

Using Socialist Ideas to Help the World Health Organization Deal with International Relations and Develop New Policies to Improve the Health Care System

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Abstract: This paper is a detailed analysis of how socialist thinking can help International Health Organizations. WHO's health system is of great importance to people all over the world, and it holds a key position in the deal with international relations. But judging from the examples of the effects of various transnational epidemics discussed in this article, the current WHO health system is inadequate for this vital responsibility and fails to handle international relations well. This paper will give a detailed explanation of why WHO needs to apply socialist thought and argue the excellence of socialist thought in helping WHO better deal with international relations and international health issues. The deficiencies of WHO's health system are directly reflected in its policies. This paper will demonstrate how reforming WHO's policies with socialist ideology will improve international relations and better deal with international health issues.

Keywords: socialism, world health organization, international relations, health system, policy

1. Introduction

With the prevalence of transnational epidemics, today's society attaches more importance to health problems. The most notable of these is the World Health Organization (WHO). The WHO is an international organization specialized in dealing with public health issues, which is an extension of the world's largest intergovernmental international organization United Nations. Because of the strong influence of the United Nations, WHO plays a key role in ensuring communication between countries on global public health issues [1]. As the largest intergovernmental public health organization, WHO has the advantages of pooling global resources and rapidly responding to global health emergencies. It is an important hub connecting many countries and plays a crucial role in the international community. Even the implementation of some policies and the way of handling events may affect international relations. However, the WHO is currently experiencing a difficult challenge, as the spread of COVID-19 virus has exposed many deficiencies in the WHO healthcare system and triggered diplomatic tensions between countries [2]. The current health care system of WHO is unable to provide proper health support for people around the world, and the looseness of the WHO's global health system has led to many serious consequences. In the handling of international relations, WHO's policies are more formalism in writing than practical operational details. These

deficiencies are also reflected in the failure of its current policy.

In order to solve the existing problems of WHO and make improvements, it is necessary to integrate socialist ideas into the core level of WHO. It is an important solution to improve the current health care system of WHO to reformulate more realistic policies based on socialist ideas. Socialist thought and the purpose of WHO complement each other and can provide great help for WHO to achieve its goals. This paper will analyze the current shortcomings of WHO, clarify the advantages of socialist thinking in helping WHO deal with international health issues, and finally give a clear explanation on how WHO combines socialist thinking to formulate new policies to improve the medical system.

2. Deficiencies of the Current WHO

According to the World Health Organization, the main goals of health diplomacy are to (1) ensure better health security and population health, (2) improve relations between countries, (3) commit to improving Health through broad participation and (4) get the goals of reducing poverty and increasing equity [3]. But the current situation is that the WHO health care system does not meet these goals well. About the area of health security, the WHO actually has achieved many successes in the past, such as the global eradication of smallpox. However, by 2020, 90% of low-income countries reported by the WHO were still suffering from front-line shortages of medical [3]. The inequity of the healthcare system is affected by international relations. For example, when the delta variant of COVID-19 spread out of control in early 2021, India only received limited international support [4] because countries were more concerned with their own interests than with helping other who face the disasters. In fact, addressing international challenges such as pandemics requires, international cooperation which is based on friendly international relations. Widespread participation in health improvement actually has very high requirements for many countries. Under the current WHO health system, many low - and middle-income countries still do not have well-structured primary health care systems. They lack even basic personnel, services and infrastructure, such as trained nurses and even routine equipment [5]. Because of the inadequacy of WHO's global health system, medical expenditure in many countries has not been properly used due to the lack of correct guidance. Such as 40% of the world's population does not have access to basic hand-washing facilities, let alone soap or hand sanitizer [6].

To sum up, global health inequality is still very serious, and it is very difficult for WHO to support all countries' medical systems with its current healthcare system. In addition, international relations have a great influence on the healthcare system of WHO. On the one hand, the WHO's current healthcare system will be very passive when problems arise in international relations. Former President Donald trump accused WHO is on China's side and not up to dealing with COVID - 19 crisis, and use this as an excuse to stop the funding for the WHO [7, 8]. Under this situation, the WHO constrained by its own system, is unable to respond forcefully to America's failure to meet its responsibilities. On the other hand, there are even some countries because of the lack of good international relations, mutual hostility leads to the increasing military spending and occupy medical spending, which also become the obstacle of WHO global health management. Therefore, if WHO wants to achieve its goals, it needs to handle international relations well, promote international cooperation and reasonably allocate global health resources, so as to guide the healthy development of the global health system.

