The World Health Organization and Global Health Inequality: Strategies and Results Analysis under the Socio-economic Background

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Abstract. Nowadays, the overall health status of countries has greatly improved with economic development, but health inequality has become a global health problem. With the continuous acceleration of globalization and the deepening of China's participation in international affairs, and through rapid development in recent years, China's position as an economic powerhouse has gradually been recognized and consolidated. China's role and influence in the development of international health services have also become increasingly evident, fully reflecting the status and responsibility of a major country. This article attempts to analyze the strategies and outcomes of the WHO(World Health Organization) in the context of global health inequality in the socio-economic context. In the significant adjustment of the WHO's policy towards member states from "assistance" to "cooperation", the connotation has undergone extremely profound changes. Under the coordination of WHO, we will strengthen cooperation in research, knowledge dissemination, capacity building, technology development, and policy support on social determinants of health issues, share experiences, and continuously strive to improve social determinants of health worldwide.

Keywords: World Health Organization; Global health inequality; Socio economic; Strategy.

1. Introduction

In the development of modern society, obtaining the highest standard of health in real society is one of the basic rights enjoyed by everyone, and it will not be different because of differences in race, belief, economic and social conditions. However, based on the current social differences in politics, economy and its development, and its impact on health, the phenomenon of unfair health has become a worldwide health problem [1]. Although the overall health status of all countries has been greatly improved with the development of economy, health unfairness has become a worldwide health problem, and the root causes of these problems, that is, political, economic and social factors that have a long-term impact on health, have also attracted the attention of WHO [2]. With the acceleration of globalization and the deepening of China's participation in international affairs, China's status as an economic power has been gradually recognized and consolidated, and China's role and influence in the development of international health has become more and more obvious, which fully reflects the status and responsibility of a big country [3]. Although more in-depth research is still needed on the social determinants of health, the existing knowledge and information are enough to sound the alarm. The social determinants of health need great attention from the whole world, especially developing countries, and corresponding actions should be taken. From October 19th to 21st, 2011, the World Congress on Social Determinants of Health was held in Rio de Janeiro, Brazil [4]. According to the decision of the 64th World Health Assembly in 2009, this conference launched a social movement in the international community to promote the improvement of decision-making factors in a healthy society and narrow the health gap, and held this concept as the core value of health reform and development [5]. In fact, the international community has always attached importance to the social determinants of health. As early as 1978, in the Alma Ata Declaration, WHO focused its policy on ensuring that every resident has access to basic public services such as safe drinking water, sanitation facilities, balanced nutrition and disease prevention and control.
2. Analysis of Global Health Inequality and Cooperation Strategies of the World Health Organization

2.1 Change in cooperation mode

The social determinants of health refer to the relevant factors that affect people's health, disease exposure, susceptibility, and disease outcomes, such as the environment in which they were born, grew up, lived, and worked. Specific manifestations include occupational environment, living environment, education level, social participation, accessibility and access to health and social security services, etc. These factors are all related to social status, gender, race, values, and social discrimination, and it is precisely these factors that cause differences in susceptibility and disease risk among populations, leading to significant differences in life expectancy among different regions or populations, The occurrence of health unfairness [6]. This article applies WHO to the analysis of global health inequality for further research. China has the most diverse forms of cooperation with WHO, mainly including implementing planned projects and establishing technical cooperation centers, providing scholarships for talent cultivation, WHO dispatching temporary consultants, funding domestic activities, purchasing instruments and equipment, short-term visits, and technical inspections[7]. The WHO is increasingly involved in policy consultation and research, and the target audience for talent cultivation has expanded from technical personnel to officials who can influence policy formulation. The transformation of cooperation methods can be divided into two aspects, as shown in Figure 1.

![Figure 1 Content of Cooperation Mode Transformation](image)

China has entered a historical stage of extensive participation in international affairs. In the field of health, in order to better reflect the country's own interests, in some areas, China tends to engage in bilateral cooperation, while in some areas, it is more inclined to engage in multilateral cooperation. In order to play a more active role in global health governance leadership, provide effective technical and policy support, and be more inclusive, consistent, and transparent [8]. From this, it can be seen that functionalist sociologists view illness as a deviation from social behavior, viewing illness as an unexpected and unreasonable state, and strengthening the motivation and healthy behavior of healthy individuals to maintain health. Sociologically significant health behaviors include healthy lifestyles and preventive healthcare. In the significant adjustment of the WHO's policy towards member states from "assistance" to "cooperation", the connotation has undergone extremely profound changes[9]. To some extent, "aid" has the nature of "relief", which is a one-way output from large countries to small countries and from poor countries to weak countries, while "cooperation" is bidirectional. WHO
and member states are equal partners, sharing results in cooperation, and it is a positive and mutually beneficial measure. This change is also in line with the trend of world political and economic multipolarity [10].

