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Realizing Justice in the Coordinated Global Coronavirus Response

Abstract: The COVID-19 pandemic is affecting countries across the globe. Only a globally coordinated response, however, will enable the containment of the virus. Responding to a request from policy makers for ethics input for a global resource pledging event as a starting point, this paper outlines normative and procedural principles to inform a coordinated global coronavirus response. Highlighting global connections and specific vulnerabilities from the pandemic, and proposing standards for reasonable and accountable decision-making, the ambition of the paper is two-fold: to raise awareness for the justice dimensions in the global response, and to argue for moving health from the periphery to the centre of philosophical debates about social and global justice.

Keywords: *COVID-19; Equality; Global Health; Global Health Ethics; Global Justice; Pandemic Ethics; Procedural Ethics; Public Health Ethics; Vulnerability*

Introduction

Health concerns have been present in philosophical literature about global justice and global ethics from the start. Much scholarship has started with the stark health inequalities between societies as a problem troubling to our moral intuitions, and motivating theorizing. One seminal paper by Peter Singer, Famine Affluence and Morality, argued for the irrelevance of proximity and national borders in consequentialist reasoning about duties to assist (Singer, 1972). That argument was, in fact, responding to news of acute mass starvation in Bangladesh; and health deprivations, such as acute starvations, were understood as a symptom of extreme poverty. Thus, health inequalities have for a long time been a launching off point for moral and political philosophy as well as the debates about global justice. However, health and health inequalities have often not been of direct and sustained focus. They neither became a central concern in mainstream philosophy nor in the dominant debates about global justice. Yet, there are notable exceptions (Banerjee et al., 2010; Benatar and Brock 2011; Chung and Hunt 2012). But even then, the focus on health was seen as a discrete field of application of various principles of global justice, not as one

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of its central areas. Given the importance and the moral relevance of health – due to its impact on well-being and on the opportunities for good human lives – and thus its close conceptual connection with justice, more work is necessary to lay out and develop the theoretical resources from global justice and global ethics for a global public health ethics (cf. also Benatar and Brock, 2011; Hunter and Dawson, 2011; O'Neill, 2011).

We argue that the COVID-19 pandemic, and its multiple ethical dimensions, compels a reassessment of how political and global justice philosophy engages with health issues. Similar to how certain economic principles and legal paradigms have been integrated into mainstream ethical reasoning about justice, certain health-related paradigms and principles need to be integrated into ethical reasoning about global justice, as well (Dwyer, 2005; Lenard and Straehle, 2012; Ruger, 2009). This has shown to be especially important in the HIV and Ebola epidemics, and it is – again – of special moral importance now, in the global response to the Covid-19 pandemic. However, theoretical reflections as well as concrete practical applications are by far not prominent and influential enough. If done with more collaborative scholarly effort, integrating a focus on health and well-being will, we contend, not only provide guidance for the current coronavirus response. It will also help develop the field of global public health ethics and support a further transformative influence on political and global justice philosophy – which will in turn have a continued impact on global health also in the future.

To help motivate and explain our claim, we will, in the following, do three things. First, we briefly describe the recent engagement of a group of ethicists with an urgent practical problem. The group – of which the authors of this paper are members – aimed to provide ethical guidance in the form of a policy brief to various global actors seeking to act collectively to contain the coronavirus pandemic through pooling resources and coordinating the development and distribution of pandemic response tools including tests, diagnostics and therapeutics, and a potential vaccine. Second, in the main part of the paper we discuss the methodology, and the normative and procedural principles that were advanced in the guidance. We present the reasoning and justification for identifying those particular principles for a coordinated response to the global health emergency. And third, we conclude with a reflection upon the implications of these points for the need and relevance of establishing health as a central issue in moral and political philosophy, particularly in social and global justice theorizing.

