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220030 Minsk, Republic of Belarus, +375 (25) 503 47 39, hkp19851121@gmail.com**INSTITUTIONAL FRAMEWORK AND PLAN FOR CHINA'S ACTIVE PARTICIPATION
IN THE ACTIVITIES OF THE WORLD HEALTH ORGANIZATION**

There is an old saying in China: "Rule without rules is not perfect", so China's activities in the World Health Organization are carried out within a certain institutional framework, and China's fight against the spread of transnational infectious diseases follows the "International Health Regulations (2005)". The new virus has inflamed Wuhan these days, China's control of this infectious disease is within the institutional framework of the World Health Organization. China's activity plan at the World Health Organization is dynamically adjusted according to "cultural structure-national identity-national interests". This article will briefly analyze the institutional framework and plans for China's activities in the World Health Organization, and briefly analyze the causes of China's health diplomatic activities in the health field.

Key words: China; World Health Organization; institutional framework; plans.

Table. 1. Fig. 4. Ref.: 16 titles.

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220030 Минск, Республика Беларусь, +375 (25) 503 47 39, hkp19851121@gmail.com**ИНСТИТУЦИОНАЛЬНЫЕ РАМКИ И ПЛАН АКТИВНОГО УЧАСТИЯ КИТАЯ
В ДЕЯТЕЛЬНОСТИ ВСЕМИРНОЙ ОРГАНИЗАЦИИ ЗДРАВООХРАНЕНИЯ**

В Китае существует старая поговорка: «управление без правил не является совершенным», поэтому деятельность Китая во Всемирной организации здравоохранения осуществляется в определенных институциональных рамках, а борьба Китая с распространением транснациональных инфекционных заболеваний следует «Международным санитарным правилам (2005)». Новый вирус поразил Ухань в эти дни, контроль Китая над этим инфекционным заболеванием находится в институциональных рамках Всемирной организации здравоохранения. План деятельности Китая во Всемирной организации здравоохранения динамично корректируется в соответствии с «культурными и структурно-национальными интересами, а также интересами национальной идентичности». В данной статье кратко проанализирована институциональная структура и планы деятельности Китая во Всемирной организации здравоохранения, а также причины дипломатической деятельности Китая в области здравоохранения.

Ключевые слова: Китай; Всемирная организация здравоохранения; институциональная структура; планы.

Табл. 1. Рис. 4. Библиогр.: 16 назв.

Introduction. In the 21st century, human science and technology and economy are developing rapidly. While human beings are pursuing rapid development of material civilization, they also have higher and higher health requirements. As the world's largest intergovernmental organization, the World Health Organization plays an important role. China is the largest developing country, with the rapid economic development, people's pursuit of health rights is increasing. With the introduction of the "Healthy China" strategy, China pays more attention to global health governance, and the institutional framework and plans for activities in the World Health Organization are particularly important.

Methodology and methods of research. This article uses historical analysis, case analysis and international mainstream constructivist theories to make a dialectical analysis of relevant historical events, and tries to show readers a clear context of China's health diplomacy activities.

Research results and their discussion. Institutional framework of China's activities in the World Health Organization. The choice of any policy issue and the formulation of policy documents are in a certain political environment, and the political environment is an important factor to promote or restrict policy formulation and implementation [1].

In recent years, more and more attention has been paid to issues in the areas of health and development, and more and more attention has been paid to solving them, and a consensus is emerging that developing countries and their partners should seek new ways to work together to achieve common goals. However, despite growing concerns about the impact of poor health and poverty on global security, as well as the extreme unfairness of the world, efforts to date have not been enough to address the shortage of health resources. Achieving health goals requires abandoning traditional approaches to

address the fundamental factors that limit national potential and preventing countries from breaking the vicious cycle of poverty and disease.

Based on the experience of countries, three main phases have been identified, which constitute a consistent approach to achieving the main goals.

Phase 1 includes an initial familiarization with the Ministry of Health report at the national level, taking into account the realities of the country, and analyzing its relevance and applicability. At this stage, an intersectoral mechanism was formed (or a decision was made to use an existing mechanism) aimed at increasing the quantity and efficiency of healthcare investments to reduce poverty and stimulate economic development, especially through more effective outreach and accumulation of evidence.

In Phase 2, based on an analysis of the situation and cost estimates, countries developed a long-term plan for investing in health care. Part of this phase is to maintain intersectoral preparation and determine a strategy for implementing the plan.

