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Revista de cercetare și intervenție socială

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

Selected by coverage in Social Sciences Citation Index, ISI databases

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Revista de cercetare și intervenție socială, 2014, vol. 45, pp. 160-174

The online version of this article can be found at:

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Published by:

Expert Projects Publishing House



On behalf of:

„Alexandru Ioan Cuza” University,

Department of Sociology and Social Work

and

Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA

is indexed by ISI Thomson Reuters - Social Sciences Citation Index

(Sociology and Social Work Domains)



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Health Protection and International Relations. A Postmodernist Approach

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Abstract

Internationality is nowadays a field of interest for any scientific branch. Moreover, in medicine, delivery of healthcare should be assured at international and supranational level, as health involves the whole mankind. Therefore, throughout the history and also for the future to come, protection of both individual and public health should necessarily involve international relations. The present study aims at outlining – from a postmodernist perspective - the relationship between global health protection and the international relations it assumes. Healthcare is not only an international issue, it also grants international security. Health and disease have always been two paradigms of global welfare and, consequently, fighting diseases preserves the ecological balance on earth. Therefore, development of better international relations is the key through which the international policies on health should grant global individual and social welfare.

Keywords: internationality; health transition; delivery of health care; ecology; postmodernism

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Introduction

Health protection may be thematically integrated within the concept of security, known as representing one of the ontological constants of the international relations, viewed as a whole. Whichever the historical moment considered or the system of theoretical periodization of the history of international relations, security remains a conceptual background to which all the other elements of interstate interest, such as the economic and social context, the individual rights and liberties, the idea of international public order and justice, the welfare, belong (Jackson & Sorensen, 1999). Having here in view either the realistic visions upon the concept of international relations, continuing with the liberal ones, or the multitude of philosophical orientations bringing about modernity in International Relations (Marxism, Feminism, Ecologism, Criticism), the concept of security revolves chronologically first around the state then around certain active international entities, such as: various international institutions – according to the liberal vision (UN, NATO); the idea of state as part of the constructive security community (Deutsch, 1957), up to the promotion of feminist security arguments by imposing their necessary character for the legal order and for defending the modern general liberties; both the fundamental criticism theory and the quasi-totality of the post-modern theories we attempt at approaching in the present study introduce, as parameters of international security, notions such as ethnicism, religion, sex, language, age, emancipation and culture and, obviously, health condition.

At global level, the concept of health is probably the most largely discussed one in all actual postmodernist approaches. On leaving aside the strict domain of the eugenic theories – the more and more obsolete nowadays, especially at international scale – the concept of health and its international protection expresses most faithfully the postmodernist expectations of avoiding an absolute truth. Indeed, a simple review of the most recent working hypotheses of the medical science would show, beyond any doubt, that medicine, as a science of individual and collective health, is wholly deprived of any absolute truth, axiom or well-established theories. Starting from statal level, going down towards sub-state and ideologically individual levels, a good command over the concept of global health may be gained, in the most faithfully and intimately individual manner, but only for a short time as, suddenly, one inevitably returns to a global, multi-individual analysis, where topics such as globalization or terrorism and their impact on the economic security (Ilie, 2006) come to deeply influence the unique individual attributes, namely health, sanitary welfare, hygiene, life expectancy, and even human reproducibility. The observation may be therefore made that health, directly concerning the human being, may become one of the main areas of international interest, or it may be at least indispensable in any attempt of analytically approaching the international relations field.

Jus gentium has been established as early as the Roman jurisprudence. From that moment on – involved here being either a law valid for all nations or a more extended concept of order among them – the internal-external, national-international opposition became an indispensable constant of the classical world order. Whichever the topics – be them international affairs or international interests - whichever the geographical configuration of the term *international*, we always resort to what Jeremy Bentham (1784-1832) generated when using for the first time, in the year 1780, the word *international*. Health and, *a fortiori*, its protection – the concept of sanitary security – represent eminently international areas of interest. The domain of international relations cannot but include the essential element which characterizes individual global welfare – namely health.