A request for ethical expertise

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Within a matter of weeks and months, a new virus, emerging at the end of 2019, has rapidly transformed our societies and the world. The spread of the novel coronavirus SARS-CoV-2, has – by virtue of its transmission from person to person – made visible how connected human lives are today: The pandemic exposes both the interconnectedness of human beings across societies as well as the interdependency of human beings and societies across borders. These connections and relations between individuals, groups and nations generate massive impacts on the health and well-being of others. And how countries respond, in terms of policies or non-actions, within their borders as well as in relation with other countries, international organizations, the private sector, NGOs and so forth determines how the pandemic spreads, affecting health and well-being also elsewhere. Furthermore, it impacts on the prospects of the global containment of disease cases and a potential eradication of the virus. If interconnectedness within and across societies can produce not only benefits, but also great harms, mitigating those harms, and preventing future harms, becomes imperative. It requires concern and coordination between different diverse agents. While this diagnosis about the harms to health from global interconnectedness has already been made before the COVID-19 pandemic – and the current pandemic is not categorically different from other previous infectious disease outbreaks – the outbreak, nevertheless, has made the health-interconnectedness link even more obvious, more urgent, and more widely recognizable well beyond the health sector.

Health has to figure as a central element in both social justice and global justice theorizing because human well-being, of which health is a core component, is affected, caused and distributed by how the basic structures of societies and the world order are organized. Moreover, health is affected by the quality of relations and interactions between agents, groups, institutions, and nations. Copious literature on the social and political determinants of health, disease and deaths in general exists in social epidemiology (Berkman et al., 2014; Marmot and Wilkinson, 2006). In relation to the present pandemic, we must also start from the position that the initial outbreak of this zoonotic virus – the initial genesis of SARS-CoV-2 and its immediate spread from animal to human – was shaped by existing social structures, policies and norms. These factors also influence initial human to human spread, and then, the actions or neglect in managing the health crisis. Unlike a natural disaster, the profound impact of social structures, institutional arrangements, social policies and neglect in determining the harms and deaths, as well as pre-existing relational inequalities and special vulnerabilities, make the pandemic an urgent matter of social and global justice (Farmer, 2001; DeBruin et al., 2012).

Despite the obvious need for cooperation and coordination of actions by a range of actors at the transnational level, there has been, as of yet, relatively little discussion about ethical principles or substantive global justice approaches to inform and guide a globally coordinated response to the current health emergency (Oxfam International, 2020). Important ethical contributions, however, have been made in the context of earlier pandemics, such as influenza, HIV/AIDS or Ebola. Several researchers argued that ethical discourse about the global spread of infectious diseases should develop a public health ethics framework. This framework should be informed by knowledge about international relations, global governance, global and domestic justice and the social dynamics within and between societies in order to understand the complex dynamics of a pandemic, its impact and prevention (cf. Benatar, 2002; Farmer, 2001; Smith and Silva, 2015; Usher-Pines et al., 2007). Several other researchers have appealed in particular to the principle of solidarity (Thompson, 2016; West-Oram and Buyx, 2016) or laid out different strategies to justify positive global moral obligations to help those in need (e.g. Ruger, 2020) – arguments that expose the acts of countries choosing to pursue their own independent paths, as morally problematic.

Currently, there is no effective and widely agreed upon ethical framework or principles to guide the entire and diverse range of global actors. Indeed, the World Health Organization could have the abilities to put forward such guidelines, including ethical guidelines on specific topics. However, existing guidelines whether scientific or ethical are directed toward individual member states and their actions within their national borders (Lee, 2009). While scholars have been discussing a possible role for WHO in advancing global or transnational frameworks or values (Ooms et al., 2014), at present the WHO does not provide guidelines on how countries should relate to each other. This is because its employers, the members states, have not ever before asked it to do so. Also, WHO does not officially address international non-state actors such as corporations, NGOs, foundations, and so forth regarding their role in health policies.