Phase 3 includes the implementation of the measures specified in the investment plan, including closing the funding gap through additional internal and donor resources, and the implementation of the monitoring and evaluation process.

Health system, financing, resources are three important factors in the health care system, as shown in the figure 1.

WHO promotes the country's access to technical and financial support and assists a wide range of stakeholders in the macroeconomic and health process.

A workshop on costing tools was held in January 2004 under the auspices of WHO and the Global Fund to Fight AIDS, Tuberculosis and Malaria. Developers and potential users attended seminars, such as managers and planners of national disease control programs. During the seminar, there was general agreement on the need for costing tools for diseases and the urgent need for costing tools to strengthen health systems. The reform of the medical system in 2005 followed the Rio Declaration [3].

All of these tools provide intermediate cost estimates for three to ten years. The disease-oriented tool takes medicines and tests into consideration, and also allows you to calculate the impact on the healthcare system based on the number of visits to outpatient facilities and the number of days spent in the hospital.

At the same time, these tools take into account the planned costs of specific diseases, such as surveillance and assessment implementation, supervision and training, storage, relocation of resources and transportation, outreach and strategic interaction.

Financial planning tools for healthcare systems include calculations related to human resources, infrastructure, management information systems, and other supporting management functions in the field. This tool can be used alone or in combination with a disease-specific assessment tool.

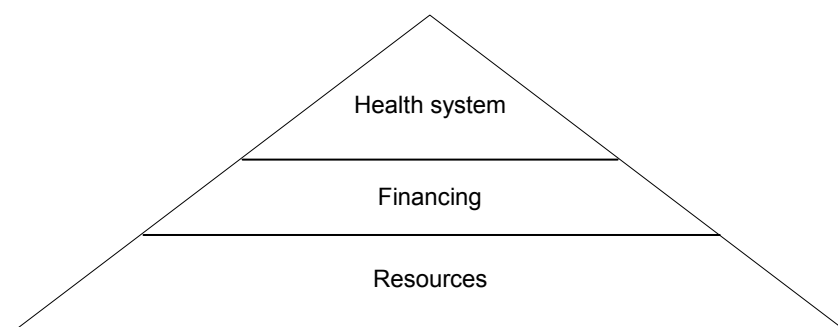


Figure 1. — The health care system

Note. Source: [2].

Existing knowledge gaps are the basis for forming research programmes under national mechanisms. Investment plans allow for prioritizing interventions and assessing the amount of funding required for their implementation.

However, without further improvements in other areas such as education, health and the environment, the country will not be able to optimize healthcare investment and achieve national goals in this area. Health planning must come not only from the Ministry of Health, but also from other departments that provide medical services or make decisions that affect health.

For example, in China, about 12 ministries and departments play a role in organizing health care.

At the same time, innovative research was carried out, such as a preliminary analysis of the actual impact of health on foreign direct investment and the profitability of the tourism industry, as well as exploring alternatives and fairer financing options for managing medical staff migration. The knowledge gained will influence national policies.

The focus of China's work in macroeconomics and health care is to provide evidence of the need to increase the role of the state in providing affordable and quality medical services to the people. In China, the National Macroeconomic and Health Commission has not yet been established, but in the past few years, much attention has been paid to studying the impact of health on economic growth and quantifying and documenting the difficulties encountered in eliminating inequality and poverty.

China has significant financial obstacles to accessing health care. Despite large-scale investments in health infrastructure and expanded medical coverage, in recent years, many people have been less likely to seek medical services for economic reasons. According to the 2013 China National Health System Survey (DHS), 70 % of those who refused to be hospitalized indicated that they had financial reasons.

After the financial reforms of 1980, the government's share in financing health care facilities declined significantly, and public funds are now barely able to pay for medical workers. The desire to make up for lost income leads to excess services and oversupply, and insufficient social services are provided. The introduction of medical fees has further reduced the need for preventive medicine. Poor enforcement of relevant government regulations has further led to changes in the behavior of Chinese medical service providers.

China's medical care has developed rapidly. By 2020, China plans to not only provide basic medical services on the basis of 100 % of the population, mainly based on budget financing, but also to introduce

a multi-level medical insurance system. Foreigners arriving in China can rely on a higher level of medical services. Major Chinese cities in the country provide specialized Chinese clinics for foreigners.

