Moving Beyond
Solidarity Rhetoric
in Global Health

UNIVERSIDAD DE
COSTA RICA

MESOAMERICAN WORKSHOP ON SOLIDARITY AND GLOBAL HEALTH

WORKSHOP REPORT

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INTRODUCTION AND BACKGROUND

The Global Health Solidarity project seeks to enrich current understandings of the concept of 'solidarity', in order to develop practical tools that can support a more effective expression of solidarity in global health, in contrast to the lack of solidarity witnessed during the COVID-19 pandemic.

The Mesoamerican Workshop is the fourth in a global series of regional workshops, held in different languages and contexts, to surface diverse meanings and practices of solidarity. This exploration will, we hope, lead to revised, richer understandings of what solidarity could or should mean in the context of global health.

The workshop included six dialogue tables, two collaborative sessions, and one South American roundtable, involving participants from Mexico, Costa Rica, El Salvador, Honduras, Guatemala, Brazil, Argentina, and beyond. It is important to note that a wide range of views were expressed throughout the workshop. This report captures the full spectrum of perspectives, including contradictions and challenges rather than presenting a single, unified viewpoint. It should not be assumed that all present agreed with any particular statement expressed. All workshop participants are listed in Annex 1.

KEY THEMATIC DIALOGUES

DIALOGUE TABLE #1 | **Solidarity – lessons from practice**

The workshop began with a roundtable featuring healthcare professionals and activists from Costa Rica and El Salvador reflecting on how their particular experiences and trajectories have influenced the way in which they understand the nature of solidarity.

Participants: *María Luisa Ávila Agüero, pediatrician at the Children's National Hospital, Costa Rica; Ileana Azofeifa, OBGYN at the National Women's Hospital, Costa Rica; Jean Carlo Segura, physician and coordinator of the project Salud sin Paredes (Health without Walls), Costa Rica; and pro-abortion rights activist Sara García from El Salvador*

From the point of view of the Costa Rican healthcare practitioners participating in this dialogue, it was easier to understand solidarity as something that is engrained in the history of Costa Rica's healthcare system. In their perspective, **solidarity is a fundamental ethical and political principle** that has not only guided the development of Costa Rica's public healthcare system – founded on the goal of providing universal access to basic healthcare services - but has also shaped the Costa Rican state since the establishment of the Second Republic in 1948. Yet, as they variously acknowledged, this long-standing social and political commitment to solidarity now stands at crossroads in Costa Rica, challenged by the economic and political crises that have been affecting the country since the implementation of neoliberal reforms.

They recognised that the economic pressures currently affecting Costa Rica's public health system have significantly undermined the solidaristic foundations on which it was established under the Political Constitution of 1948. The introduction of neoliberal policies has reshaped the original social pact that enabled the creation of key public institutions such as the Caja Costarricense del Seguro Social (national healthcare public system), the public education system and public universities. As a result, growing inequality and increasing demand for healthcare services have widened the gap between the rich and the poor regarding the quality of services received.

> *Solidarity emerged as both a principle under strain and a potential force for repair within public health systems.*

Across the discussions, **solidarity emerged as both a principle under strain and a potential force for repair within public health systems**. Dr. Azofeifa noted that even though Costa Rica's indicators in maternal health are good in comparison with most Latin American countries, there are important disparities when mortality and neonatal death statistics are disaggregated by geographical areas and social status. Dr. Ávila presented a case illustrating how the weakening of state responsibility toward vulnerable communities undermines the ethical foundation of solidarity in health.

Case #1 Indigenous child with preventable illness

Dr. Avila shared the story of an indigenous child who suffered from a severe and recurrent case of parasitosis, an illness linked to the poor conditions in which the family lived. She explained that the child's recurrent infection could have been prevented if the State had invested in basic infrastructure for the indigenous community such as safe housing and clean water systems. Dr Avila pointed out that from an economic standpoint, it would have been less expensive to do that (preventive action) instead of repeated hospitalisations to treat the child for the same condition. With the help of hospital social workers, Dr. Ávila was able to fully understand the broader social realities affecting the child and his family. Through this case, Dr. Ávila showed that the solidaristic pact that was fundamental in shaping the original Social State has clearly been undermined.