To better improve the global health system, WHO needs to make fundamental changes to its current policy. At present, although WHO has concentrated resources and specialized knowledge, and even no other international organization can completely replace the WHO [9], the WHO has no authority to match its importance. Its "authority" is conferred only by the non-binding resolutions of its governing body, the World Health Assembly (WHA), regulations, directives and

recommendations, and a few binding conventions [10]. So in the current WHO healthcare system, whether there is an epidemic or not, the WHO cannot force governments to act or cooperate. This has caused great inconvenience to the implementation and operation of WHO policies, and even the enforcement has been negatively affected due to the lack of the ability to punish specific situations [3]. For the better operation of the global health system, WHO needs to reform its binding force and formulate appropriate new policies to meet the needs of modern global health care.

3. Socialist Ideas are Suitable for WHO to Deal with International Relations

WHO will be well served by socialist ideology, which emphasizes the promotion of collective interests. In modern society, there are common conflicts between countries, but behind the disputes are for their own people to get a better life. As an important link between countries, WHO should make more contributions to the promotion of international relations by using socialist ideas. The difficulty of international cooperation is that countries do not know the intentions of other countries, and cooperation will become very cautious and even disturb the balance of power and the status [1]. The promotion of international medical cooperation is not only beneficial to the later developing countries, because infectious diseases are a prominent component of international challenges. If the epidemic is not controlled in the early stage, it will become an international disaster affecting many countries around the world, and the developed countries cannot stay out of it. For example, in the middle of 2021, there are about 182,721,607 cases of COVID - 19 cases and more than 3.9 million people were killed, and starting from this point, the numbers are increasing every day [11]. That includes the current world's sole superpower, the United States. The infectious diseases that have caused this frightening situation are clearly can not directly addressed by a single country, only the WHO is best placed to strengthen international cooperation in the collective interest of such transnational health problems. And promote the collective interests is not only an absolutely unilateral pay. The Belt and Road around China's project not only bring huge economic benefits for Africa and the Middle East countries, but also for China to establish a safe and convenient energy channel [12]. So, as to contribute to the collective interests also can feedback to their own in the end. WHO should make good use of these precedents of using socialist thinking to promote collective interests, and leverage the advantages of socialist thinking in helping each other to bring collective strength into function. Therefore, WHO can also be more convincing in handling international relations with socialist ideas.

"Caring for vulnerable groups", which plays an important role in socialist thought, can help WHO to provide better assistance to later developing countries, which can also provide the basis and guiding principle for WHO's actions in this respect. Among the diplomatic goals of WHO, poverty reduction is also a very important point, because poverty reduction enables each country to have more sufficient financial investment in public health expenditure and better face transnational health challenges. The role of socialist ideas in helping low - and middle-income countries develop their economies is enormous. For example, under the socialist system, China has achieved the fastest and largest economic development in human history and become the world's second largest economy. The poverty rate has dropped from 65% to around 4% [13]. Vietnam has succeeded in eradicating extreme poverty, narrowing the gap between rich and poor, and providing a modest but adequate standard of living for all its people [13]. These examples not only reflect the overall development benefits of the country, but also highlight the changes that have taken place in the poor population, which is a strong evidence that socialist ideology cares for the vulnerable groups. And even in today's society, fear of out-of-pocket costs prevents patients from seeking much-needed health care [14]. Therefore, WHO needs to draw on the successful experience of socialist ideology for poverty reduction, provide better medical reform programs for low - and middle-income countries, and adapt measures to local conditions to help people in low - and middle-income

countries no longer give up medical treatment because of poverty, so that low-income people can also have the most basic medical treatment to protect their lives. After all, health is the most basic attribute of human beings, and the people-oriented ideology of socialism matches WHO's focus on the health of all human beings, which can make greater contributions to WHO in the reform of health care. Learning from previous successful examples of socialist thinking, developing new WHO action plans and incorporating them into new policies. WHO should give full play to the collective strength by taking advantage of mutual help in socialist thinking.