Similarly, UNESCO's entities focussing on the ethics of health and of science, do not seem to have the ability to clearly focus on trans-national cooperative actions of actors, including governments (UNESCO, 2020). Against this background, further efforts are necessary to make philosophical knowledge and expertise available and applicable to expand the existing theoretical and practical resources for a global response to the current pandemic. Doing so clearly is an exercise in non-ideal theory, in providing considered theoretical assessments and recommendations for the non-ideal world, at the global level.

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As one concrete example, in mid-April 2020, the Ethics Working Group[1] of the Competence Network Public Health COVID-19[2] was approached with several requests from German and European policy makers to draft, in a policy brief (Venkatapuram et al., 2020), a set of ethical principles to be put forward as possible guidance for diverse actors coming together at the international pledging conference hosted by the European Union on 4 May 2020.

The conference's aims were to raise funds and strengthen political support for a coordinated *Coronavirus Global Response* (CGR) (European Union, 2020)[3]. It ultimately registered pledges from governments and philanthropies totalling 9.8 billion Euros, 2.3 billion above the target. At that time the EU, along with the international NGO 'Global Citizen,' was planning to host another global pledging event on 27 June 2020, going beyond governments and large institutions to also reach individuals and communities worldwide.

The requests for ethical principles to guide the CGR can be understood as being motivated and justified by at least three considerations. *First*, the fund-raising effort aimed to pool and allocate resources with the aim to more quickly develop effective COVID-19 response tools (mainly a vaccine, but also tests, diagnostics and therapeutics), but there was uncertainty of how to integrate infectious disease control and financing rationale with ethical values such as solidarity and fairness. Previous experience with the H1N1 pandemic had shown that high-income countries monopolized stocks of vaccines (Jochum, 2009), leaving poorer countries exposed to and increasing the likelihood of a global resurgence of the virus (Vargas-Parada, 2009). Addressing specific national vulnerabilities and securing adequate access to response tools to all the places in the world they are needed, thus became a matter of particular moral urgency.

Second, attempts to effectively and durably contain the COVID-19 pandemic require *global coordination* across governments, multilateral and non-governmental organizations, public-private organizations, philanthropies and others. By early April 2020, it was recognizable that every country's national

1 The ethics working group (of which the authors of this paper are members) within the German Competence Network Public Health COVID-19 comprises a number of public health ethicists, medical ethicists and others working in related fields of applied ethics, as well as of moral and political philosophers. It also includes affiliated researchers with expertise in neighbouring disciplines and experience of working on issues such as global health, pandemic ethics, and methods of moral decision making. Through these members, a larger network of additional experts can be activated as an additional resource (Competence Network Public Health COVID-19, 2020b).

2 The Competence Network is an 'ad hoc consortium of more than twenty-five scientific societies and organisations that are active in the field of public health,' representing several thousand scientists from Germany, Austria and Switzerland and bringing together multidisciplinary expertise in research methods, epidemiology, statistics, social sciences, demography, and medicine. The network's goals include providing 'interdisciplinary expertise on COVID-19 for the current discussion and for decision making in a quick and flexible manner' by compiling, processing, and disseminating scientific evidence in an accessible way, primarily targeting government agencies, institutions and policy makers (Competence Network Public Health COVID-19, 2020a).

3 The following paragraphs include material that was first published online (Heilinger et al. 2020b).

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interest to contain infections and limit fatalities domestically was directly affected by the actions and capacities of other countries (Blenkinsop and Guarascio, 2020). And, despite the shared goal of containing the pandemic within and across borders, the many actors involved in the CGR have multiple and diverse interests, resources, constituencies, expertise, public health capacities and so forth. Ethical principles were thus needed to help clarify, organize and, if possible, align the diverse motivations and capacities, and to provide ethical justification and guidance for cooperative actions.