Case #2 Solidarity can promote inter-institutional cooperation

Dr. Segura presented the project he is coordinating as an example of the way in which **solidarity can promote inter-institutional cooperation**. *Salud sin Paredes* is a social project supported by the University of Costa Rica, providing basic healthcare to impoverished rural communities by filling gaps in the public healthcare system, with the support of public universities and community organisations. The issue here, as explained by Dr. Segura, is sustainability. Solidarity as the only mechanism to support this kind of project in the long run is usually insufficient. The long-term objective should be to repair the gaps in the system that make these kinds of projects necessary. Such projects can also only solve a limited number of healthcare needs.

Extending beyond Costa Rica, Sara Garcia's reflections on feminist and human rights activism in El Salvador showed how solidarity can take transnational and political reforms, linking struggles across borders in pursuit of reproductive justice. Garcia commented on the situation women are facing in El Salvador due to the criminalisation of abortion, and the way human rights and feminist activists have organised in the struggle for the legalisation of abortion, using different strategies and creating solidaristic links with other social movements in different countries. This issue will receive more attention later on in this report.

Collaborative session 1:
What do we understand by solidarity in our respective areas, contexts, institutions?

Five groups discussed this question, drawing on the presentations made in the preceding roundtable, with each group then presenting a synthesis in a plenary session. The question opened up a rich debate about the different meanings and ways of interpreting the concept of solidarity in different political and cultural contexts, regions, historical trajectories, and relationships.

Participants engage in a collaborative session examining how the concept of solidarity is understood across diverse contexts and institutions

For some participants **solidarity is an empty signifier** because in their world vision and cultural settings, the way people are connected with each other makes solidarity a bizarre notion. When individuals are intertwined by relations of mutuality, interdependence and the deeply-held conviction that they have a duty to work together towards a common goal, solidarity as a concept is not common. Moreover, it seems unnecessary, or it has a different meaning, usually connected to histories of colonialism and imperialism. **Solidarity, as a concept and practice, thus takes on different and sometimes even contradictory meanings according to the way communities and countries have evolved during their long histories**.

Other participants made the point that **solidarity conveys a certain emotional and moral disposition towards the other but lacks political density unless it is clearly embedded in a particular struggle, social movement or community**. Therefore, solidarity might well be adopted as a principle for guiding specific actions, but in the absence of conditions that enable that solidarity to become embodied and enacted, then it could easily end up as simple rhetoric, full of good intentions but insufficient for achieving actual impact.

How to distinguish between solidarity and charity.

A common question that emerged during this session was **how to distinguish between solidarity and charity**, understanding charity not as a value in itself but as the result of power imbalances and structural injustice.

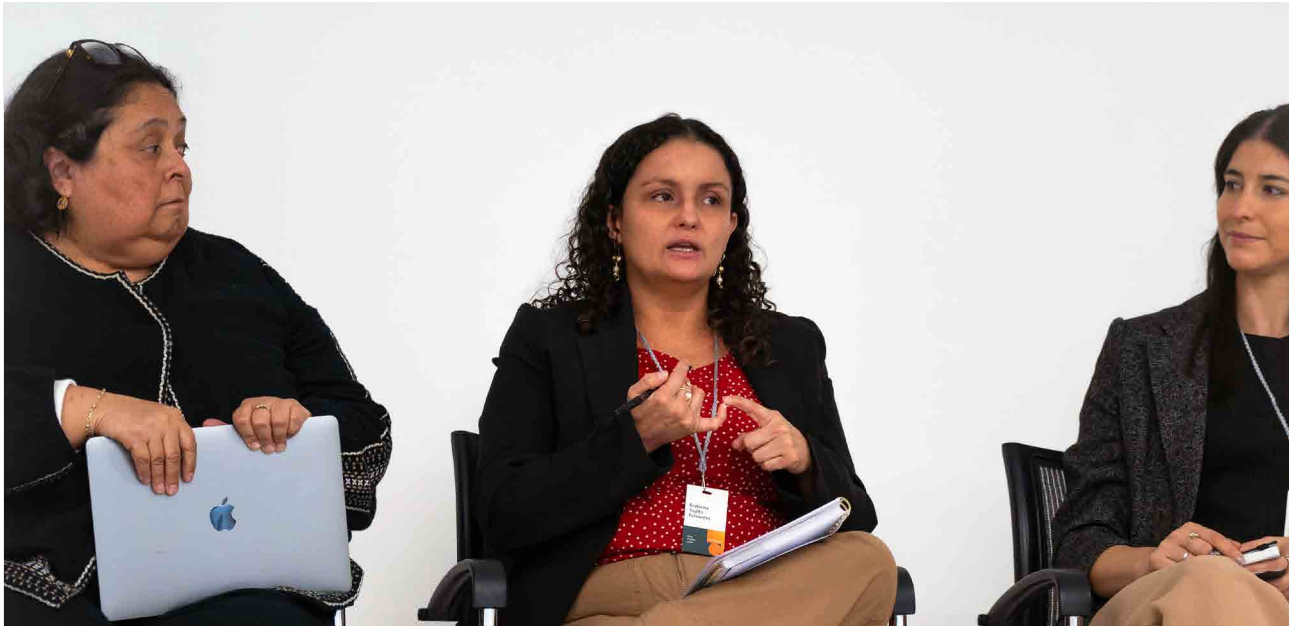
DIALOGUE TABLE #2 | **Global health and solidarity: reflections from various trenches**