The socialist thought "capital should be the power of society" can be used as the ideological weapon of WHO to deal with international relations better. In the international community, especially in low and middle-income countries need WHO help coordinate the operation of the global health system. As an isolated, not wealthy people in the case of a disaster always performs worse [15], as displayed in Figure 1, health care spending in low - and middle-income countries has improved in recent decades, but there is still a significant gap with spending in high-income countries [5]. Both in the medical resources and medical education flaws, National finances are not sufficient to support spending on health systems and health education as in high-income countries.

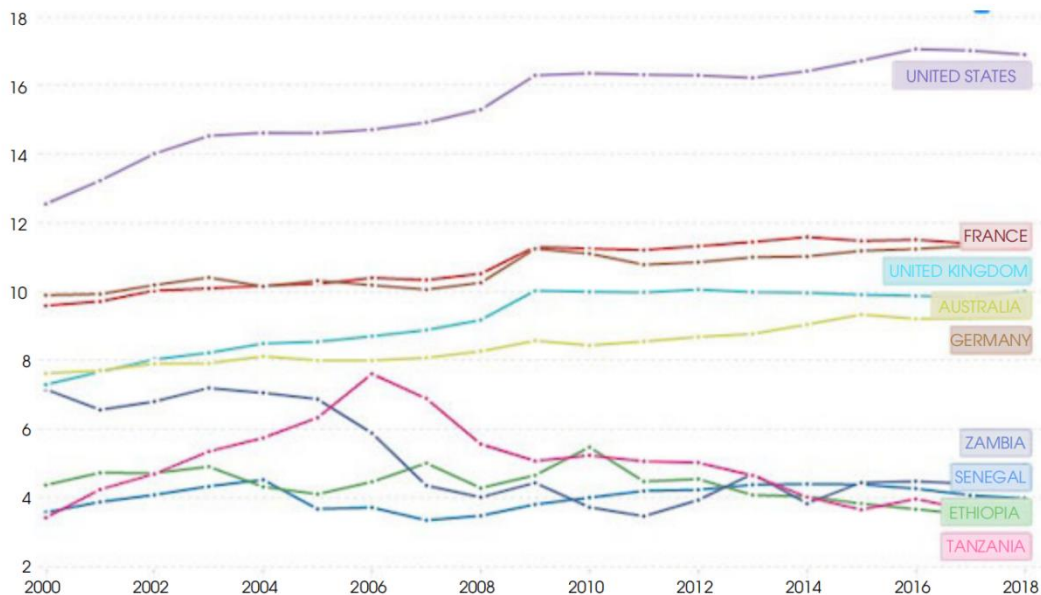


Figure 1: Proportion of gross domestic product (GDP) attributed to healthcare in the years between 2000 and 2018, displayed as a percentage of total GDP, with comparisons drawn between high-income countries and low- and middle-income countries. Data Sources: Establishing a sustainable healthcare environment in low- and middle-income countries (135).

Because of inadequate medical spending, some of epidemics cannot be identified in the first stage, or even stopped when they are detected. The reason for this is largely due to the inequality of international health resources. Medical talents who play an important role in medical resources are more likely to flow to high-income countries. During COVID-19, for example, the Trump administration used advanced medical equipment and high prices to transfer foreign scientists to the United States and demand vaccines specifically for the United States [16]. The concentration of highly skilled people in medical research and development is not a bad thing in itself, but serving only one country is a serious damage to the international health system.

"Capital should be the power of society" has already explained about this situation. The talents of each country are cultivated by consuming the assets of the world and should contribute to the whole

society. The capital of high-income countries is definitely not generated by one side alone. The whole society has contributed to the development of high-income countries. Especially in the aspect of medical health, both drug resources and medical education resources are the output of the whole society and should not become the sole property of one party. The WHO should use this intellectual weapon to monitor the use of the world's medical resources and urge developed countries to help developing countries with better health systems. Capital belongs to society, especially the health care system for all people, and should provide services for all people.