And *third*, an acute ethos of competition between nations and medical technology companies was taking root and threatened any coordinated global response to the pandemic. And, in a novel situation for the post World War II world order, the United States was not leading efforts to address a global crisis, and not even participating in the pledging event. In fact, the American President, Donald Trump, announced just prior to the 4 May 2020 meeting that he was launching 'Operation Warp Speed,' a program to produce vaccines for Americans, and not accessible to all as global public goods (Jacobs and Armstrong, 2020). To mitigate an emerging ethos of competition for pandemic response tools and to guide the necessary global cooperation around them, the articulation of global ethical principles became necessary.

Members of the Ethics Working Group drafted the policy brief based on the best available research, outlining normative and procedural principles for a coordinated and justified CGR. The policy brief was then given to those who initially requested it and to several other representatives of governments and international organizations involved in the pledging conference. It received positive initial feedback, but at the time of writing we cannot tell whether and if at all it will have lasting impact.

From theory to practice

In contrast to producing an academic paper, the request was urgent and had a few days' window of opportunity to provide input into the ethics of a coordinated global response to the COVID-19 health emergency. Contributing authors from the ethics working group represented different theoretical and practical backgrounds.[4] The outcome was meant to be pragmatic and discrete: a meaningful and useful contribution in the form of an accessible, short formulation of principles that are easy to grasp, well referenced, and readily applicable to the public and political discourse at play. A subset of *substantive normative* principles was meant to inform and guide deliberation and decision making, another subset of *procedural*

4 Next to the authors of the present paper, these were Angela Ballantyne, Alena Buyx, Ryoa Chung, Angus Dawson, Lisa Eckenwiler, Hans-Jörg Ehni, Agomoni Ganguli-Mitra, Samia Hurst, Peter Schröder-Bäck, Quintus Sleumer and Alison Thompson.

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principles was meant to describe the standards according to which the normative deliberation and decision-making processes should take place. Scholarly debates about justification were left out in the pursuit of presenting basic principles to inform and guide decision making about the development, manufacturing and distribution of medical response tools to control the pandemic.[5]

Working at the global or transnational level with diverse actors, the authors and contributors understood the exercise as needing to find relevant and common points of 'incompletely theorised agreements' (Sunstein, 1995). It was also a quest to find principles that could plausibly achieve an 'overlapping consensus' (Rawls, 1999: 340) between actors and views from different justificatory strategies, theoretical schools and varying social and cultural backgrounds.

This approach, furthermore, was conceived of as a pragmatic one, in the sense that the ambition was to propose important elements of a sound, methodological approach to ethically aware decision making under non-ideal, real-word conditions. It was not to discover, present and defend an ideal moral truth. Here, the influential work on the method of inquiry and practical decision making by pragmatist philosopher John Dewey (1859-1952) provided valuable inspiration. Dewey had suggested a general structure for 'inquiry' understood as a methodologically reflective attempt to identify and solve problems while integrating the perspectives and view-points of all affected (Dewey, 1938). This approach has, on occasion, informed applied ethics and public decision-making. And, most recently, it has been defended in an original way by Philip Kitcher as a plausible path forward to seek and realise progressive social change (Kitcher, 2021).

Being aware of the limited influence academic normative theorizing is likely to have on policy-making in times of crisis, the challenge at hand consisted in making existing theoretical knowledge as accessible and as 'ready to use' as possible in the impending political deliberations. The choice of formulating *principles* for the policy brief, however, was not without alternative. The authors also considered elevating the intended *heuristic* function of the policy brief by putting ethically relevant dimensions in the form of questions for deliberating upon. This was also a possibility because the ultimate goal of the document was to inform decision makers about the ethically salient dimensions and guide their reflections, without providing predetermined answers. In the end, however, the decision was made for articulating principles, as initially requested, because at that point in time and state of the public discussions, it was thought necessary to ensure that certain ethical dimensions would not be neglected in the impending political deliberations.