The second dialogue focused on tensions and contrasts that emerge when thinking about solidarity in global health. Drawing on vast experience in global health issues and projects, ranging from vaccine access, HIV prevention, and treatment programmes, participants used the discussion as an opportunity to critically examine how different institutions work, including international humanitarian aid organisations, global health education organisations and global NGOs.

Participants: *María Laura Chacón, Médecins sans Frontières, Mexico and Costa Rica; Celia Alpuche, Instituto de Salud Pública, Mexico; Ecaterina Trujillo, HIVOS (Humanistisch Instituut voor Ontwikkelingssamenwerking, Humanist Institute for Development Cooperation), Costa Rica; and Carolina Bolaños, InterAmerican Center for Global Health, Costa Rica*.

For these participants, the question about the link between global health and solidarity is complex, but it can also illuminate the tensions and even the contradictions between global health institutions' mandates and their organisational culture and bureaucratic processes. Inequalities and power disparities between the Global North and the Global South, and within these regions themselves, represent one of the most pressing issues to realising solidarity in practice. Addressing these disparities is essential to transform solidarity from not just a promise or a moral aspiration, but into a practical ethical guide for making decisions in challenging circumstances.

Their presentations ranged from the specific ethical challenges faced by humanitarian workers, and the expectations and persistently colonialist mindsets of practitioners from the Global North working in Global South countries for short periods of time, to the difficulties that healthcare specialists faced in Latin American countries during the pandemic, in order to advise their governments in the international negotiations to secure COVID 19 vaccines. In discussing the history of grassroots movements such as the AIDS-HIV local and international activist movement, the participants identified not only



a source of inspiration for facing the challenges ahead, but also important lessons about the fundamental force for change that comes from the people directly affected by a health issue that can have a profound impact at the global level.

Even though solidarity seems to be rooted in the mission of organisations such as *Medicines Sans Frontieres* (MSF) or teaching organisations such as the InterAmerican Center for Global Health, there are also **confusions and uncertainties** – as María Laura and Carolina explained – as to **how to identify ethical conundrums and select the best course of action to act effectively in a solidaristic way**. It seems that in social movements there is (usually) more clarity, or it could be also that there is a more stringent sense of urgency for acting in solidarity among each other and towards allied movements, organisations, and individuals.

DIALOGUE TABLE #3 | **Solidarity as the axis of political action**

Participants: *Gladys Tzul, an indigenous sociologist from Guatemala, Jessica Sánchez from Grupo Sociedad Civil, a human rights grassroots' organisation in Honduras, María de Jesús Medina, a researcher at the Law Research Institute at the Universidad Nacional Autónoma de México (UNAM) and part of an independent bioethics' organisation in Mexico, and photojournalist Víctor Peña, from the news-outlet El Faro in El Salvador.*

It is relevant to mention here that El Faro and all the journalists working there have been subjected to constant political harassment by Nayib Bukele, president of El Salvador. The editor and several journalists have been forced to leave the country. Víctor Peña has covered stories about different social conflicts in Central America, including socio-environmental issues related to mining exploitation and climate change. Jessica Sánchez is a human rights and feminist activist, who was deeply involved in the resistance after the coup d'état in 2009. Gladys Tzul has also been politically involved in indigenous mobilisations in defense of their territories and ways of life. María de Jesús Medina has been a prominent figure in the field of bio-law and global health justice in Mexico and at the international level, focusing during the pandemic on helping the Government to develop guidelines and protocols for the just allocation of scarce resources.