4. To Formulate the New Policy of WHO with Socialist Thought

The old WHO policies are no longer well suited to the current international health challenges. Even from the perspective of the current outbreak of Covid-19, WHO's global health policy has shortcomings such as low efficiency, poor quality and low degree of autonomy. The reform of WHO policy by using socialist ideology will have predictable good results. Policy formulation should consider both the strategic and operational levels [17]. According to the high degree of conformity of the socialist thought analyzed above to WHO, WHO should firmly grasp the socialist thought as the core of the strategic level, and then make specific instructions on the operational level.

(1) Low efficiency problem of WHO is mainly show in the slow response to the epidemic, when the world health organization announced in March 2020 with the start of the pandemic, Covid-19 has reached 113 countries [18]. The main reason for this is the uneven distribution of health care. Many low and middle-income countries do not have enough medical personnel and equipment. The WHO's laxity in this regard has left many countries' health maps with holes in their ability to quickly detect and locate epidemics.

WHO should make use of the theoretical basis of promoting collective interests in socialist thought to arrange and plan the distribution of the global health system. In the current WHO policy, it is related to "Global strategy on human resources for health: Workforce 2030". The old policy of just asking countries to voluntarily report their health workforce, that is not conducive to the WHO's overall arrangement. The WHO should come up with a new policy that requires national health systems to set up a unified network database, and only with a truly real-time database can they accurately allocate to remote areas. In addition, WHO should organize professional medical personnel to conduct field visits to various countries, and reasonably organize more professional medical personnel from high-income countries to enter the weak parts of the global health system, so as to drive the regions with backward medical services to catch up with the modernization level. In particular, attention should be paid to the improvement of the medical expertise of medical staff in these areas, so as to help detect the epidemic in the first place and be more responsible for people's health in ordinary times. At the same time, the WHO should promote universal coverage of basic medical equipment. The large amount of health spending will put a great strain on the finances of low - and middle-income countries, but health spending is very important and necessary. As shown in Figure 2, India's COVID - 19 mortality with local public health expenditure in inverse ratio obviously [19]. Therefore, WHO should ask high-income countries to provide medical equipment support to low - and middle-income countries based on collective interests.

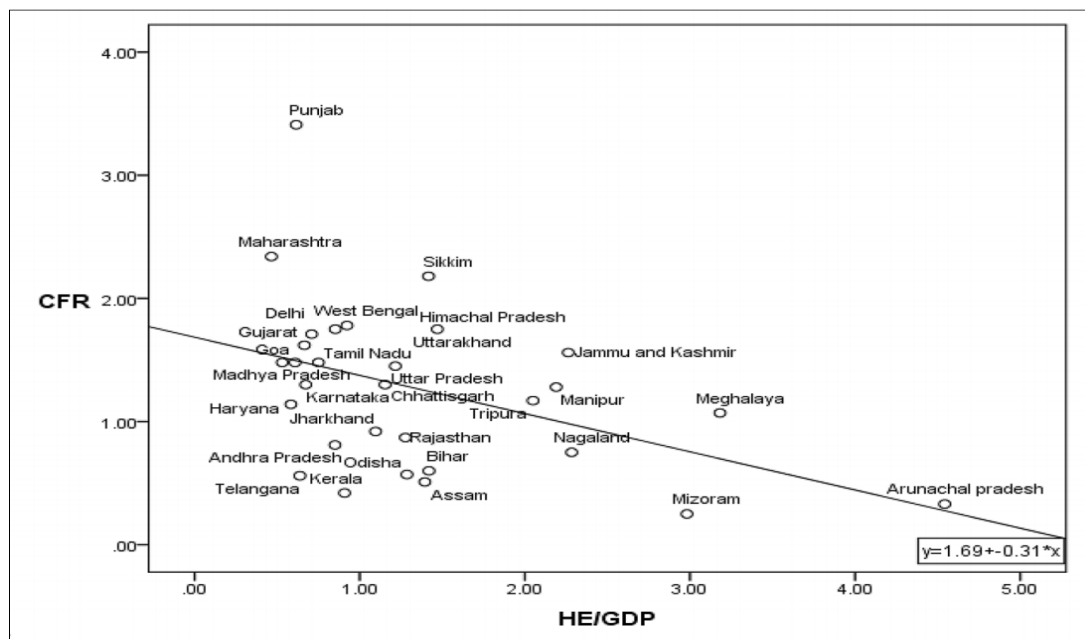


Figure 2: Case fatality rate and public health expenditure as a share of GDP. Data Sources: The importance of investing in a public health system: evidence from COVID-19 mortality (242).

