interactions between people, states and other areas of life as to protecting human health in modern conditions. The main sources of information for the study was limited by reports of the World Health Organization, protocols and recommendations for countries as to quarantine quit, practical recommendations for religious organizations in the context of COVID-19, official statements by top-level government officials and international organizations.

To study the Right to Health content and changes in the principles of human-state interaction over the pandemic and in the post-coronavirus period, the following methods were chosen: theoretical analysis (to study Right to Health structure and content), analogies (based on the laws of human and society development), analysis of normative acts and relevant statistics of international organizations taken from open official sources (official data of state bodies and international organizations), situation modeling (to prediction changes in the principles of interaction between a man and the state, as well as all other subjects in the context of law in future).

1. Right to health: social aspect

Almost universal quarantine has affected all spheres of human life and society in general. We have already mentioned the fact that in addition to state and an individual, such social institutions as business, sport, education, entertainment industry, religious communities etc. which are also involved in Right to Health realization. These conclusions are based on the fact that the International Covenant on Economic, Social and Cultural Rights considers the following factors important for Right to Health realization: safe drinking water and adequate sanitation; safe food; proper nutrition and adequate housing; healthy working conditions and environment; health education and information; gender equality etc. (UN General Assembly, 1966). As we see, most factors relate more to the sphere of interaction in society, rather than individual implementation.

The points followed illustrate the connections which need to be made to realize some components of Right to Health:

- safe food - a person, state, business;
- safe drinking water and adequate sanitation - a person, government, business;
- normal nutrition and adequate housing - a person, state, business, education;
- healthy working conditions and external environment - people, state, business, sports, entertainment sector, education, religious communities;
- health education and information - people, state, sports, entertainment, education, religious communities;
- gender equality - people, state, business, communities, religious organizations.

Speaking about the challenges that COVID-19 posed to the world and the changes in cooperation between people and the state to realize the Right to Health, we can speak about changes in behavior patterns. The leading role of the state here is manifested by the fact that through legal mechanisms it has the ability to regulate (set acceptable boundaries) as to behavior of each society member. The role of a man and other subjects is to prevent the state from restricting social and civil rights and freedoms, to find a balance of relationships, social and individual goals. To the main feature of these new relationships will be the dynamism of this balance. It is impossible to resume the previous model of relationship between subjects after Corona. But the total restrictions of today will not last long. The gradual exit from

quarantine restrictions will turn the search for balance and the new model of relationships into a protracted process.

Despite the number of confirmed cases of COVID-19 in the world: 2,454,792 confirmed 175,694 deaths, and a critical number of cases in some regions: European Region - 1,251,458 cases confirmed, 113,336 died; Region of the Americas: 957,402 cases confirmed, 47,812 died, United States of America - 800,926 cases confirmed, 40,073 died (WHO, 2020a). Some countries gradually weaken social exclusion based on a number of reasons, mainly economic and political ones. WHO coordinates and provides technical, scientific and financial support for epidemiological surveys worldwide, as well as make analytics and statistics. The first findings of such surveys suggest that even in regions seriously affected by the disease, the proportion of infected people can be relatively small and make up no more than 2-3 percent (WHO, 2020b).

Several G20 (WHO, 2020c) countries have currently began to plan easing social restrictions. This is a phased process. The abolition of so-called quarantine restrictions does not mean the end of the epidemic in any country, but only the beginning of the next phase, which aims also to educate and involve society (including each person), expand opportunities to prevent any resumption of the disease and take quick response measures. This is not only about relapse of COVID-19, but about the possibility of any other epidemic spread. The main directions of counteracting the spread of diseases are now determined - the ability to detect, test, isolate and treat as many patients as they can patients and track all their contacts; the ability of national health systems to cope with any increase in the number of cases, including in cases of sudden outbreaks; the ability of health systems to adapt quickly to the needs of society.

Three scenarios of what can happen during the weakening of social restrictions are prognoses right now: complete interruption of human-to-human transmission; recurring epidemic waves (large or small); continuous low-level transmission (WHO, 2020d). From the point of view of man-state interaction as to Right to Health realization, any scenario will be accompanied with changes and the point will be only in their emphasis.

2. Individual-state cooperation: emphasis changes

Based on the components Right to Health consists of, it is possible to predict structural changes in the man-state interaction, as well as the role of other subjects in these changes. Society as a whole and a state as the society form of organization, should work out new measures for the

development and further functioning of health systems at local, as well as at global levels. Ensuring adequate sanitation provides increased control over contacts and movement of people. The simplest and most effective way is digitalization control (controlling people by the means and through their cell-phones and PC). Of course, an ethical discussion arises regarding the restrictions and how it correlates with right to personal space and non-interference in the personal life of a person principle. Today, the emphasis is shifting from individual right to collective security (Ferretti et al., 2020).