> *Solidarity is unlikely to emerge in the absence of a strong sense of belonging and reciprocity. There are social, historical and political conditions that determine the possibility of the emergence of solidaristic actions and relations.*

Participants' diverse and interesting political experiences provided a valuable point of departure for considering inquiries about the role of solidarity in political action and its capacity to bring together diverse groups that share a common goal. A significant aspect of this conversation was that all **participants agreed that the embedded and lived experience of solidarity is different from what**

is meant by solidarity in narratives of solidarity and global health at the institutional level (national or international). Accordingly, participants considered that solidarity is unlikely to emerge in the absence of a strong sense of belonging and reciprocity. There are social, historical and political conditions that determine the possibility of the emergence of solidaristic actions and relations.

Case #3 Central American networks of indigenous migrants living in Los Angeles

Gladys Tzul presented the case of Central American networks of indigenous migrants living in Los Angeles. They have created strategic methods for supporting each other in moments of need but also forms of keeping alive their traditions and celebrations, based on their ancestral politics and ethics of communal life. From this perspective, being there for each other, as well as getting together to maintain their joy and hopes, is not solidarity. It is based on the indisputable duty they have to work together for the common good. If someone doesn't contribute, that person will – sooner or later – be left out of the community.

Case #4 Feminist solidarity across Central American countries

Jessica Sánchez discussed how in the midst of the coup d'état in Honduras, in 2009, a spontaneous form of feminist solidarity arose across Central American countries. Through these feminist solidaristic networks, activists sent money and medicines, among other things, to the Resistencia. Many feminist activists in other countries in Central America opened their homes to receive feminist activists from Honduras, who were being threatened and persecuted by the de facto regime. Many lives were saved thanks to this regional solidaristic movement in support of the cause of the feminist resistance against the coup d'état[1].

1. More information can be found here https://www.mujeresenred.net/spip.php?article1778

In contrast with these stories of solidarity, commonality and a deep belief in a collective destiny and a shared future, María de Jesús offered a different account, based on her analysis of the challenges that individuals face when their governments instrumentalise narratives of justice and fairness. **Solidarity might be a relevant principle in situations of emergency, but governments and state institutions might deploy narratives that distort or highjack this concept, making it more difficult to openly criticise those governmental decisions even if there are robust reasons to do so.**

Finally, Víctor Peña shared with the audience his experience and reflections as a witness of solidarity in the poorest villages in Central America. As a photojournalist who grew up in one of those poor and abandoned regions so common in El Salvador, he knows how to watch for signs of hope among the many disturbing tragedies that happen daily in our region. For Víctor, looking for beauty in the middle of our political and economic constant crisis, is also a way of dignifying those who keep fighting for their lives, their territories and dreams.

DIALOGUE TABLE #4 | **Solidarity versus assistance: emancipation or dependency?**

This dialogue explored distinctions between solidarity, charity and welfare assistance. The discussion reflected on the debate relating to the concepts of emancipation and dependency that has emerged in the Latin American context during the last four decades. Participants debated whether state policies toward marginalised groups can be considered solidaristic.

Participants: *Yanory Rojas is an indigenous anthropologist from Costa Rica, working with Programa de Naciones Unidas para el Desarrollo (PNUD) in community projects in indigenous territories. Ana Silvia Monzón is professor of sociology at FLACSO and member of the CLACSO working group on Feminisms and Emancipation. She is also a feminist activist and has maintain a radio show for 30 years. Ana de Obaldía works in reproductive health programmes with the United Nations Population Fund (UNFPA), focusing on indigenous communities living at the border between Panamá and Costa Rica. Laura Sánchez directed the HIV Costa Rica Project, which was funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria and managed by HIVOS. Carlos Van der Laat, a physician working as a consultant for the IOM, was interviewed after the workshop as he was unable to attend*.

QUESTIONS

? How can we distinguish between public policies directed to assist populations or communities in conditions of vulnerability, and policies or social interventions directed to promote their emancipation? And what role does solidarity have (or might solidarity have) in those instances?

? Can solidarity be relevant for emancipatory political movements and projects?