In terms of the specific implementation of policies, WHO can group high- and low-income countries according to the country's development situation. With the actual needs, so as to make the help provided by high-income countries clear and transparent. It is also in the collective interest to have a large number of countries with well-developed health systems that will make a huge difference in combating epidemics.

(2) The poor quality of WHO's current policies is due to the fact that, in hindsight, WHO itself caused serious judgment errors, which exacerbated the initial spread of COVID-19 [20]. The lack of care for vulnerable groups in the old policy is largely to blame. Vulnerable groups have relatively lower health care and lower immunity in the face of epidemics. WHO did not pay enough attention to the main populations affected by COVID-19, and misjudged the ability of various populations to cope with COVID-19. It is necessary to let the care for vulnerable group to become one of the strategic priorities of WHO's new policy.

WHO should develop thorough public subsidy policies based on the global health care system. Negotiate with governments that enjoy WHO benefits, build affordable public hospitals that meet minimum needs, and promote a minimum health insurance plan that everyone can afford. Medical insurance is an important guarantee to help vulnerable groups get medical treatment. But even with the US spending on healthcare, 30 million Americans -- 9% of the population -- were uninsured at the time of COVID-19, and 44 million were underinsured [14]. So, the WHO health insurance policy can not be completely dependent on government finances. In order to promote universal insurance policy, WHO should take the initiative to social relief groups and social welfare foundation establishment cooperation. Its objective is to promote social welfare insurance and to provide free medical drugs and vitamins on a regular basis to vulnerable groups who meet requirements in order to improve and maintain their immunity. However, the role of national finance is still not negligible. Unfortunately, there are huge differences in health expenditure per capita among different income countries. As shown in Figure 3, the vulnerable groups in low-income countries even have little access to health benefits. The WHO is obliged to push that countries raise their health spending per person to the minimum level necessary to maintain human health.

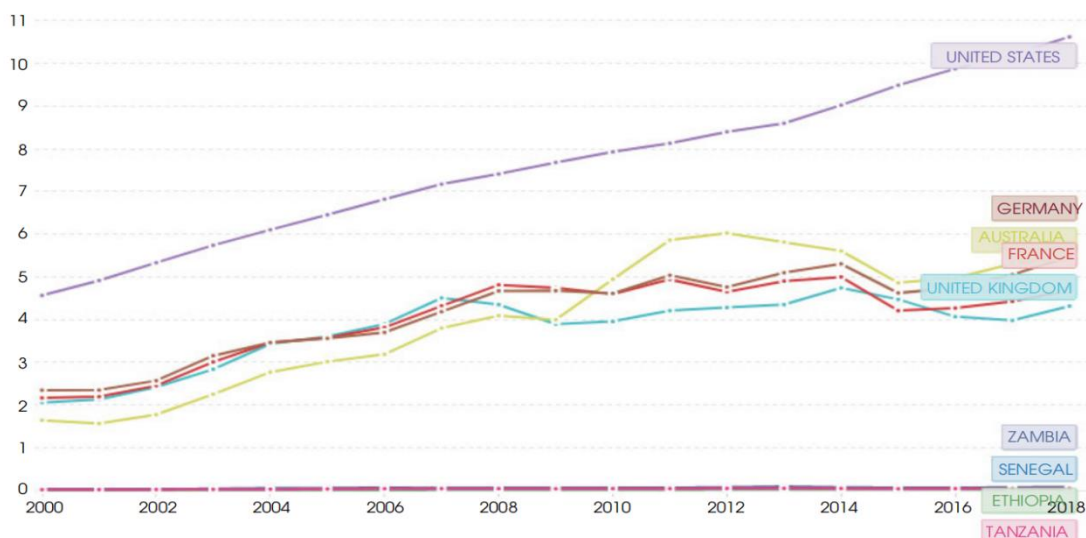


Figure 3: ross health expenditure per capita (in thousands of US dollars) in the years between 2000 and 2018, with comparisons drawn between highincome countries and low- and -middle-income countries. Data Sources: Establishing a sustainable healthcare environment in low- and middle-income countries (136)。