Health protection and the international relations

The discipline of international relations has been described as a manifestation of the so-called cultural curves. Along the history, the theoretical approaches on the international relations have been always placed at the border between the human and social sciences. Not in the least, the domain of international relations came to be treated as an inter- and multi-disciplinary one (Lawson, 2010). Having all these in view, and not forgetting that medicine is the only science whose unique object of study is the human being, the association between medicine and the socio-humanistic sciences appears as absolutely natural. More than that, according to postmodernist concepts, investigation of international relations is focused upon various cultural domains, such as global heating, much more of concern at international level than a possible third world war. Nowadays, some new threatenings, manifested at individual level (Youde, 2005) are especially attended as, in most parts of the globe, diseases already represent a severe mortality-inducing factor, exceeding the borders of any other possible individual noxious agents. AIDS, parasitary pathologies (present in epidemic areas), multi-factor affections (related to metabolism, life style, environmental noxious agents) – the cardio-vascular, neoplazic pathology or the disorders of the nervous system appear now as the new enemies of world security, which calls for their careful monitorization at international level (Lawson, 2010). This is why nowadays, national and international health are to be considered as inseparable and consequently, the international law system could be a key factor in preserving international state of health stability (Taylor & Bettcher, 2002).

Therefore, the concept of internal and international security is permanently enriched with new aspects, quite distanced from the idea of state's survival as a political community (while adapting itself to the new threatenings which, without jeopardizing its political or social integrity, alters the international order and security), including the whole body of measures (health programs, sanitary and

social international policies, research and therapy programs, etc.) taken at international level for the protection/re-establishment of the psychic, physical and social equilibrium of each individual in part. Disease differs from the normal physiological state by the incidence of disequilibrium capable of generating new patterns of disorders (mechanisms of positive feed-back) which may affect the psychic, physical-somatic or socio-intellectual individual condition.

The etiological plurifactorial character of the elements involved in disease pathogenesis calls for opening new and increasingly varied battle fronts. New protagonists are manifesting at international level, while the interest on state problems gets diminished. In an extreme postmodernist vision, state is pushed towards the margin of the international scene where – in the context of globalization of health, especially the removal of economic barriers to trading by introducing free trade agreements (Blake, 2001) – the first positions are held by communities sharing similar interests, international organizations, corporations or trusts, institutions which, broadly speaking, are expected to face the new challenges threatening international security (Youde, 2005).

Initially, under the aegis of the League of Nations, then operating as an institution of The United Nations, World Health Organization (WHO) was created as an independent structure on April 7, 1948, its main objective being of assuring free access to the highest health status, whichever the place, moment, political colour, state or economic level. In this way, WHO has become one of the most important (if not even the main) guarantors of international sanitary security. The supreme decision-making corpus of the WHO is The World Health Assembly (WHA) (World Health Organization, 2012). As a coordinator of global health programs (epidemiological studies, therapy and mutual assistance campaigns, etc.), as an author of normative texts of international jurisdiction in the sanitary field or as an initiator of international policies in medical or pharmaceutical domains, WHO is probably offering the most eloquent example for the new directions of cooperation and international relationships (World Health Organization, 2009). A recent study presented the main trends and subjects on the WHA Agenda for the last 43 years (the top of these being communicable diseases, health systems and the health through the life course) and emphasized the responsibility of the Member States and the Associate Members of WHO in setting the WHA Agenda in order to attain the highest possible level of health for all (Kitamura, Obara, Takashima, Takahashi, Inaoka, Nagai, Endo, Jimba & Sugiura, 2012). Nevertheless, the need for optimal international protection regarding the right to health made the international professional societies to urge also the UN to name a special rapporteur on the right to health, as health was seen as one of the poor relations in the UN human rights system (Hunt, 2002).

Considering the global character acquired by the national health systems, the literature of the field stresses the fact that the specific needs and problems of these structures follow common patterns at international level. In this respect, the role

played by the global supra-national institutions for improving the internal health systems becomes more and more visible; problems such as sanitary financing systems, prevention policies (vaccines, screening, etc.), management and distribution of resources, the groups of interests active in the medical domain or the challenges coming from the part of multiple populations call for supra-state solutions and international cooperation (Balabanova *et al.*, 2010). Furthermore, such cooperation could solve many of the common poor (e.g. acces to care) or inconsistent (e.g. quality of care and patient safety) levels of performance found by international health system comparison programs that nowadays draw substantial interest from mass media or health decision-makers (Veillard, McKeag, Tipper, Krylova & Reason, 2013). These methods of international comparison, as to what the health system performance are concerned, must on the other hand fulfill a set of must-dos around legitimacy, validity, feasibility and technical support, with a transparent resolution of the possible arising trade-offs (Forde, Morgan, & Klazinga, 2013). At last, a peculiar topic of international concern is the problem posed by various dangerous practices with potential harmful effects among informal (not in all cases traditional) providers of health care, the inclusion of whom in the formal health systems was advocated historically by numerous international public health policies (Cross & MacGregor, 2010). Such, most frequent, traditional health practices seem to be very popular in numerous areas in the world, and therefore cannot be ignored by potential uniform international health programs.

