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**The right to health and the Shanghai Cooperation Organization**

**Annotation**

Main problem: the right to health is currently one of the fundamental human rights, as well as a factor and marker of sustainable development of the individual, society and state. Despite its importance, the right to health has to date received relatively little attention in international law at both the universal and regional levels. At the same time, attempts by states to fill this vacuum are obvious: problems of cooperation in the field of healthcare are given a special place within the framework of the SCO.

*Purpose*: analyze the healthcare cooperation of the SCO functioning with an emphasis on its structural features.

*Methods*: the methodological basis of the study includes general scientific and legal research methods: retrospective analysis allowed to consider the SCO’s main agenda; structural and functional analysis helped to reveal the institutional features of the SCO’s development in new humanitarian and geopolitical conditions; comparative analysis proved to be useful when comparing the strategic positions of the member states; the forecasting method allowed to assess the prospects for the SCO development as the largest Eurasian regional organization.

*Results and their significance:* the normative and organizational foundations of cooperation between SCO member states in the field of healthcare have been studied, and prospects and points of resistance for human rights issues within the SCO have been highlighted. How promising and successful such a specific direction is being implemented within the organization is the subject of this study.

*Key words*: SCO, health, Eurasia, right to health, healthcare, Eurasianism, organization.

**Introduction**

At the beginning of the new millennium, regionalization trends in the Eurasian region were expectedly reflected in the creation of the Shanghai Cooperation Organization (SCO), which was created as an organization focused on security issues, but very quickly intensified its activities in other areas of interstate interaction, including humanitarian and even human rights. Being a project of strategic partnership of the leading states in the eurasian region, the Organization evolved from a forum (conference), which did not provide for active, decisive, and large-scale actions to eliminate the threat of terrorism, into a classic regional international organization with such new formats of States participation inits activities as external associations, formal observers, dialogue partners [7, 26].

In recent years, there has been an increase in the role and influence of the SCO as a non-standard form of interregional cooperation between countries with different histories, civilizational structures, cultures, political systems, levels of economic development and influence in the world. The SCO is currently one of the rapidly evolving centers of a multipolar and at the same time global world, facing not only the opportunity, but also the need to intensify and expand its activities.

The SCO is a child of the Eurasian idea. The terms “Eurasian”, “Eurasianism” mean not only belonging to the Eurasian continent, but this is a philosophical concept based on the idea of the geopolitical and ethnocultural unity of Eurasia and asserting that the specificity of the Eurasian type of thinking and worldview and the entire history of the peoples of Eurasia are determined by it geographical location and special cultural codes. The ideas of Eurasianism, which are contrasted in the literature with the ideas of Eurocentrism [10], were developed in the XX cent. by N.V. Trubetskoy, G.V. Vernadsky, P.A. Florensky, L.P. Karsavin, V.N. Ilyin, P.N. Savitsky etc.

Now the SCO is a classic international organization with a wide sphere of interaction between states within its framework, outlined in Art. 1 of the 2002 Charter [11], adopted at the summit of the founding states in June 2002 (Charter), where issues of partnership in terms of ensuring security and stability in the region are brought to the fore.

**Materials and methods**

The methodological basis of the study includes general scientifc and legal research methods: retrospective analysis allowed to consider the SCO’s main agenda; structural and functional analysis helped to reveal the institutional features of the SCO’s development in new humanitarian and geopolitical conditions; comparative analysis proved to be useful when comparing the strategic positions of the member states; the forecasting method allowed to assess the prospects for the SCO development as the largest Eurasian regional organization.

**Results**

One of the necessary and inevitable areas of further development of the SCO is the sphere of ensuring human rights and fundamental freedoms in the member states, carried out in accordance with international obligations and national legislation. Collective efforts to protect human rights are directly enshrined in Art. 1 of the Charter, where one of the main goals and objectives of the Organization is defined as “... promoting the provision of human rights and fundamental freedoms in accordance with the international obligations of member states and their national legislation”.