Reducing military spending is a good way to get countries to spend more on Health care, but the current WHO Global Health for Peace Initiative which focuses on "how to work in and work on conflict" [21]. That are all about how to conduct medical activities peacefully after the war had begun, this is not enough for now. The WHO should set up a new policy, establish a task force to reduce military spending, and set a reasonable amount of annual reduction according to each country's military spending, and supervise the country to fully invest the money in health care for vulnerable populations. For countries that cannot fulfill their responsibilities, WHO should cooperate with other countries to impose certain political and economic sanctions on the defaulting countries on the basis of not affecting people's lives and health. This policy is aimed at rationally distributing the already strained finances of various countries and making the surplus available to the vulnerable rather than pouring money into the military.

(3) WHO has a low degree of autonomy, so it is most necessary to make new policy changes by applying socialist ideas. The low degree of autonomy of WHO is mainly reflected in the non-independent source of its budget. Not only is a large amount of budget in the hands of voluntary donors [22], but in terms of member countries, the United States is the largest single donor to WHO. In 2019 alone, the United States provided more than \$400 million to the WHO, about 15 percent of the organization's total budget [23]. This makes it very difficult for the WHO to implement its policies and needs to take into account the views of many sponsors.

WHO should put the ideological weapon "Capital should be the power of society" into its policy, emphasizing that all capital comes from the power of society as a whole and should be returned to society in the end. WHO should enter into substantial and binding agreements with governments of countries that enjoy WHO benefits to impose mandatory taxes on health-hazardous foods and use the taxes as a regular source of revenue for WHO. Tobacco and alcohol, in particular, are the second and third largest contributors to the global burden of disease, respectively, and together account for nearly 12% of the global Disability-adjusted life year [24]. However, despite the "Global strategy to reduce the harmful use of alcohol", WHO's current policies are mostly based on the voluntary principle, which leads to the fact that many countries still do not have written policies on alcohol control [25]. Every 10 seconds or even a people die of alcohol-related harm [26], so making a

binding agreement is necessary. WHO should be according to the actual situation of governments, set in a fair audit policy for new agreement with other countries, countries need to be required to introduce clear laws to limit foods that are harmful to health. High-income countries should provide low-income countries with a certain amount of funds for education and publicity of avoid harmful foods every year, so as to make capital return to the society and promote equity.

On the other hand, the global medical system should tax the excessive waste of medical resources. For example, the use of luxurious hospital rooms must pay a high fee to the WHO, which will be used as the special fund of the WHO to subsidize other people who need hospitalization but are trapped by the funds. Finally, in health care, people of different income levels should be charged different levels of fees, which could be linked to personal income tax. Raising taxes on health care may be controversial, but the capital that the rich get is actually from society as a whole, so high-income people should take more responsibility for contributing to society.

5. Conclusion

The global health problems represented by epidemics have laid bare the passivity of the WHO in international relations and how the current health care system is failing people. On the one hand, WHO faces many challenges that affect its operations, including a lack of cooperation and coordination among its members [1]. That is means if a situation face a problem of international relations, the WHO is not in a position to convince countries easy. On the other hand, the weakness of the WHO's global health system is reflectem system is reflected

In order to solve WHO's problems in global health system policy and international relations, it is necessary and suitable to use socialist thought such as promote collective interests, care for vulnerable groups and "capital should be the power of society" for WHO's current situation. First of all, approaching international relations with socialist ideas will be more acceptable because everyone benefits, and resources will be properly coordinated and arranged. Then, caring for vulnerable groups can help WHO to better eliminate poverty, improve social subsidies, so that all people can get adequate health care. Finally, "capital should be the power of society" as a ideological weapon can help WHO make effective changes to the inequalities in the global health system and establish its own stable source of income. Therefore, WHO needs to flexibly apply socialist ideas, to make substantial changes to old policies, truly establish a global health system that serves all people, promote the world to establish good international relations and make policies fully implemented.

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