

## **INTERNATIONAL COOPERATION IN THE FIELD OF HEALTH QUALITY ASSURANCE**

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### **Abstract**

The article focuses on the main trends of international cooperation in the field of health quality assurance. The above activities are implemented within and under the auspices of international intergovernmental and non-governmental organizations.

Particular attention is paid to the analysis of the activities of the World Health Organization, especially in assisting states in the preparation of national health programs, as well as in the development of various programs and strategies in the field under consideration.

The research materials covered basic World Health Organization papers that include recommendations and strategic action plans for enhancing human rights in the healthcare systems.

The purpose of this study is to identify promising practices of international cooperation in the aspect of ensuring the quality of health services.

The goal required a set of studies to be conducted, including the following: investigation of WHO activities contents and trends, analysis of WHO recommendations on the development of national health systems to ensure the rights of vulnerable groups of population, outline of promising practices through case study of cooperation between WHO and Malaysia. The choice of the country for the case study is due to the internationally recognised productive cooperation between WHO and Malaysia.

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**Keywords:** Non-discrimination in healthcare, human rights, national healthcare system, health quality assurance.

### **1. INTRODUCTION**

International cooperation in the field of ensuring health care quality is carried out within and under the auspices of international intergovernmental organizations. One of the specialized agencies of the United Nations system - the World Health Organization (WHO), plays a dominant role in this regard. WHO is entrusted to implement and pursue the right to health at the international, regional and national levels.

In accordance with international law, States that are parties to the International Covenant on Economic, Social and Cultural Rights (hereinafter ICESCR) should use technical assistance and enhance cooperation

with WHO in developing and implementing national health strategies. In addition, while preparing their reports, States parties to ICESCR should use extensive information and advisory services of WHO in the process of collecting and disaggregating data, as well as defining indicators and benchmarks on the right to health (International Covenant...1966).

The above determines the relevance of the study of WHO's work in terms of both general trends of policies and activities and the study of specific examples of WHO's cooperation with countries which face and urgent call to ensure health rights for vulnerable segments of the population.

The purpose of this study is to identify promising practices of international cooperation in the aspect of ensuring the quality of health services.

The materials of the study covered projects and programs of WHO.

The goal was achieved through a number of tasks.

- investigation of WHO activities contents and trends
- analysis of WHO recommendations on the development of national health systems to ensure the rights of vulnerable groups of population
- outline of promising practices through case study of cooperation between WHO and Malaysia.

## **2. RESEARCH METHODOLOGY**

The research included several stages.

First, materials on the main activities of WHO, tools for implementing the tasks of the organization in the context of the UNO global goals were analysed.

Second, a study was made of those recommendations that WHO has drafted during the last decade. This work was aimed at identifying those issues that WHO considers to be key priorities for national health systems in the context of globalization.

Third, special attention was paid to the WHO activities on ensuring the rights to health care for the most vulnerable segments of the population.

Further, to determine the specific practice of WHO in the indicated direction, the case-analysis methodology was used. Malaysia's healthcare system was chosen as the object. This choice was rooted in the successful implementation of the WHO- Malaysia project on developing national healthcare system in the interest of all the layers of population. Moreover, there is an opportunity to use this project as a model for WHO interacts with other countries in order to support the most vulnerable groups of the population.

## **3. RESEARCH FINDINGS AND DISCUSSION**

### **3.1 Trends in World Health Organization Activities**

WHO and other agencies of the UN system should effectively collaborate with participating States, drawing on their experience, in the process of implementing the right to health at the national level, while ensuring that their mandates are properly taken into account.

It is timely to mention here that one of the main obligations of the Committee on Economic, Social and Cultural Rights (hereinafter referred to as the Committee, CESCR) in its General Comment No. 14 is the requirement that States should adopt, based on available epidemiological data, a national public health and an action plan that takes into account the health needs of the entire population (CESCR General Comment No. 14 2000). The strategy and action plan should be periodically reviewed in accordance with the principle of public participation and the principle of transparency. WHO provides a great deal of assistance to States in the preparation of national health programs, given that WHO has always been at the forefront of developing a health strategy and action programs. Thus, in just six years - between 2008 and 2013 WHO produced more than one hundred recommendations in the area of national health programs.

These recommendations dealt with almost all key public health issues: monitoring the epidemiological situation; the development of vaccination and immunization programs, programs for the protection of maternal and child health, programs to combat epidemics of influenza and other infectious diseases; treatment of tuberculosis, malaria, hepatitis, measles, rubella; the use of vitamin preparations and vitally important minerals in the form of food supplements by children and pregnant women; combating the spread of infections; safe abortions; blood transfusion; treatment of mental disorders; maintenance of air quality at

the proper level; personal hygiene; necessary physical activity; the use of dehydrating drugs and the management of pain syndrome; diagnostics of children for HIV / AIDS (World Health Organization: Programs and projects 2017).

### **3.2 WHO Recommendations on Enhancing National Healthcare Systems to Ensure the Rights of Vulnerable Groups**

With regard to national health plans for the world's poorest countries in 2005, WHO developed the "Human Rights, Health and Poverty Reduction Strategies" (Human Rights ...2015). The Program provides recommendations to WHO Member States on the development of "health strategies based on human rights principles" in order to take into account and solve problems related to the vital interests of the most socially vulnerable groups of the population.