The postmodernism, the international relations and public health

It goes without saying that, following an endless series of analyses and conceptualizations, postmodernism remains the most debatable theoretical current, not only in the field of international relations but, generally, as to the social and human sciences, an assertion based on the fact that all postmodern theories contest any previous moral or epistemological certainties (Burchill *et al.*, 2008). In the absence of any absolute truths, one cannot but grasp some tendency towards obscurantism or ambiguity, a trend which, at least in the opinion of the authors, is illustrating in an ideal mode their attempt of approaching international relations from a medical perspective. However, as medicine is viewed as an exact science, where will its absolute truths to be included?

Medical science is based on a series of scientifically (chemically, physically, anatomically-descriptively)-objectivated certainties, the more so that the new genetic investigations, initiated in the XXth century, lay stress on the idea of human stereotypes of – mainly - genomic type. In spite of all such arguments, supporting a conservative attitude, scientific and analytical rigor or informational exactness, the medicine of today raises problems with no concrete horizon,

attempting at destructuralizing and going beyond the biological condition. Man is not alone in the ecosystem, his primordial physiological existence being liable to influences even prior to the moment of its creation. The environmental factors, natural hazards, microorganisms or the other bio-variable entities to which the human individual survives permit to anticipate upon the evolution of the human species, on the basis of certain universal evolutive necessities. The direction of such an evolution imposes essentially a postmodern approach, involving a necessary and simultaneous “speculative” and “analytical” approach.

The directions of the continuous advance of the human species, the challenges of the actual pathology, the incidence of morbid factors at world level prevent any certainties in the medicine of the future. Each generation of physicians strives to discover not some absolute truths or certain still unknown patterns, but only to establish as performant as possible reaction algorithms for a new presumptive disequilibrium of individual well-being. The already classically applied - in the theories of the international relations - attributes of power, sovereignty or knowledge should be therefore viewed from a different perspective. Obviously, the policies applied in the sanitary field, the international normative background, the system of allotment of resources form together an apparently stable structural project capable of providing a theoretical basis to the whole international sanitary system. More difficult to observe is the frequency at which this presumptive system is subjected to any type of threatenings. One can see that, despite the repeated attempts at going beyond certain stages (to give the most eloquent example – the eradication of maladies), the time evolution of this project is only cyclical. Any algorithm applied for the substantiation of common international interaction plans in the sanitary domain appears as unapplicable as, probably, the biological hazard had not been correctly viewed. In this respect, the best proof for the development of a postmodernist theory is the very manner in which the international health system should be designed. This opinion is based on the idea that, nowadays, an international health system should represent the only viable solution not for a full success in the field, but at least for a coherent evaluation of the problems which health condition faces today at global level. In the following, the main development directions of the international policies applied in the sanitary domain will be discussed. Without neglecting data with historical character, stress should be laid on the presentation of some globally-beneficial evolutive stages recorded in medical investigations, as the result of an international cooperation, for demonstrating the plurifactorial situation here evoked, with reference to some possible aggression factors for various parameters of the global health condition.

The concept of epidemiological transition in the medicine of the world

In epidemiology, the theory of transition illustrates the fundamental manner in which the chronological historical evolution of the pathogenetic phenomena, be them infectious (or of hygienic type), anthropological or multifactorial, have been approached (Mackenbach, 1994). The concept of transition includes not only the evolutive hypostases of a pathological or pathogenetic context, but much more than that, namely the social reaction to such phenomena, be it based on divine invocation, on habits or empirical discoveries or, later on, on medical skill. In the absence of a well-established theory, documented epidemiological history begins with the epoch of pestilence which, chronologically, dominated world's medical history as early as Antiquity, aggressively evolving towards the Middle Age and eradicated during late Renaissance. The epoch of pestilence has been dominated, as shown by its very name, by infectious diseases (pests) provoked by the absence of hygiene, present at global level, with some timid exceptions registered in certain demographic areas without intense population transit and, consequently, characterized by a higher hygienic standard. Epidemics and death were the basic attributes of the general health condition of those times. As the causes of such phenomena were not known, the disease was viewed as a divine punishment, whereas promiscuousness and lack of hygiene generated lethal pandemics as late as the VIIth century, when smallpox was still causing about 60 million deceases worldwide.