5 But cf. e.g. Schramme (2019).

Normative recommendations: Four principles

Four core normative principles were identified and defended to guide deliberations and decision-making about the coordinated response to the Coronavirus global health emergency. The substantive principles take up issues of general relevance and not only pertinent to the current crisis. A realistic assessment of the failures to take effective action in the past moderates the hopes that existing global inequalities and vulnerabilities will now be effectively addressed by the pandemic response. Yet, even past failures to implement normative recommendations, and even a low likelihood of doing so now, does not make the recommendations less urgent or incoherent. Quite to the contrary: Under conditions of acute crisis the need for ethical reflection and guidance becomes even more important. Ethics principles are meant to guide action, not just affirm intuitions or predictable responses. The global crisis may convince some of the powerful actors involved of the need to work towards a globally coordinated response to address the acute and the underlying structural determinants of ill health and deprivations. A crisis, then, could also be made into an opportunity to advance much needed reforms.

Four normative principles for a global response to the COVID-19 pandemic

a. Global cooperation for solidarity and justice

b. Equal moral worth of every human being

c. Moral right to health and duty to protect

d. Addressing structural injustice and existing vulnerabilities (cf. Venkatapuram et al., 2020)

Principle (a) Global cooperation for solidarity and justice

Summary: The pandemic has made clear that people around the world are interconnected and interdependent. Its origins and spread are significantly influenced by social policies or neglect, making responding to it a matter of justice. Failing to acknowledge interconnections and interdependency as well as failing to take cooperative and reciprocal solidarity-based action to address shared problems will only prolong individual and shared vulnerabilities, harms and other inequities.

The health of humanity as a whole will, in the case of a pandemic, only be as secure as its most vulnerable individuals or subgroups. The multiple interconnections and interdependencies between people, societies, and economies – even if somewhat

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reduced from the pre-pandemic level – can bring the virus quickly from any one spot of the world to any other. A lasting, effective response to the pandemic will thus require joint and coordinated action. Furthermore, social choices and neglect at national and international levels leading to hundreds of thousands of preventable deaths and millions suffering in the short and long term are unjust, and demand global social action.

Until an effective and safe vaccine is available and can reliably be distributed where needed, infection control measures such as periodic social confinement will be necessary. National health isolationism leading to fragmentation of global response measures will undermine an effective and lasting response to the pandemic. Inclusive planning and decision-making based on relational fairness for all affected (Lippert-Rasmussen, 2018), and coordinated action exercised with a spirit of common purpose, global solidarity (West-Oram and Buyx, 2016) and an ethos of cosmopolitan responsibility (Heilinger, 2020) are necessary to overcome the current crisis. Only then will it be possible to plan, implement, and adhere to necessary adequate infection control measures across societies – possibly for extended periods of time. – Since the global health emergency exposes existing shortcomings of cooperation and justice, an increased understanding of the problematic global structural dynamics is providing the opportunity to discuss and eventually better address them (see principle (d) below).

Principle (b) Equal moral worth of all

Summary: Every human is a moral being with claims and abilities to pursue a decent life. Whether born into wealth or poverty, and regardless of country of origin or residence, gender, or age, every human being has dignity and moral claims that must be equally considered. As a consequence of the claim about equal moral worth of all, individuals become the ultimate basic unit of moral concern in global equity.

At the same time, individuals are social and relational beings. Pursuing a decent life entails social relations and cooperation. Families, communities and national governments can enable individuals to pursue good lives or hinder their prospects of doing so. The equal moral worth of all thus also has to be reflected in the type and the quality of interactions that occur between individuals and between groups of individuals (Anderson, 1999). During crises, there is increased risk that interactions and social interventions fail to acknowledge the equal moral worth of all those affected. National governments may follow, and have, in fact, followed the impulse to put their national interests first, using their powers to advance it even when this comes at the expense of others who

also might be in more urgent need. For example, the United States government was confiscating ventilators and personal protective equipment bound for other countries (Ankel, 2020). Or, it prevented the exports of various response tools. Even within countries, governments don't recognize the vulnerabilities of all citizens. In many occasions, existing social inequalities become more severe through an unequal distribution of hardships, further undermining the ambition and outlook to respect all as moral equals (Bambra et al., 2020).