Today, China is actively implementing the National Medical Tourism Development Plan. Chinese hospitals receive about 200,000 foreign patients each year. Chinese clinics offer Western treatments and world-famous methods of Chinese medicine. In Chinese clinics, unique therapies have been developed, successfully treating many complex cases and refractory diseases.

At present, China has formed several systems of coexistence of medicine-Chinese tradition, Western medicine tradition and integration of traditional Chinese and western medicine. In 1993, the comprehensive thought of traditional Chinese medicine received worldwide support. Modern doctors support the need for psychological repositioning of doctors and patients, with preventive medicine and recovery using natural means that increase the body's reserve capacity should be of paramount importance.

In addition, the "International Health Regulations (2005)" (IHR) is a legally binding international agreement reached by 196 countries, including all World Health Organization member states, to achieve global health. The institutional framework of the regulations aims to prevent, prevent and control the pandemic of international infectious diseases. In the preface of the old "International Health Regulations", the common interests of the international community were clearly defined as "guaranteeing maximum safety against international spread of disease and minimizing intervention against international communication" [4], which means curbing infectious diseases Dissemination and guarantee of international trade are two measures of national interest.

Before the formulation of the new International Health Regulations, the World Health Organization's method of collecting information on outbreaks of infectious diseases was a bottom-up vertical system that relied solely on the official information of sovereign states. A multi-headed complex of accumulated social interests [5], the governance model of the network rather than the hierarchy is more conducive to problem solving [6]. The reporting of disease outbreaks and the response to them are entirely in the domain of sovereign states. China resists the proposal to send a WHO investigation team to the country without the consent of the sovereign state. In addition to the sovereignty issue, the Chinese government has actively promoted the implementation of IHR (2005). For example, in 2013 to ensure timely reporting of human cases of H7N9 bird flu; in 2014 to ensure that national Ebola preparedness plans are in place; and to ensure that 259 of 285 ports across the country are adopted. Standard requirements of the International Health Regulations [7]. After the SARS epidemic emerged, China established the world's largest network of direct reporting of infectious diseases and public health emergencies. After the SARS epidemic, China established the world's largest Infectious disease epidemic

situation and public health emergency network direct reporting system, the epidemic information from the discovery to the National Center for Disease Control, the time was reduced from the original 5 days to 4 hours, the establishment of a powerful system to quickly collect epidemic information [8]. China has always been a supporter and implementer of the International Health Regulations (2005). Maintaining China's sovereignty and independence is a prerequisite for China to abide by the framework of the World Health Regulations. The framework of China's foreign aid management system is shown below (figure 2).

The Chinese have always had core ideologies such as “honouring people, emphasizing people, respecting integrity, advocating justice, advocating harmony, and seeking common ground”. China maintains and abides by the framework of international health regulations under the predecessor of principles, and promotes China to Changes in the health care system.

