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Social Protection in a Globalized World

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Objectives: To analyze the changes in patterns of social protection in health in light of the contradictions and possibilities arising from globalization.

Methodology: Analytical and interpretive.

Results: The author begins by noting the social conditions under which, she argues, arise social protection systems in health. She mentions three processes considered essential: modernization, democratization and industrial development. Additionally, points out the presence of various factors, such as the strengthening of public authority to build a political order based on the principle of equality; the existence of new managers; the reformist political practice of the working classes guided by an ideology of solidarity and, finally, the expansion of citizenship and inclusion of social rights as a mechanism of integration and preservation of social cohesion.

Next, the author points out how globalization has affected large socio-political changes. Work, for example, is no longer the organizing category of industrial society and therefore the mechanisms of social protection are no longer associated with employability, which once allowed the weight of services to elderly and dependent people to be outweighed by the massive influx of youth into the labor market. This change obviously means an inevitable crisis of financing the system of social protection in health. The crisis is deepening with the weakening of nation states, which, in general, are responsible for social protection against the powers of supranational, transnational and financial capital, resulting in fiscal adjustment and reduction of the state’s capacity to provide services. With globalization there is also a new order among the state, market and communities, whether through privatization, decentralization and reforms, dominated by private interests over public interests. For the author, social protection in health now focuses on individuals rather than communities and social groups. The rise of individual health insurance is a clear example.

However, the author identifies in this context of change the potential of creating new communities, real or virtual, capable of obtaining information and making new connections. Human rights increase their universal range and national powers are increasingly subordinated to regional strategies, giving rise to polycentric societies. This implies the possibility of reconciling citizenship with the community, where the notion of active citizenship is rescued, open to discussion and co-management.

Conclusions: For the author, social protection in health has undergone dramatic changes since the last quarter of the twentieth century as a result of globalization. For the creation of a new social protection capable of extending the public sphere it is necessary to combine bureaucratic structures of accountability and regulation with co-management arrangements.