Participants drew on their professional experience working with specific social groups, including (indigenous communities, communities on the move, people living with HIV, and women affected by breast cancer). Carlos Van der Laat, a physician with extensive experience working with migrants and displaced populations, shared insights from his work at the *Centro de Atención Temporal para Migrantes* (CATEM), where he supports migrants who have been returned from the United States. He emphasised that migration represents one of the most pressing and complex challenges in global health, and that the situation is likely to become been more difficult in years ahead. Given the current precarious situation faced by most humanitarian agencies and organisations – caused by cuts in international funding and reduced political support- this is a case that clearly demands more international solidarity.

The discussion also centred on the **tensions that characterise public policies aimed at populations that have historically been discriminated against or marginalised.** From a critical perspective, participants raised several key questions. For instance;

- ? Does the state have a duty toward these populations, and if so, can fulfilling those duties be described as solidaristic acts or policies?
- ? Can solidarity promote – unintentionally – relations of dependency that impede emancipation? Or,
- ? Does solidarity in fact enhance the possibility of liberation from oppression?

These questions continued to be explored in the following conversations during the workshop. While the group did not arrive at a definitive conclusion, **there was general consensus that "asistencialismo"- a form of 'welfare dependency' – does not lead to genuine emancipation. To achieve emancipation from structures of oppression and marginalisation, solidarity might be needed, but it is even more important to aim for dismantling long-standing structural injustices.**

ROUNDTABLE | **Views from South America**

In this roundtable with participants from South America, we wanted to facilitate a conversation between South and Mesoamerican participants. Even though Latin America as a region has many commonalities, there are also very significant differences.

Participants: *Allison Wolf is a professor of philosophy and bioethics from the United States of America, working at the University of Los Andres, in Bogotá, Colombia. She has done extensive research in justice and migration, from both a feminist and a Jewish moral perspective. Stela Meneghel is a leading academic in the field of community health in Brazil, as well as a researcher in the field of violence against women. Martin Maldonado, from Córdoba, Argentina, is a renowned researcher who has been directing a research project on food security and justice, focused on demonstrating that the food basket used for calculating the line of poverty is nutritionally unacceptable*.

Their participation brought interesting insights into the discussion on the different ways in which solidarity can be understood and enacted. The roundtable drew on situated analysis of the way in which social movements such as the Movimiento de los Trabajadores Rurales Sin Tierra (MST) can shape the idea of community, interdependence and reciprocity in Brazil; the design of public health policies in light of research on food injustice; and an approach to the concept of solidarity from the perspective of Jewish philosopher Emmanuel Levinas, in dialogue with the experiences of Venezuelan migrants in Colombia. In doing so, it offered a crucial opportunity for asking difficult questions about solidarity, both as a concept and as a practice.

A key theme in this dialogue was the benefit of approaching the notion of solidarity from a skeptical perspective, questioning its capacity to transform social structures and to further justice in contexts of historical power inequalities. In this way, the analytical endeavor of putting solidarity to the test can bring forward both its limitations and also its (sometimes unexpected) potentialities.

At the end, participants arrived at the conclusion that **solidarity is key in mobilising processes of social and political transformation, but that it needs to be linked to robust demands for justice and structural change**. Such a linkage would also be necessary in order to boost the role of solidarity in the current architecture of global health. As Allison very persuasively argued, social conditions, power relations and the struggle for demanding respect for one's own dignity create a messy panorama. In that messiness we need to be reminded of our shared humanity: how we and 'the other' are part of something that is bigger than us. Politically speaking, this idea can raise many suspicions and even accusations of naivete (inexperience). Thus, if we want to make solidarity something more robust and enduring, we need to find ways to connect the moral demand to acknowledge our shared humanity, with the lessons that political realism can offer, recognising how easily humans can exclude others from that very acknowledgement. The unwavering fight for justice that has marked the history of the MST in Brazil, for example, certainly serves as an example of moral aspirations and political action.

If we want to make solidarity something more robust and enduring, we need to find ways to connect the moral demand to acknowledge our shared humanity, with the lessons that political realism can offer, recognising how easily humans can exclude others from that very acknowledgement.

DIALOGUE TABLE #5 | **Solidarity and counter-hegemonic narratives**

This session analysed solidaristic practices in feminist, queer, and campesino movements. The case of Beatriz v. El Salvador before the Inter-American Court illustrated how transnational feminist solidarity can drive structural change. Participants also shared experiences of HIV and LGBTQ+ activism in Costa Rica, reclaiming marginalised histories through projects like 'Recorridos Cuir.' These testimonies showed solidarity as both resistance and creativity, rooted in dignity and mutual care.