Thus, the basic commitment to equal moral status of all, common to democratic societies, has to be upheld even when challenged and when it comes under stress. Many nations already take measures to secure the equal moral worth of their citizens is respected within their borders, even if situations of scarcity make tragic choices inevitable (e.g. about who should get treatment). But also on a global level, it must not be forgotten that all human beings have equal moral worth, and that the global social dynamics have to mirror this commitment such as by not ignoring the plight of those who are less well represented and less heard in global deliberations. Given that the pandemic represents a new health risk to every human being, inequalities in access to its basic medical treatment are, thus, from the perspective of moral equality, unacceptable. This is irrespective of how much global inequality is entrenched, and apparently widely accepted as being the normal background conditions of the current crisis.

Principle (c) Moral right to health and duty to protect

Summary: The importance of health to every human being is reflected in ethical arguments for every human being's moral right to health and in international human rights law. A pandemic threatens health and life itself, activating moral and legal duties to protect every human being's right to health.

While the aim to contain a global pandemic is clearly an endeavor to protect the health and lives of individuals and populations, from the perspective of justice, every individual has a moral claim or a human right to health. The principles of cooperation for solidarity and justice as well as showing respect for the equal moral worth of every individual go some way to identify the aim and scope of justice, but they do not sufficiently identify any substantive claims regarding health. The importance of health to every human being is reflected in arguments for every human being's moral right to health, and in international human rights law. A current reading of the literature on the moral right to health provides an understanding that the claim can be grounded in a variety of theoretical approaches (Rumbold, 2017): It can arise from a utilitarian approach, whereby a right to health is calculated as the best approach to maximizing well-being. It

can arise out of the social contract, whereby health is seen as a socially created good that social contractors agree to provide as an all-purpose means to living a good life. Or, it can arise out of free-standing moral claims that reflect the human dignity of persons. Whatever the various grounding for a moral claim to health may be, a pandemic threatens health and life itself, activating moral and legal responsibilities and obligations to protect every human being's right to health. One particular aspect of the recent literature on the moral right to health is worth highlighting. Whatever the different theoretical approach people may align with, including a legal positivist approach to international human rights law, the right to health is not just a right to healthcare. This has some relevance to the pandemic in general, even though the policy brief was drafted to guide actions regarding the development and distribution of healthcare goods. Prior to this pandemic, there was already a recognition by health justice philosophers that health is influenced by a range of social and political determinants, from the local to the global, and from inception to death (Powers and Faden, 2006). The moral claim to health, then, is on the social conditions including, but not limited to, healthcare. While some see this just as a more expansive list of public health goods and services, other approaches see the determinants of health as rooted in the basic structures of society. Daniels, for example, argues that a society organized according to Rawlsian principles would regulate such structural determinants such that the resulting health inequalities would be fair, similar to economic inequalities (Daniels, 2008). Venkatapuram, extending Sen's Capabilities Approach, has argued that such social structural determinants are best understood as profound determinants of a person's capability to be healthy (Venkatapuram, 2011).

The second aspect to be highlighted regarding the right to health was that in this pandemic, the right to health of some individuals is more threatened. In many societies, health care professionals, first responders, public health workers and people performing essential jobs place themselves in harm's way are facing extra risk – in order to protect others from harm. The higher vulnerability of these individuals requires a social response that prioritises addressing their additional risk. Particular individuals may be lauded for their individual bravery or self-sacrificing behaviour for the benefit of others. However, in this pandemic, they perform a social function, and many are required to perform these roles with little choice. It is especially those individuals who have little option but to perform high-risk social support roles, that have stronger claims for protections, such as the pandemic response tools. These social role considerations are especially important for discussions and regulations on how to prioritize the distribution of the pandemic response tools. Prioritization criteria needs to reflect ethical

principles, and here the moral right to health and duty to protect individuals at higher risk is particularly relevant.