In the Asia of the Xth century, the first attempt at preventing an infectious disease through inoculation of the pathogenic agent of smallpox was recorded, first in India then in China – and only then in Europe. Later on in the history, isolation of the ill ones brought additional benefits in the struggle against spreading of this malady in large communities of people. The XVIIIth century, when Edward Jenner, inoculating the vaccinia virus to humans, prevented spreading of smallpox, records the beginning of the vaccination era, while the XIXth century remains in the history of medicine as the time of the main discoveries on vaccines, hygiene and control of the infectious maladies which, until then, had dominated the nozological picture worldwide. It was only in 1977 that the first (and, actually, the only – see the above-mentioned context, according to which the global measures taken for the prevention of diseases are subjected, even nowadays, to some special challenges, while world's attention should be prioritarily oriented towards health protection, on leaving aside the various regional games of power) infectious disease – smallpox – was eradicated, unfortunately, concomitantly with the emergence of some new diseases, even if of non-infectious type (cardio-vascular, neoplasic, metabolic pathologies) and, even more important, with the re-emergence of some infectious diseases considered as being under strict control (such

as tuberculosis, which remains one of the main causes of mortality, even in socio-economically advanced regions) (Reingold, 2000).

Causes such as aging of the population, modification of the life style and of the alimentary chemistry, emergence and re-emergence of infectious diseases at all ages and, even more important, intrication of the pathogenetic infectious causes with the non-infectious ones produced new diseases/manifestations, the so-called pathologies of the civilization or of the life style, against which the main fight is nowadays fought all over the world. Parasitary (tropical or non-tropical) diseases remain among the major preoccupations of WHO, along with the neoplasic, cardio-vascular or mental maladies, to which new international plans and consensus of diagnosis and treatment, screening testing, diagnosis tests, therapeutical algorithms, etc. are devoted. All in all, the epidemiological transmission could be seen as a landmark for global health conjunct policies. These policies, alongside with regulations, agendas or budgets have been dominated by international efforts to control infectious diseases, beginning far in the past and extending to the present, often at the expense of addressing more chronic health and environmental concerns (Markel, 2014).

Health and disease, paradigms of international security

Several definitions are in use for faithfully depicting health condition, exactly because this notion, involving a high degree of relativity, describes a complex and difficult to identity, evaluates or quantifies this bio-social phenomenon. Health condition is a parameter with global implications, not only of medical but equally of economic or psycho-social nature, which justifies the idea of being considered as an exponent of international security. Nowadays, the assertion may be made that health represents a somatic and psychic equilibrium backed up by the capacity of adequately responding to the stresses of the natural, economic and social environment. To paraphrase Schopenhauer, one may say that health is not everything but also that, in its absence, everything becomes nothing.

On the other side, disease represents a peculiar form of existence of the living matter, characterized by the occurrence of a process which alters the functional integrity of the organism, as well as the relation of the organism with the natural and social environment. That is why, diseases may be considered as manifestations of the adaptive failures of the human organism, and also consequences of the failures recorded in the conflict with various biological, physical or chemical aggressions. Consequently, promotion of health cannot be attained in the absence of knowledge on the ubiquitous phenomenon called disease. The observation therefore made is that both the health and the disease status represent parameters of the condition of physical, psychic, social and, more recently, of economic well-being, describing a large spatial variability – which necessarily calls for a global

unitary view, even if, by its incidence, prevalence and morbidity, the pathological phenomenon is always manifested in quite various ways, so that approaches adapted to the epidemiological status specific to a certain areal – state, region, race, etc., are required.

The origin of the idea of global human security, established as early as the 60'ies, includes aspects dealing with the concept of security in almost each domain of human life (Tow and Todd, 2000). An important declaration on the concept of human security appears in the Report on Human Development elaborated by the UN in 1994, according to which, up to that moment, the concept of human security was defined as the security of some territory against external aggressions or as protection of the national interests in external politics, or as global security against a possible nuclear holocaust. All these alternatives neglected the basic preoccupations of ordinary people, who looked for security in their everyday life, involved here being threatenings such as famine, maladies or repressive actions (United Nations Development Program, 1994). Moreover, these are the premises that require strong international intervention, as that of the G8 and the UN through the launch of GFATM (Global Fund to Fight AIDS, Tuberculosis and Malaria) in the developing world in order to limit the expansion of contemporary infectious diseases such as AIDS, tuberculosis or malaria (Moran & Ford, 2003). Consequently, health condition and pathogenetic aggressions lay at the basis of the concept of man's world security. In our opinion, it is exactly this aspect that should be viewed as the starting point of all policies aimed at improving the individual, national, regional security status.