In the Dushanbe Declaration of the twentieth anniversary of the SCO, adopted in 2021, states confirmed the universality, indivisibility, interdependence and interconnectedness of human rights, the obligation to respect them, and to oppose “double standards” (clause 5.9) [12]. In many ways, this turn in humanitarian cooperation within the SCO was facilitated by the global coronavirus pandemic. Thus, in March 2019, the SCO Secretariat submitted a number of proposals for consideration to the relevant departments of the member states, which include the development of a multilateral mechanism for prompt notification in the event of an outbreak of an infectious disease that has the potential for widespread spread. It was noted that the SCO member states have experience in combating various diseases and infections (for example, mutual assistance in combating outbreaks of Ebola and Zika). In addition, in December 2019, the SCO member countries agreed to regularly conduct exercises to identify and respond to sanitary and epidemiological emergencies, including using mobile laboratories. It was concluded that, in general, currently the existing mechanisms of interaction between the SCO countries on the prevention and non-proliferation of diseases are being fully implemented and are sufficient to effectively counter the challenges and threats of public health.

Thanks to the global pandemic, cooperation between states in the field of health care came into the focus of the SCO: this was facilitated by the very circumstances faced by all states, without exception, and the presence of an international legal regulatory framework. However, it is difficult to answer affirmatively the question of how the SCO member states view health care problems and the understanding and content of the right to health as a social concept in the same way. Precision and uniformity in the understanding of the right to health are lacking even at the universal level [1]. D. Fiedler has defined the right to health as a vague concept, such that no one is really sure what it means [3].

Since the early years of human history, various measures have been taken to ensure human health. Even in the Ancient centuries, conditions were created at the national level to ensure the health of citizens (infirmaries in Central Asia, asklepions of Ancient Greece, etc.). Water purification and sewerage systems, which arose earlier than 2000 BC, were created specifically to ensure the hygiene and health of residents [6]. However, health care remained for centuries the responsibility of families, private charities, and religious organizations rather than the state. There was no functioning healthcare system. The concept of health care as an element of the state system only developed significantly in the nineteenth century, when the need for international cooperation on health care arose.

**Discussion**

Currently, health is recognized not only as a human right, but also as a fundamental element of sustainable development: almost every UN Sustainable Development Goal (eradicate poverty, eradicate hunger, ensure gender equality and others) contains the issue of human health as a primary goal. Health has a separate SDG goal: ensuring healthy lives and promoting well-being for all at all ages [8].

It is necessary to determine which approach to understanding the right to health is now dominant in international law. General Comment No. 14, developed by the UN Committee on Economic, Social and Cultural Rights in 2000, reveals the content of the right to health, where, in addition to the right to health, the Committee draws attention to “a wide range of socio-economic factors that make it possible to create conditions for healthy life" [9]. These factors include, but are not limited to, quality nutrition, working conditions, housing, environment, access to water and hygiene. The Committee interprets the right to health broadly, including not only access to timely and quality health care, but also focusing on the fundamental factors that contribute to maintaining human health (essential prerequisites). This comprehensive approach to the right to health demonstrates the understanding that health care is only part of the health care system, and the inclusion of the basic premises of health in the legal interpretation emphasizes prevention and the general well-being of the population.

Historical analysis of the development of international legal regulation of the right to health emphasizes the need to constantly update and improve legal norms and principles in accordance with changing technologies, ethical values and social needs. The right to health is today enshrined in existing universal and regional international treaties, recognizing the importance of ensuring access to quality medical care, safe drinking water and other conditions, promoting health. The effective realization of the right to health has a significant impact on people's well-being and quality of life, as well as their ability to realize other human rights.

The need for cooperation in the field of healthcare has been discussed since the creation of the SCO, but unlike culture, education and other human rights areas, there has been no official activity in this area for a long time. Cooperation in the field of healthcare was discrete in nature and was usually activated under the influence of some external influences - local outbreaks of mass diseases, epidemics, or, as in 2020, the COVID-19 pandemic. In 2006, the summit of SCO heads of state in Shanghai instructed the Secretariat to develop a plan for interaction between departments responsible for health issues, as well as to form a permanent task force of experts. The desire to use collective opportunities in this area was prompted by alarming statistics about the high incidence of HIV infection in cities located along drug trafficking routes from Afghanistan to Russia [5].

In April 2020, a meeting of experts was held to prepare for the Meeting of the Ministers of Health of the SCO Member States. However, no clear guidelines were developed at that time: the tasks of ensuring the biological safety of the population of the participating states were only considered, a review of the epidemiological situation in the Member States was carried out, and the issue of strengthening cooperation within the Organization was discussed, aimed at strengthening control over the development of the situation with COVID-19 and the search for an effective method of treating patients with a confirmed diagnosis. It was decided to prepare a common document that would unite measures to counter the spread of coronavirus taken by member states in order to identify and record the most effective practices and positive experiences in combating this threat [13].