Principle (d) Addressing structural injustices and existing vulnerabilities

Summary: Specific vulnerabilities in relation to COVID-19 require giving particular attention to specific groups and individuals. These include those more vulnerable to health inequities, disease or to suffer from its consequences, and those more likely to suffer deprivations from infection control measures and its unintended negative effects.

Human beings are, as living beings, inherently vulnerable to certain kinds of harms. And this in-common experience of vulnerability as well as interdependent well-being creates social bonds across humanity. But additionally, specific vulnerabilities of specific people are created or increased by certain contexts and sources (Rogers et al., 2012). For example, people who are older or who have pre-existing disease conditions are more vulnerable to fall ill or die from COVID-19 (Lancet editorial, 2020; Ribeiro and Leist, 2020; Wadhera et al., 2020). People who live in dense areas and areas of economic deprivation with high concentrations of chronic illness as well as unhealthy housing conditions are disproportionately affected by harm resulting from COVID-19. Emergencies typically hit vulnerable and marginalized groups as well as countries hardest and increase pre-existing inequalities further (Chung and Hunt, 2012; Usher-Pines et al., 2007). In regard to contexts that make people more vulnerable, there is now a wide recognition that social structural inequalities are the real causal drivers behind COVID-19 disease and deaths as well as their social distribution patterns; and that these inequalities also lead to increased risk of unintended effects from infectious disease measures (Bambra et al., 2020; Gayer-Anderson et al., 2020).

The interdependence between chances of containment, individual health, access to essential services and poverty are especially visible in the COVID-19 response. Some non-pharmaceutical interventions such as mask-wearing or hand-washing are in many regions not comprehensively possible, due to the lack of resources. Furthermore, COVID-19 responses also significantly redirect medical, political and financial resources away from other healthcare programmes, often exacerbating preventable suffering and deaths. And strict physical distancing policies, such as stay at home orders, create for many, new vulnerabilities to suffering economic losses, mental illnesses and physical harm in the longer term.

A fair distribution of COVID-19 response tools will, therefore, require paying

particular attention to pre-existing vulnerabilities and disadvantages. The distributors will also have to pay attention to the social, structural origins of the unequal distribution of advantages and disadvantages in domestic societies and the global society, to prevent that the already disadvantaged will disproportionately suffer from harms resulting from COVID-19. General measures to address and mitigate existing inequalities and vulnerabilities, and remedying structural injustices, are then also directly linked to and conducive to addressing the specific inequalities and vulnerabilities to infections and death from COVID-19.

Procedural recommendations: Four principles

Alongside substantive ethical principles, the policy brief also identified four procedural principles for decision making. Norman Daniels has been a prominent figure to formulate procedural principles applicable for decision-making in 'normal' – non-pandemic – health care settings (Daniels, 2000; Daniels and Sabin, 1997, 2008). The reasoning for identifying certain procedural principles comes from the starting assumption that healthcare goods will likely be scarce in comparison to the demand. Even the richest country cannot constantly meet all possible healthcare needs of all its citizens or residents. At the same time, as Daniels and Sabin point out, reasonable people will disagree on the principles for distributing healthcare goods and services (Daniels, 2000; Daniels and Sabin, 2002). The authors highlight reasonable disagreement on whether to distribute healthcare to individuals based on greatest *need*, who will benefit the *most*, or whether to help as *many* people as possible. These three approaches, Daniels argues, are irreconcilable; there is no way to show that one is more valid, coherent, or important than another. Given these reasonable disagreements, procedural principles for decision making are established to ensure that the decisions reached are within the parameters of valid reasons ('reasonableness'), and have legitimacy.