A delicate problem frequently approached by postmodernists is that of human security with respect to the protection and observance of human rights. It goes without saying that supporting human health is fully related to the extent to which human rights namely the right to life, survival and development and, obviously, the right to health protection, are observed. The abuses against human rights, induced by oppressive state policies (*e.g.* torture) or terror (see the new aspects of terrorism or the terror generated by the struggle against terror) have been quite often defended, and justified by superior interests of either states or communities. However, human rights are equivalent with the statal ones, so that their separation appears as absurd – which leads to serious deontological problems related to the international political organization, as interests which act against the general welfare, and affect significantly the natural concepts of sustainable global security and development are still promoted (Nardin & Mapel, 1992). Not the least, closely related to the principle of human rights is that of equity in health, both aiming to achieve optimal health and to reduce international discrepancies in health services for vulnerable, marginalized or discriminated populations (Eide, Amin, MacLachlan, Mannan & Schneider, 2013). Equity in healthcare should therefore be one of the main pillars of international security as the vulnerable groups neither posses the methods, nor the funds to ensure their own healthcare stability. An

important role in this respect is that of the OECD (Organization for Economic Cooperation and Development) which should continue to support countries in reaching their goal in strengthening the health information infrastructure in order to perform better healthcare and health system quality and performance monitoring and optimization (Oderkirk, Ronchi & Klazinga, 2013).

One should also evoke the sanitary ethical and deontological aspects as, viewed from the perspective of the fundamental rights, they constitute a para-legislative background frequently employed as an archetype for the elaboration of juridical norms. In the era of globalization, a definition of a background of sanitary ethical responsibility is quite difficult to establish, as the global spiritual dimension is characterized by high versatility. In this respect, one should necessarily consider, on one hand, the theoretical dimension of the phenomenon, which should reflect patterns of social and ethical responsibility in use in the public health organizations and institutions and, on the other, feasible practical patterns capable of assuring a responsible ethical behaviour from the part of the sanitary staff, especially in relation with the existing resources and financing means. Nevertheless, such lines of interest should be grafted upon a global context of spiritual and social heterogeneity, which is actually the final end of man's instinctual need of preserving his own identity as better as possible. That is why, one of the most feasible solutions for a good global cohesion of the international policies of public health might be provided by global health training programs. Medical education should, in this respect, expose students to more global health issues, preparing them to work in culturally diverse contexts and aiming to adopt a set of essential global competencies, and by all of these creating the *globally competent physician* (Martimianakis & Hafferty, 2013). Finally, implementation, in certain geographically key-points, of unitary bioethical principles and of sanitary codes of good practice might improve the functionality of the existing programs of public health, along with re-launching of new programs with universal addressability (Crump & Sugarman, 2010).

Is ecologism a solution?

Modern studies suggest that public health should be the central criterion and the best long-term indicator of the quality for the natural environment management (McMichael, 2009). In this respect, recent environmental research consider that one area of great interest is the relationship between biodiversity and infectious diseases and the ways in which ecosystem change and biodiversity loss may affect the ecology of disease organisms and the dynamics of pathogen-host interactions (Keune, Martens, Kretsch & Prieur-Richard, 2014). Therefore, are the ecologism and subsequent environmental action a proper solution to end global public health issues?

The ecological crisis – namely the problems of the environment viewed broadly, and not only climatically but also pedologically, faunistically and floristically, the crisis of resources and of energy, etc. – exercises a more and more acute influence upon the international policies. In this respect, international ecologism, as a theoretical position in the domain of international relations, is probably the most recent approach of this type. Ideas such as ecocentrism, limits of ecological growth and post-development or the ecologicist rejection of the etatic system apparently counterbalance the postmodernist theories about international relations (Burchill *et al.*, 2008). By promoting a sustainable yet decentralized global policy, for a long-term ecological development, does international ecologism really provide solutions to health problems at world level?