Participants: *Carmen Cariño is a campesina sociologist, professor at the Universidad Autónoma Metropolitana (UAM)-Xochimilco in Mexico, and part of the feminist decolonial group GLEFAS. Peggy Chamorro is a feminist activist in the organisation Colectiva por el Derecho a Decidir (a pro-choice activist organisation) and works at the University of Costa Rica in the institutional program to prevent sexual harassment. Luis Rojas Herra is a gay and HIV+ activist, architect and researcher at the Centro de Investigación en Cultura y Desarrollo (CICDE – Research Center in Culture and Development, at the Universidad Estatal a Distancia). Morena Herrera, who is a highly recognised political leader and social-feminist activist, in El Salvador, provided a pre-recorded interview as she could not attend the workshop. She is a member of the Agrupación Ciudadana por la Despenalización del Aborto (Citizens Group for the Decriminalisation of Abortion).*

What can revolutionary, counter-hegemonic, radical events and historical trajectories tell us about solidarity? In this dialogue, participants explored diverse cases of embodied and lived experiences of resistance against oppression, marginalisation and exploitation, including the reclamation

of the historical memory of HIV-activism in Costa Rica; the fight for justice in the case of Beatriz against El Salvador at the Inter-American Human Rights Court (a case about obstetric violence and the criminalisation of abortion in El Salvador); the organisation of clandestine networks of abortion care in Latin-American countries where abortion is illegal; and the communitarian campesino resistance against neoliberal forces in Mexico.

Can solidarity, or narratives of solidarity, be instrumentalised for non-solidaristic purposes? For instance, is solidarity – in some situations – a word that is deployed to cover up harms or to erase duties? This conversation focused on the argument that acknowledging and taking responsibility for the harms done should not be equated with or considered to be solidarity. Accordingly, a common view expressed by the participants was that a powerful country that through economic or political strategies has harmed another country, and afterwards sends assistance in a case of emergency, should not be seen as acting in solidarity with the less powerful country, because it had enabled the very situation of poverty that had made that country vulnerable. In such cases, assistance is a *duty*, based on the country's responsibility to repair the harm it has caused, and not solidarity.

A powerful country that through economic or political strategies has harmed another country, and afterwards sends assistance in a case of emergency, should not be seen as acting in solidarity with the less powerful country, because it had enabled the very situation of poverty that had made that country vulnerable.

Carmen framed the discussion about global health in the context of the historical and political production of the social determinants of health. Health and disease, therefore, are embedded in political, historical, and economic conditions and relations.

In contrast with this dimension of the discussion, Morena reflected on how **extreme vulnerability can bring about solidarity, and in doing so, can foster unexpected alliances for social and political change**. The case of Beatriz offers a deeply moving example.

Case #5 Justice for Beatriz: The Fight for Dignity and Reproductive Rights in El Salvador

In 2013 Beatriz was denied a therapeutic abortion in El Salvador, despite the fact that the fetus was not viable (it was anencephalic) and that Beatriz suffered from lupus erythematosus. Despite medical recommendations supporting her request, state authorities delayed a decision for over 80 days, effectively denying her access to the abortion she needed. Ultimately, a cesarean section was performed, but only after international pressure and public outcry. The baby died within hours, and Beatriz suffered long-term physical and psychological consequences. She died in 2017 due to complications from her health condition, exacerbated by structural neglect. The case was brought before the Inter-American Commission on Human Rights and later escalated to the Inter-American Court of Human Rights (IACtHR). In 2023, the IACtHR ruled in favor of Beatriz and her family, holding that El Salvador violated her human rights by denying timely access to a therapeutic abortion. The delay

and refusal constituted inhuman and degrading treatment and a failure to protect her right to health, life, and personal integrity.

As Morena Herrera explained, this case moved an extraordinary web of solidaristic actions, not only in El Salvador, but at the regional and international level, specially through feminist grassroots networks, academic institutions, and human rights organisations. Moreover, the strategy of litigating this case at a human rights international tribunal framed this case as a symbol in the long-standing struggle for women's human rights. Without solidarity, Morena said, it would not have been possible to achieve the significant result they finally obtained in 2023. But these solidaristic practices were deeply embedded in a long history of feminist movements across the region and the world. There is a cumulative process of learning and collaborating.