In connection with the spread of the COVID-19 pandemic, issues of multilateral cooperation in the field of healthcare have become particularly relevant in the Eurasian space. In November 2020, the Council of Heads of SCO Member States issued a statement on joint efforts to combat coronavirus infection, and interested SCO states adopted a Comprehensive Plan of Joint Measures to Counter the Threats of Epidemics in the Region. To solve healthcare problems, Russia even proposed creating the Shanghai Health Organization, similar to the WHO, aimed at creating a unified network of medical care and insurance, as well as providing high-quality medical care to citizens of member states throughout the SCO space [4]. However, it is obvious that the creation of such an organization is a long-term task, which requires long discussions and approvals, as well as large investments.

Cooperation between the SCO member states on health issues was not limited to solving critical pandemic problems. The direction related to the right to health has reached a new level over time, but using methods characterized by cooperation within the SCO.

In March 2024, the seventh Meeting of the Ministers of Health of the SCO Member States was held in Astana and a plan was adopted to develop SCO cooperation on healthcare issues until 2027. The meeting participants exchanged views on issues such as the development of the healthcare system in the SCO member states, the role of international organizations in this area, increasing the potential of medical and pharmaceutical personnel, as well as prospects for cooperation between countries in the field of medicine, pharmacology, and protecting public health[[4]](#footnote-4).

As a result of the meeting, the parties approved a Plan of main measures to develop cooperation between the SCO member states in the field of healthcare for 2025-2027. This document includes intentions to institutionalize interaction between the medical communities of the SCO member states and a plan of basic measures to develop cooperation in the field of healthcare. A key element of the documents was Russia’s initiative to create the SCO Medical Association, which would consolidate the Eurasian medical community and provide a platform for the collegial development of quality standards for medical care and common principles of medical ethics [14]. In addition, representatives of national ministries of health expressed interest in interaction in the field of digital medicine, which is actively used in the Russian Federation, which also proposed developing the possibility of transferring medical technologies and training medical personnel from SCO countries in Russia [15].

On March 5, 2024, an SCO seminar on the topic: “Challenges of military medicine” was held in Pakistan, organized by the Joint Chiefs of Staff Committee (JCS) of the Iranian Armed Forces. The participants discussed the development of modern military medicine, including the use of innovative methods and new technologies for its further improvement. The seminar participants emphasized the need to take effective measures to improve military medicine, strengthen its capabilities and potential in order to effectively counter modern challenges and threats. In these matters, expanding specialized cooperation between the SCO member states is one of the key tasks [16].

So, the vector of cooperation in healthcare issues within the SCO was outlined almost twenty years ago, but the thing is that many initiatives within the SCO come down mainly to advisory procedures, stating facts of support from member states and approving the measures they take, including on health issues, as well as the adoption of statements, usually of a political or declarative nature. The SCO has not yet taken any clear, specific and effective measures, including in the legal and regulatory sphere, as in the case of coronavirus infection.

Despite the high potential of humanitarian cooperation and the lack of direct connections with politics, many researchers point to a very weak or complete absence of practical activities in the SCO in the most pressing humanitarian areas, with a large number of declarative statements about the importance and need to develop partnerships [2]. Statements and declarations were either not implemented, or episodic one-time activities were carried out in relation to them, without the creation of special institutions or mechanisms. And this circumstance is the weak point of the SCO, although the organization has potential, as well as the need for more in-depth and fruitful cooperation between the states of the Eurasian region on health issues. And the SCO is an ideal platform for this kind of interaction.

In any case, the SCO is now one of the few international organizations whose existence and functioning attract constant attention: it is a developing mechanism with enormous potential; As a relatively new structure, it naturally has a number of design flaws that may have some negative impact at certain stages of its operation. But the SCO's prospects are determined by how capable it can be of self-renewal and development.

**Conclusions**

Today the SCO defines itself as a multidisciplinary and multifunctional structure. However, for effective interstate cooperation, the SCO, as an organization with internal civilizational and cultural diversity, is forced to comprehend and acquire a common identity based on consensus and dialogue. This task can only be solved as a result of close humanitarian cooperation within the framework of human rights issues, which is currently one of the main constructive directions of the SCO. The positive aspects of cooperation in the humanitarian sphere include obtaining and expanding knowledge about the “other,” intercultural dialogue and the formation of relationships of trust between people living in different civilizational spaces.