2.2 Continuously expanding cooperation areas

The goal of people's activities is ultimately a kind of consumer activity, that is, people strive to get healthy to achieve the purpose of prolonging life, enjoying life and continuing to work. The obvious sign of a modern society is that no matter what social and economic class people belong to, they will accept a healthy lifestyle under the conditions of environment and opportunity. In the past ten years, although WHO has done a lot of work in developing traditional medicine, it has not attracted the attention of most countries. Although some other countries have introduced some development plans, they will soon be abandoned because of the lack of corresponding policies. Many people blame this situation on traditional medical workers, saying that they lack literacy. This view may reflect some facts, but it is one-sided. Therefore, it is in line with the strategic development needs of WHO for Chinese research institutions to carry out research in different fields by applying to WHO for implementing biennial planning and budget projects. In 2004, the Ministry of Health signed a memorandum with WHO headquarters, and the two sides agreed to carry out extensive cooperation in the field of medicine and health, including strengthening cooperation and exchanges in public health policies, promoting rural health, preventing and treating major diseases, and improving public health emergency handling mechanisms, including information system construction, capacity building and technical support. WHO specially drafted a document "Bridging the Gap: Turning the Determinants of a Healthy Society into Practice" for this meeting. The document puts forward an action plan to bridge the health gap. Establish governance that fundamentally eliminates health unfairness, take action against social determinants of health, and implement cross-sectoral policies and measures. When formulating the cooperation plan for 2012-2013, it is in line with WHO's global and western Pacific work objectives and key work areas, and revolves around the four strategic agendas put forward in the National Cooperation Strategy between China and WHO, namely, ensuring the accessibility of basic health services in the development of health system, achieving the health-related Millennium Development Goals, reducing the high burden of non-communicable diseases and related deaths, and responding to emerging public health threats.

3. Research on the Impact of World Health Organization and Global Health Inequality

3.1 The interests and values of member states

People's health differences have a strong social level, which reflects an individual's social status or social group level. This difference is related to education level, employment status, living conditions, and social participation, and exists in all countries. The decision-making and legislative body of WHO is the World Health Assembly, which is jointly determined by all member countries to determine organizational goals and policies. The choice of countries reflects national interests and values. In terms of voting mechanism, WHO adopts a one country, one vote system and does not have a special veto power, which can ensure equal rights for all member states. The high proportion of personal self payment for medical expenses hinders access to health services. It also indirectly causes health inequality. There is evidence to suggest that although health risk factors change over time, they are mostly concentrated in lower social classes, and their catastrophic expenditures can increase the proportion of impoverished people by 3-9 percentage points. In addition, 80% of the WHO annual budget is voluntary donations, and most of the donations are designated for specific purposes. These funds may deviate from the priority areas identified by the WHO, or excessive funding may be invested in a certain area. The intention of funders and the investment of resources have a significant impact on decision-making. Balancing the relationship between China and WHO, as well as other
non-governmental organizations and enterprises, is one of the challenges we face. We propose areas and directions for cooperation that can be attempted based on the issues advocated, key areas of attention, and national cooperation strategies at the 66th World Health Assembly.

3.2 Development assistance and partnerships

With the increasing attention of the world to the global health field, more and more actors are joining in global health governance. Bilateral and multilateral funding agencies and non-governmental organizations have provided a large amount of technical assistance to China's health related fields. In regards to making universal health coverage the health goal after 2015, full attention should be paid to the differences in politics, economy, society, culture, natural environment, and health systems among countries. I hope to clarify the importance of universal health coverage to government organizations and convey it to non-governmental organizations, in order to gain more attention and shift its investment direction to help developing countries achieve universal health coverage. Most of the extra-budgetary funds are used by donors for designated purposes, and are often invested in projects that are beneficial to their own interests or have short-term visible results, which affects the determination of cooperation areas. Therefore, providing assistance and relief to the impoverished population is the starting point for eradicating poverty. However, a large amount of international practice has shown that the essence of poverty is the deprivation of individuals' freedom from material scarcity and hunger, as well as the right to education and expression of opinions. The core of poverty alleviation lies in safeguarding the basic rights of the impoverished population, restoring and enhancing their confidence and the "feasible ability" to self rescue and help themselves. Our country's partnerships are constantly increasing, and with the prosperity and development of the economy, aid projects to overseas countries are also expanding, and WHO's official development assistance to China is also decreasing. In the future, China and the WHO can cooperate in this area. Under the coordination of the WHO, we can strengthen cooperation in the research, knowledge dissemination, capacity building, technology development, and policy support of social determinants of health issues, share experiences, and continuously strive to improve social determinants of health worldwide.

4. Conclusions

China's ability to cope with the social determinants of health is growing, but the collection of evidence still faces challenges, especially in measuring the unfairness of health and obtaining gender and ethnic differences. A lot of data and relevant evidence can tell us where to start and guide our actions. This paper attempts to analyze the strategies and results under the socio-economic background of WHO and global health inequality. The action plan of reducing health unfairness from the social determinants of health has laid the foundation for the long-term action plan of realizing equality of health determinants in all countries of the world. Therefore, China can attach importance to the social determinants of health according to China's national conditions, strengthen the leading role of the government and the functions of the health system, and strengthen the cooperation and coordination among various departments. Improve the social determinants of health, reduce health inequities, and promote inclusive economic and social development. The basic policy of WHO is to encourage countries to develop traditional medicine. In a highly civilized era, traditional medicine should also get rid of the shackles of traditional concepts and serve the health of all mankind. The cooperation between China and WHO in this field continues to deepen technical support, especially in the fields of health policy research such as health financing, reform of medical insurance payment methods, reform of medical institutions, and public-private cooperation.

References