Peggy, on the other hand, brought the audience into a journey situated in her personal history and in the experiences she has shared with other activists, women and, even, strangers whom she only knew through different communication media. Discussing how women make the decision to have an abortion in countries where the practice is a criminal offence, and that this could send them to jail for several years, gives the concept of vulnerability a necessary concreteness and connection to reality. Vulnerability, justice, solidarity, injustice, can easily become abstract concepts useful only for academic purposes. Peggy's account of how feminist solidarity can make the difference between life and death, in extremely dangerous circumstances, made the audience connect with histories that are almost never publicly told. **It is difficult, or even impossible, to act in solidarity with what remains hidden behind taboos, fear and censorship**.

> *It is difficult, or even impossible, to act in solidarity with what remains hidden behind taboos, fear and censorship.*

This led participants to explore the interesting and creative aspects that are profoundly engrained in the pride that comes not only from resisting discrimination but also resisting illness and the risk of debilitating health complications. Luis Rojas Herra presented himself to the audience as a gay (*playo*, in Costa Rican slang, and that is the word he used and proudly claimed), HIV+ activist, besides working as a researcher at CICDE. He has been working on an innovative project called *Recorridos Cuir* (which could be translated into English as *Queer Pathways*), that consists in reclaiming the presence of LGBTQ+ individuals (especially those who have been more discriminated against) in the public space, rescuing the collective memory of their stories of survival, the politisation of their marginalisation, and their fight for their rights. The project aims to make visible how their trajectories have taken place in those public spaces, across decades, despite the hate, violence and humiliation. These stories are also about the potency, joy and dignity of living in solidarity with each other: helping, protecting and defending each other against poverty, exclusion, and persecution; and fighting for their right to be alive, exist and persevere, as they are, without shame.

DIALOGUE TABLE #6 | **Solidarity in context – social and environmental problems**

The final dialogue explored solidarity in addressing gender, aging, and political issues. Grassroots organisations like MUSADE exemplified community-based solidarity grounded in autonomy and mutual support. Participants contrasted philanthropic projects with solidaristic collaboration and debated intersections between solidarity and human rights approaches. Political perspectives emphasised the need for solidarity as a fundamental factor in political organising for justice and social transformation.

Participants: *Enid Cruz, Mujers Unidas en Salud y Desarrollo (MUSADE), Costa Rica; Sthefany Salas, Clínica Bíblica, Costa Rica; Andrea Monge, Asociación Gerontológica Costarricense (AGECO), Costa Rica; and Andrea Álvarez, national congresswoman, historian and public health practitioner, Cost Rica.*

Enid Cruz is a social worker who has been engaged in feminist and community activism for more than 30 years. She founded the grassroots organisation MUSADE (United Women in Health and Development) which runs various projects concerned with gender equality, social justice and social solidarity economy. One of their first projects was dedicated to raising awareness about the (then) normalised situation of violence against women. According to Enid, solidarity is part and parcel of their work, in a very concrete and embodied way. MUSADE does not receive public funding because they decided it was fundamental for their organisation to be as independent and autonomous as possible. They therefore have to find other ways to make this project sustainable over time. They receive donations and have also developed some income-generation activities. The community that has flourished through MUSADE's diverse projects has also created different strategies to keep this project active over many years. Without a strong sense of belonging and solidarity, MUSADE could not have stayed open. Women in need of support have come together and have grown stronger, as individuals and also as a community. In this way they have transformed their wider communities and had an impact on the whole feminist and social movement at a national level.

Sthefany Salas is in charge of the social responsibility projects of Clínica Bíblica, which is one of the biggest private healthcare centers in Costa Rica. She presented a project that focuses on facilitating access to mammography and clinical follow ups for women, especially women living in rural and impoverished areas, who have been diagnosed with breast cancer. This project could be framed more as charity or philanthropy than solidarity. However, as Sthefany explained, there is a component of solidarity in the way community leaders, healthcare providers and project staff coordinate and execute their activities. They have a sense of shared belonging even though they do not necessarily live in the same geographical areas. However, since they see each other with a degree of frequency, they now know each other and feel connected to each other, in ways that go beyond the limits of the project. This experience illustrates once more that **solidarity needs to be grounded in a shared experience and sense of reciprocity and interdependence, in order to be differentiated from mere philanthropic gestures**.