During a pandemic, need outstripping supply will become even more acute. Historically, during epidemics and other emergencies, societies enter a period of 'exceptionalism.' For example, in contrast to normal times, legal mechanisms, from the local to global levels, enable putting aside normal procedures and laws during an emergency, particularly a public health emergency. A public health emergency is one of the few times that nation-states are considered to have permission to derogate from international human rights law. Indeed, many countries very quickly submitted their applications to derogate to the United Nations Human Rights Council, and, by now, several countries have implemented emergency COVID-19 laws in order for the government to take actions that would not normally be possible (cf. Euronews and AP, 2020). In this

context of social and legal exceptionalism ethical standards and accountability become particularly important: Ethical guidance complements good scientific reasoning during an emergency in order to create consistency, ensure good governance and fairness, build public trust, and prevent abuse of power and neglect (Enemark and Selgelid, 2012; WHO, 2007). Principles for procedural fairness thus are particularly important also in the context of a pandemic. Accordingly, several pandemic ethics guidelines highlight their relevance (Thompson et al., 2006; Upshur et al., 2005).

1. *Transparency/Accountability*: CGR should make the rationale for allocation decisions transparent and undertake truly inclusive and participatory global public deliberations about these choices.

2. *Reasonableness and integrity*: Decisions should be based on relevant reasons (i.e., evidence, principles, values) that stakeholders can agree are relevant to meeting health needs.

3. *Revisions*: All stakeholders should be able to bring forward new information, to appeal or to raise concerns about particular allocation decisions, and to resolve disputes.

4. *Urgency*: Given the spread of infections and deaths daily, the right to health and equal worth of individuals motivate acting quickly to prevent harms, while upholding quality standards in policy and practice.[6]

In the attempt to respect procedural fairness also during the drafting of the policy brief, its authors opened up the writing effort to a global network of global health ethicists.[7] The aim was to establish an impartial and inclusive perspective, as much as this was possible given the short time frame. As such it is a proposal for further discussion and debate. The group was and is open to both critical engagement and further extensions.

Towards global public health ethics

Based on a policy brief prepared in late April 2020, this paper presented and discussed four substantive normative and four procedural principles to guide a coordinated response to the current global health emergency caused by SARS-CoV-2. In this concluding section, we want to highlight three main upshots of our discussion.

First, the current pandemic has, as other social and biological phenomena that impact upon human lives, both acute and *structural* dimensions. Pandemics are as much social and political as they are biological (Farmer, 2001; Kapiri and

6 Four procedural principles for a global response to the COVID-19 pandemic, partly following Daniels (2000): Thompson et al. (2006), and Upshur et al. (2005).

7 See above, fn. 1.

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Ross, 2020). In the case of a pandemic, the global social, political and economic dynamics need to be taken into account as well (in addition to the domestic ones), generating structural disadvantages and injustices in the form of disproportionate and unfair distribution of benefits and burdens. Any ethically appropriate response to the current health emergency will have to acknowledge both dimensions, both in the acute (global) response and in the medium- and long-term interventions following the acute phase (cf. also Heilinger et al., 2020a).

Second, health should be further established as a central concept in moral and political philosophy, particularly in theorising about global justice. Given that the health, life, and well-being of people are so central to how humans live and live together, and given that they can be so unequally distributed, health needs to be moved from the periphery to the centre of philosophical attention. Inequality, particularly economic or political inequality, has been a central concern partly because of its corrosive effect on social cohesion and stability. Health shocks and manifested inequalities, as shown by this pandemic, can also be corrosive. Moreover, rather than being about healthcare allocation or new technologies, the pandemic brings to wider recognition how social norms, practices, and institutions, domestically and internationally, literally cause and distribute harms and death. At the least, theorizing about social and global justice has to continue integrating socio-epidemiological facts, such as the social gradient in health.

Third, the elaborate theoretical and conceptual tools from moral and political philosophy need to be employed to inform and guide practice and decision making. The right forum for this would be a philosophically informed debate on *global public health ethics* with practical ambition that is met through cooperation with health professionals and policy makers. The global devastation resulting from the current pandemic – but also other complex global challenges such as climate change – makes it imperative today to increase efforts in global justice theorising and health related ethical and political guidance and action, namely working towards global public health ethics.[8]

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