The document underlines that while preparing any national plans, states should, first of all, develop a strategy that would cover all people and every person, no matter how poor or socially alienated, since those who are involved in the development of a national strategy and action plans, risk basing their strategies and action plans on incorrect starting points and misunderstanding of tasks, and thus losing opportunities that can lead to genuine change and reverse the situation.

Similar issues are also touched upon in a document prepared by the United Nations and entitled "Final draft guidelines on extreme poverty and human rights" (Final draft ... 2012). It was submitted by the Special Rapporteur on extreme poverty and human rights (Special Rapporteur 2017). The WHO report "Human Rights, Health and Poverty Reduction Strategies" (Human Rights ...2015) mentioned above, underlines that planning bodies working in the Ministry of Health system are supposed to build health policy in accordance with the needs of the population poorest segments.

When drafting healthcare policies and actions, it is necessary to rely on the principles of compulsory observance of human rights, which makes it possible to address in parallel many other tasks that may not necessarily be relevant for the work of the Ministry of Health in planning its activities. The Special Rapporteur on the right to health outlined the provisions that explain "common approaches to the use of the right to the highest attainable standard of health for strengthening health systems" (Report of the Special Rapporteur 2008).

The above report on health systems addresses seventeen provisions on issues such as: the need for transparency; involvement of the population in active participation in solving health problems; non-discrimination; the importance of adopting disease prevention programs; the importance of well-coordinated action and international cooperation; the main international obligations of States on the right to health, etc.

WHO analyses the health situation in all Member States and, on the basis of the results obtained, provides all possible assistance, including technical assistance in health planning (World Health Organization, Countries 2017). For economically developed countries, WHO limits its activities to a general analysis of the health protection situation, indicating the main risks to human health, such as alcoholism, tobacco smoking, or high rates of injury and deaths from accidents. At the same time, with respect to the less economically developed countries, in addition to general recommendations, WHO also drafts cooperative action strategies that involve deeper elaboration of topics and issues, as well as assistance to national health systems.

### **3.3 Case Study: Malaysia-WHO Cooperation**

WHO's cooperation with the State of Malaysia has been chosen for case study as an example of promising practice with respect to healthcare rights of the overall population.

Malaysia - WHO Strategy for Cooperation (MALAYSIA-WHO 2017) contains useful information about this country. In particular, this document reports that the National Plan for Long-term Development and the Malaysian Social and Economic Development set out national priorities, including an economic focus on the enhanced development of human resources, improving the quality of life of the population and the course for continuing stable development in area of ecology.

The health situation in Malaysia is rated as fairly prosperous. The system of primary medical care and emergency ambulance operates normally and provides free access for citizens to provide medical care and medical care. At the same time, total health expenditure is only 4.3% of GNP, while 45% of the health care system falls on the private sector, and 40% of the total volume of health care services is paid through cash settlements with patients. National priorities include improving the system of health care for the population in order to improve the quality of medical care, as well as reducing the incidence of the country in terms of both infectious and non-communicable diseases.

Among the challenges that Malaysian healthcare system faces there are problems arising from the paradigm shift in morbidity: the numerical superiority of the incidence rates of noncommunicable diseases and the associated risk factors; the rapidly growing private sector; a large percentage of payments for medical services and medicines in cash; a high number of migrants and a serious threat of the spread of infectious diseases.

In general, Malaysia's economic growth has reduced the need to provide assistance to the country for development and the health care system receives only a tiny fraction of financial assistance. Over the last decade, WHO's support has evolved. WHO has moved from a fellowship strategy to develop and build capacity and increase the competence of staff to a strategy for technical advice in selected areas of activity. Increased difficulties in the field of health care in the country require more targeted and complex technical assistance.

The analysis of the case study on the interaction of WHO and Malaysia allows us to determine the prospective benefits for other similar projects in the future. During the cooperation, the Strategic Agenda was agreed upon, which includes two main aspects. The first of these touched on the issues on which Malaysia received support from WHO. The second concerned issues on which WHO provided support for Malaysia's participation in international cooperation. All areas of work were based on priority tasks, as well as related to the potential of Malaysia and WHO and their mutual interest in joint actions in the following areas: strengthening the health system and strategy for health, controlling the spread of infectious diseases, prevention and control of noncommunicable diseases and related risk factors, as well as promoting healthy lifestyles. Malaysia, thanks to its cooperation with WHO, has significantly improved the situation with ensuring the right to health, which proves the importance of this kind of cooperation for all ICESCR member states.

#### **4. CONCLUSION**

The research findings lead to the conclusion that the WHO has recently focused on advisory services in the most complex areas. The main consultations concern the development of action strategies on such areas of health as the fight against HIV / AIDS, the WHO International Health Regulations, the issues related to the trade and medical sectors in relation to the course of liberal reforms.

Among the technical issues under consideration there is transition to international standards such as the WHO Framework Convention on Tobacco Control 2005, the strengthening of technical and managerial capacities (for example, in the field of food safety) and the monitoring of the epidemiological situation (for example, in relation to the HIV / AIDS epidemic). Additional help is provided to the main medical centres.

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