Andrea Monge is a social worker, working for AGECO, the Costa Rican Gerontological Association which was founded in 1980 with the mission of studying and improving the living conditions of older people in Costa Rica. Andrea's participation began with a very honest and provocative reflection

about the invitation she received to participate in this workshop. In her view, something that is solidaristic is, by definition, not based on a claim of rights or entitlements. Therefore, if we accept that older people have a human right to be cared for, then fulfilling the obligations derived from this right cannot be considered as solidarity.

But upon further consideration, Andrea reconsidered this framework, at least to consider the question about **what kind of relationship there can be between a human rights approach and a solidaristic approach. Can these coexist, or on the contrary, are they mutually exclusive? Is there a way for solidarity to be incorporated in the philosophical foundation of human rights?** Taking as a starting point the work AGECO does with older people, who claim themselves as moral and political subjects, who have dignity and human rights, and demand recognition of those rights and entitlements, participants discussed if solidarity is embedded in AGECO's work ethic, in their idea of a just society and in their interactions with the people they serve. This conversation continued during the last collaborative session of the workshop.

Andrea Álvarez is a young Costa Rican congresswoman, who besides her political career is also a public health practitioner. Her work has focused on public health issues that have received less attention in Costa Rica such as eating disorders and the regulation of hyper-processed foods; and also, on issues that lie at the core of bioethical debates such as euthanasia and the right to die with dignity. Her intervention brought very interesting elements to the conversation about solidarity and global health, from her standpoint as legislator. According to her experience, solidarity is not a priority at the place that supposedly lies at the heart of a democratic system: in politics, other commitments take priority over fundamental ethical principles. Politically and economically privileged groups have a capacity to lobby legislators that thwarts the process of democratic debate and decision making, and in consequence solidaristic efforts cannot accomplish much. In this sense, Andrea reflected on the need to articulate stronger alliances between social movements, NGOs, political representatives and experts (from academic and scientific institutions), to have a chance to influence decision making processes and shape public policy. These alliances need to be nurtured through solidarity and reciprocity, as well as by strategic thinking and clearly targeted plans of action. **Solidarity, then, is a fundamental factor in political organising for justice and social transformation**.

Collaborative Session 2

In this session, participants reflected on the key conditions for solidarity. The notion that 'solidarity needs a last name' captured the call to link solidarity with justice, care, or resistance to avoid reducing it to sentimentality.

? **Guiding question:** *What are the necessary conditions (social, political, economic, etc.) to act in solidarity with others? Are solidarity and charity different concepts or not?*

All groups discussed these questions, in the light of their reflections on the various dialogues and debates held during the course of the two days of the workshop. One idea emerged that summed up many of the previous conversations relating to the prompt question as the necessary conditions

for acting in solidarity with one other: **the idea that solidarity needs a 'last name'**. In other words, **solidarity, as a philosophical concept and as an ethical principle, *needs an accompanying term that can ground it and give it more substance, as well as political and ethical specificity*.** This is needed in order to make solidarity truly applicable and, more importantly, in order to be able to enact solidarity in ways that meet the demands of accountability, transparency and participation. Understanding solidarity in this way, we can see how there is a revealing contrast with the way the concept of solidarity can be understood by individuals working in large institutions directly related to global health. Without a grounding ethical and political 'last name', solidarity can easily be reduced to some sort of charitable act, or an emotion like sympathy or commiseration, that is not far from the way solidarity should be understood, according to the discussions held in this workshop.

This contrast can serve as a chance to open the space for more in- depth reflections about the obstacles and opportunities – inside the global health architecture – for transforming solidarity from a rhetorical strategy to a concrete guiding ethical principle.

CONCLUSION

The Mesoamerican workshop provided a vibrant space for reflection and dialogue on solidarity as a lived, political, and ethical practice. The diverse experiences shared—spanning feminist movements, indigenous struggles, healthcare delivery, and academic engagement—revealed solidarity as both a challenge and a possibility. Building on these insights, the Global Health Solidarity Project continues to foster connections among regional experiences, seeking to articulate an inclusive, plural, and actionable vision of solidarity in global health.

ANNEX 1: WORKSHOP PARTICIPANTS

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Moving Beyond
Solidarity Rhetoric
in Global Health

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