Safe food, healthy working conditions and external environment, good nutrition and adequate housing largely depend on ideas of business over the issues mentioned. Business provides opportunities for financial sources of a person, his/her standards of living, on the other hand, business fills the state budget, which can also be spent on health protection. Also business, depending on its specifics, guarantees the conformity of its products or services to the standards of epidemiological safety. Today, business is also forced to adapt to new conditions - to develop new services and organize the whole work in the other way. It is not just about providing online services or monitoring the health of workers. The emphasis is upon social responsibility of business for the entire chain of interaction: employer-employee-product / service-profit-pay-labor-working conditions-public safety- security of the territory of accommodation etc.

Health education and information as part of Right to Health concept is also transforming. To form personal attitude towards an object, it is necessary to have reliable, actual and timely proved information. Here the leading role is and will be played by states and international organizations, which provide communication channels. The experience of the COVID-19 pandemic shows that harbored or misrepresented information about the disease and its incidence can lead to sad consequences for all the countries. The emphasis is on creating parallel information channels with a wide range of access and target groups (for population, for patients, for medical personnel etc.). For example, in addition to the WHO website and its regional offices, the EPI-WIN: WHO information network for epidemics network (2020e) was created. Most likely, this practice will continue to spread.

An important component of Right to Health concept is the right not to be used to medical and scientific experiments without personal consent, to have full information about the course of treatment and its consequences. Now the realization of this particular component is in crisis. The absence of the vaccine and its possible development only within two years, the unproven treatment protocols (Shang Yang, & Rao, 2020) creates an

opportunity to ignore this right with the motivation: “if we are supposed to die, at least we can try.” People in the face of death and lack of verified information agree to experiment. WHO has launched the Solidarity Trial program to provide reliable data as to safety and efficacy of four kinds of drugs which are tested today against COVID-19. To date, more than 100 countries have joined the Solidarity Trial, and 1,200 patients have been randomized in five countries. It is expected that from April 21, 2020, more than 600 hospitals around the world will be ready to join their patients to the program mentioned. The situation is motivated with the following: the faster the patients are recruited, the faster the results appear (WHO, 2020f). The emphasis in realizing this component of Right to Health has been shifted to collective health and is regulated by inner ethics of medical workers, as well as by the need to develop international standards for medical workers’ actions in critical situations.

Health education requires special efforts of such social institutions as sports, education and religion. The role of the state here is reduced to general regulatory functions and monitoring the implementation of epidemiological safety standards, as well as to dissemination of adequate information from reliable sources. If sports, entertainment and education can form general knowledge and skills in the field of a healthy lifestyle and safe behavior, the role of religion is much deeper. Religious communities can help to form emotional and rational attitude towards the subjects and events, give people behavior patterns that can be useful not only to maintain health, but also to survive isolation, to be tolerant towards sick people and restrictions. Approximately 84% of the world's population identify themselves with this or that religious group and, unfortunately, many outbreaks of COVID-19 have been associated with religious gatherings. Religious communities have the ability to mobilize and inform millions of people through their churches, mosques, synagogues and temples. EPI-WIN works directly with more than 60 religious organizations and recommends critical behavior patterns for health based spiritual needs (WHO, 2020g). The emphasis in this interaction is shifted from the policy of «letting-alone religious organizations’ activities» to «making religious (spiritual) practices to cooperate» in order to protect people of religious communities like all the other citizens.

Conclusions

To overcome the COVID-19 pandemic, get out of the current situation with the least losses possible and prevent similar outbreaks in the

future / or to be prepared for them, joint efforts of people, society and states are needed. The practice of “lockdown” or “shutdown” helps to slow down the pandemic, but cannot stop it.

Changes in the people-state interaction during the exit from the COVID-19 pandemic and in the post-coronavirus time will occur in several directions:

- narrowing the individual content of rights and expanding the spectrum of collective security one;
- strengthening state control over all entities involved in Right to Health and other personal human rights` realization (including right to freedom of movement, non-interference in private life right etc);
- intensification of attempts to make state control as invisible for a person as it can be possible;
- increased activity of human rights organizations and individuals to resist state control with legal methods and methods of social pressure;
- focusing the health system infrastructure not on breadth of services provided, but on dynamics of response; the ability to change the profile of medical services and even the location (if needed) quickly;
- healthcare system will have to include not situational, but constant readiness to identify, test, isolate and treat each patient (potential carrier of a socially dangerous disease) and to track all his/her contacts;
- all subjects will direct their efforts to increase the level of responsibility of a person for his/her own health, health of his/her family members, friends;
- strengthening state control over business to ensure the chain of interaction: employer - employee - product / service - profit - wages - working conditions - public safety - security of the territory;
- expanding the variability of information channels based on focus groups` needs and interests;
- expanding Right to Health concept, taking into account the need for financial, social, logistic, local, informational and other components of a person`s social health.

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