Reframing Vulnerability in Global Health: Relations, Institutions and Inequalities

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In this issue of «UniCamillus Global Health Journal», the contributions converge around a shared reflection on vulnerability as a central category for a better understanding of the challenges posed by contemporary global health. Rather than being treated as either an individual condition or a simple outcome of structural factors, vulnerability is approached here as a dynamic phenomenon shaped by social relations, institutions, and broader global processes. From different disciplinary perspectives, the articles show how health risks and protective capacities are deeply shaped by the quality of relationships among individuals, between citizens and institutions, and across social groups embedded in political and economic contexts. Within this framework, vulnerability appears inseparable from inequalities in the distribution of resources, power, and agency, which manifest both in decision-making processes and in everyday practices and professional settings. At the same time, vulnerability offers a way to connect biological, social, ethical, and environmental dimensions of health that are often treated separately. Taken together, the contributions invite a rethinking of global health as an inherently relational space, in which understanding and addressing vulnerability requires integrated approaches that are attentive to the complexity of contexts.

Building on this understanding of vulnerability, Vera Kopsaj develops an original conceptual contribution that places social relations at the center of her analysis. Moving beyond dominant frameworks that conceptualise vulnerability primarily in individual or structural terms, Kopsaj introduces the notion of relational vulnerability, drawing on relational sociology to argue that health risks emerge through the configuration, quality and asymmetry of social ties, as well as their absence. The paper proposes an analytical framework based on four dimensions (density, quality, asymmetry, and absence), exploring how they interact over time. Finally, it proposes the idea of relational epide-

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miology as a complementary orientation that foregrounds relational processes rather than treating them as secondary variables.

Extending this concern to the way social and institutional relations shape unequal outcomes, Valentina Chiariello turns to the relationship between women's political representation and public health expenditure. Her article argues that gender differences in policy preferences can translate into distinct budgetary priorities, particularly in health and social sectors. By integrating cross-country evidence, subnational analyses, and quasi-experimental studies, the contribution documents a robust positive association between women's presence in political institutions and investment in healthcare, while also addressing persistent challenges of causal identification. Chiariello places particular emphasis on the still underexplored role of women in executive positions and on the mechanisms linking representation to policy outcomes, including spending priorities, allocative efficiency, and critical mass dynamics.

Valentina Alfonsi shifts the focus to sleep, a dimension of health that is often overlooked in global health debates. Her article first outlines the biological mechanisms regulating sleep, highlighting its essential role in cognitive functioning, immune response and metabolic balance. It then situates sleep within contemporary social transformations, showing how modern lifestyles (characterised by digitalisation, shift work and continuous activity) have generated widespread circadian misalignment and the phenomenon of "social jet lag". Alfonsi also highlights how sleep deprivation is unevenly distributed across socioeconomic groups, suggesting that sleep should be understood not only as a biological need but also as a socially patterned resource. By linking chronic sleep loss to major health, cognitive and economic consequences, the paper underscores its relevance for public health.

Moving from population-level determinants to the clinical sphere, Antonio Gioacchino Spagnolo highlights how vulnerability is also enacted and negotiated within everyday ethical relations in healthcare practice. The article highlights the centrality of clinical ethics in the education of healthcare professionals, positioning it as a foundational component of clinical competence rather than a supplementary domain. Moving beyond traditional models that privilege technical knowledge, Spagnolo shows how everyday clinical practice is inherently shaped by ethical questions, from patient autonomy and informed consent to resource allocation and end-of-life care. The paper conceptualises clinical ethics as a practice-based discipline rooted in the clinician-patient relationship and highlights its formative role in developing ethical competence, professional identity and patient-centred care. Adopting a global health perspective, it further demonstrates how ethical decision-making is deeply intertwined with structural inequalities, cultural diversity and conditions of vulnerability.

The relational framing of vulnerability is further reflected in Lorenzo Ippoliti's examination of hepatitis B vaccination among healthcare students, where institutional and training contexts shape exposure to health risks. After outlining the epidemiological burden of HBV infection and the achievements of universal vaccination programs, the article highlights the specific vulnerability of healthcare

students, who may face exposure to bloodborne pathogens during clinical training. Particular attention is given to the persistence of immune protection over time, noting that declining antibody levels do not necessarily imply loss of immunological memory. The paper further explores practical challenges faced by universities, especially in increasingly international academic contexts marked by heterogeneous vaccination strategies and documentation gaps. By analysing screening strategies, booster policies and the management of non-responders, Ippoliti underscores the importance of standardized protocols.

Finally, the global and structural dimensions of vulnerability are brought into focus by Mario Di Giulio's analysis of Tuvalu. It explores the intersection between climate change, legal identity, and human well-being. Facing the existential threat of sea-level rise, this small Pacific state has pioneered an unprecedented "digital statehood" strategy, seeking to preserve governance, citizenship, and cultural continuity beyond physical territory. The article explores how such innovations challenge traditional international law, particularly the territorial foundations of statehood, while raising critical questions about rights, equity, and resilience in a warming world. By situating Tuvalu's experience within broader debates on climate justice, displacement, and technological governance, it highlights the health implications of environmental loss, not only in material terms, but also in relation to identity, community, and access to essential services, offering thus a compelling lens on emerging global health vulnerabilities.

Taken together, the contributions in this issue offer a multifaceted account of how vulnerability is shaped across different scales of global health. Rather than treating it as a fixed condition, the six articles show it as a process that emerges through relations, institutions, and global dynamics, from clinical encounters to geopolitical transformations. This shared analytical orientation allows for a more integrated understanding of health risks and inequalities, while also opening up new perspectives on how vulnerability can be identified, governed, and potentially mitigated in increasingly complex and interconnected contexts.