Indeed, health protection is almost impossible without preservation of the environmental quality, both from the perspective of sustainable development and from the viewpoint of an ecosystem's bioavailability. Additionally, health and environmental protection imply appropriate standards for products and food also, which should be one of the main preoccupations of the decision-makers, bearing constantly in mind the potential risk of each substance (Lee, Pedersen, & Thomsen, 2013). Thus, the theories of the ecologists, stating that modern societies have become ecologically non-sustainable (Bălteanu & erban, 2005) open a gloomy perspective on the possible maintenance of the parameters of sanitary and hygienic quality of life. In this way, confronted with a destructive life style, visibly contrary to the idea of biosphere's survival, humans come to deny their ancestral survival instincts, specific to the living being. Even if with a critical character, the ecologicist approach integrates and substantiates – in an antiglobalistic manner, contrary to the present etatic system – norms and political instruments which might induce, in a certain moment, a biologically structural and biospherically functional equilibrium (Burchill *et al.*, 2008). In this way, the movement of international ecologism will be probably quite close to the creation of a sustainable health system, functionally adapted to individual needs, yet globally sustainable. On the other hand, when referring to globalism and global relations, there are plenty of international agreements that, although not focused on health or environment, have considerable impact on any of them; this is why no single country or group of countries can face the environment and health related concerns alone, instead the international community should act with transparency, strong scientific knowledge, shared burden and coordinated efforts in order to enable effective programs for dealing with global environmental health issues (Norman, 2011).

The contemporary urbanistic and industrial developments call for a coherent theoretical basis, involving an extended applicability of the concept of environmental and human health security. In this respect, it is well known that modern welfare states invest big shares of their resources to the provision of healthcare services, expecting longevive industrial and economical gains in advance (Reibling, 2013). On the other hand, the environment, including either climateric

problems or aspects related to pollution and the modern consumptive lifestyle, necessitates a continuous protection – including elaboration of action plans at world level, whose implementation might represent the only solution for granting future global well-being and health (Gore, 2006). The policies on the crisis of resources and global economic interests do not include an eloquent status of human protection. Without giving credit to conspirative directions, stress is once again laid on the fact that the only viable policy, independent on any other factor of external nature, is that of preserving the general health condition. Without it, and in the impossibility of granting protection to the macro ecosystem represented by Terra, no other policy will have a sustainable applicability.

The elements attacking the idea of life and human well-being, even in moments of acute crisis of the terrestrial ecosystems, do not necessarily provoke general problems – in this respect, one may observe how, lately, human microbial pathology is alarmingly increasing, being caused, on one side, by the absence of hygiene and, on the other, by the deep alteration of human organism's capacity of maintaining its immune status. The new pathologies generated by oncogenetic microbial strains (see HPV and the cervical cancer) or multiresistant strains (the most obvious example being the Methicillin-resistant *Staphylococcus aureus*, considered as having developed its pluriresistance starting with the year 2012), the still non-eradicated parasitoses, the newly-discovered prionic diseases, all these examples testify the survival and development of microorganisms (even in a deeply altered ecosystem) to the detriment of the human being. More than that, the more affected and unbalanced is the environment, the more sensible and pathologically-receptive man becomes. Even if ignored, the relation between protection of human health condition and protection of the environment taken as a whole should be conceptualized more seriously in the near future, for attaining possible sustainable improvements in both directions.

Conclusions

Approaching, even in general terms, of the problem represented by health, imposes a thorough training, as the relative scientific data of this domain have a high degree of intrication with paramedical, technical, environmental, political or economic factors. Everyone knows, for example, how important are, at worldwide level, the consequences of a certain economic pharmaceutical policy – involved here being aspects of medical ethics and moral, or of observance of the human rights (access to health services, observance of human dignity and of the right to health care).

Deduced from all these considerations is the importance of the application of one or another system of health protection, be it a regional, statal or global one. However, in the absence of coherent programs for the protection and preservation

of the general health condition, the plurifactorial pathogenetic threatenings might considerably reduce not only life expectancy of Terra, but mainly the coefficients of life quality. Equally, in the absence of an integrated management of the existing resources, of well-established policies of sustainable development, the bioavailability of the terrestrial ecosystems becomes more and more limited. Implementation of such policies, together with an early detection of the pathological phenomena (screening and monitorization), as well as their secondary and tertiary prophylaxy represent – probably – the only means by which the qualitative status of the human race could be re-established, a desideratum to be attained only by an unitary, common policy, adapted and applied at global level.

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