The key basis for strengthening mutual trust, friendship and good neighborliness between the SCO member states is interaction in the humanitarian sphere. The sustainable dialogue between different cultures and civilizations established within the SCO contributes to their mutual knowledge, enrichment and, ultimately, greater mutual understanding. The dialogue of cultures unites people, unites them on the basis of common humanistic values and aspirations, eliminates manifestations of xenophobia, religious or ethnic intolerance, and discrimination based on nationality. This is precisely the main civilizational mission of the Organization [17].

The right to health, like other fundamental rights and principles, are universal human values that today act as indicators of the development of a particular state and society. Looking at them through the prism of the Eurasian idea of the SCO will allow us to build our own concept of human rights, which asserts that the rights and freedoms of an individual must be adequate to public, collective interests and expectations, presupposing the existence, in addition to human rights and freedoms, of mandatory mutual responsibility and duty between an individual and society and the state.

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**Право на здоровье и Шанхайская организация сотрудничества**

**Андатпа**

Негізгі проблема: право на здоровье в настоящее время является одним из фундаментальных прав человека, тағы басқа факторлар және маркером устойчивого развития личности, общества және государства. Несмотря на свою важность, праву на здоровье до сих пор уделялось относительно мало внимания в международном праве как на универсальном, так и на региональном уровне. В то же время попытки государств заполнить этот вакуум очевидны: проблемам сотрудничества в сфере здравоохранения в рамках ШОС отводится особое место.

Цель: проанализирование особенности сотрудничества государств-членов ШОС по вопросам здравоохранения с акцентом на структурные особенности. Насколько перспективно и успешно реализуется столь специфическое направление внутри организации – предмет данного исследования.

Әдісі: методологические основу исследований составляют общенаучные и правовые методы исследования: ретроспективный анализ, позволивший рассмотреть основную повестку дня ШОС; структурно-функциональный анализ помог выявить институциональные особенности развития ШОС в новых гуманитарных және геополитических условиях; сравнительный анализ оказался полезным при сравнении стратегических позиций государств-членов; метод прогнозирования позволил оценить перспективы развития ШОС как крупнейшей евразийской региональной организации.

Результаты и значимость: изочены нормативные и организационные основы сотрудничества государств-членов ШОС в сфере здравоохранения, выделены перспективы және точки сопротивления правозащитной проблематика в рамках ШОС.

*Ключевые слова:* ШОС, денсаулық сақтау, Евразия, право на здоровье, денсаулық сақтау, евразийство, ұйымдастыру.

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**Право на здоровье и Шанхайская организация сотрудничества**

**Аннотация**

*Основная проблема:* право на здоровье в настоящее время является одним из фундаментальных прав человека, а также фактором и маркером устойчивого развития личности, общества и государства. Несмотря на свою важность, праву на здоровье до сих пор уделялось относительно мало внимания в международном праве как на универсальном, так и на региональном уровне. В то же время попытки государств заполнить этот вакуум очевидны: проблемам сотрудничества в сфере здравоохранения в рамках ШОС отводится особое место.

*Цель*: проанализировать особенности сотрудничества государств-членов ШОС по вопросам здравоохранения с акцентом на структурные особенности. Насколько перспективно и успешно реализуется столь специфическое направление внутри организации – предмет данного исследования.

*Методы*: методологическую основу исследования составляют общенаучные и правовые методы исследования: ретроспективный анализ, позволивший рассмотреть основную повестку дня ШОС; структурно-функциональный анализ помог выявить институциональные особенности развития ШОС в новых гуманитарных и геополитических условиях; сравнительный анализ оказался полезным при сравнении стратегических позиций государств-членов; метод прогнозирования позволил оценить перспективы развития ШОС как крупнейшей евразийской региональной организации.

*Результаты и значимость:* изучены нормативные и организационные основы сотрудничества государств-членов ШОС в сфере здравоохранения, выделены перспективы и точки сопротивления правозащитной проблематике в рамках ШОС.

*Ключевые слова:* ШОС, здравоохранение, Евразия, право на здоровье, здравоохранение, евразийство, организация.

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