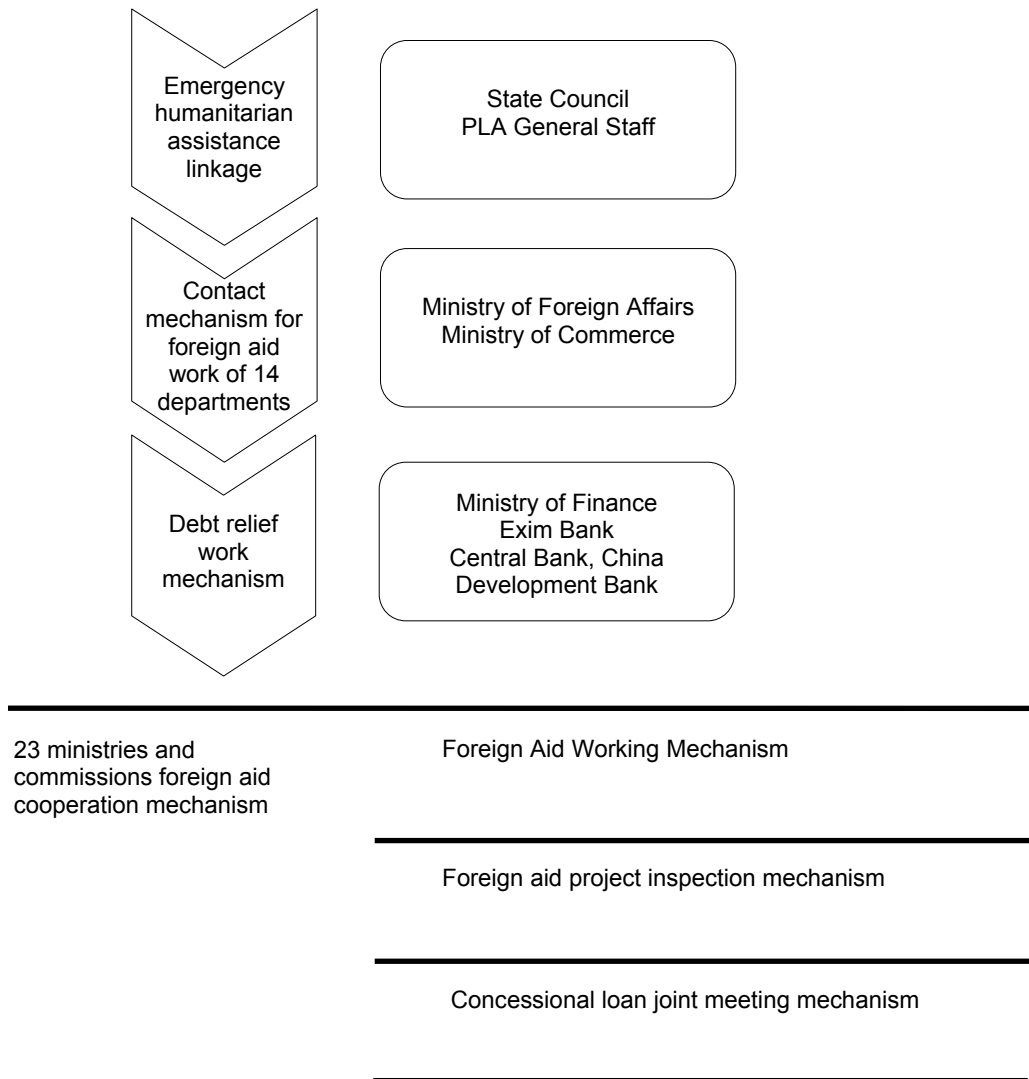


Figure 2. — The framework of China's foreign aid management system

China's plan for World Health Organization activities. Mainstream constructivism (figure 3) believes that: cultural structure—national identity—national interests These three factors determine the state of activity.

Identity is derived from the Latin “Idem”, which means the same [10]. Identity has three basic functions in society: it will tell us who we are, tell others who we are, and tell ourselves who others are [11]. In his article “Anarchy is State-Made”, Winter states that identity is an “actually stable, understanding and expectation of a particular role” of an actor [12]. National identity is the role of the state relative to the international community, and it is the degree of identification of the state leading the international community. According to constructivist theory, the national activity plan is because this plan conforms to its identity and China is a responsible big country. Under this definition of status, China's participation in the World Health

Organization's plan meets this status. This unique identity plays a decisive role in the national interest, because “identity is the premise of interest, and identity defines interest”. Interests are the basic motivation of state behavior. China's participation in the World Health Organization's related plans is in China's interest, as shown in the figure below (core model of China's foreign policy)

China has created the world's largest electronic real-time epidemiological surveillance system, showing how to organize transparent and comprehensive instant dissemination of epidemiological information. Your scientists and epidemiologists have published their reports in the most prestigious medical journals in time, demonstrating China's world-class scientific potential.

The measures taken by the Chinese government in response to the vaccine scandal in Shandong province are equally rapid and effective. The scandal is huge: 2 million doses of the vaccine were administered to children and adults.

Health authorities have also taken steps to restore public confidence in vaccine safety and In China, the prevalence of obesity and overweight has more than doubled in the past few decades of the 20th century as decades of scarce nutrition have replaced abundance. Gaining weight across all categories of population

is a warning sign that warns us of a major problem that is imminent. They don't happen immediately, but inevitably come in the form of a series of lifestyle-related chronic diseases, including heart disease, diabetes, and certain diet-related cancers.

The cost of treating these lifestyle-related diseases is staggering. There is no doubt that prevention is a more effective way to solve problems, but for at least two reasons, organizing prevention is a very difficult task.

First, chronic diseases have their roots outside the health sector. The health sector bears the burden of these diseases, but has little impact on risk factors. Second, the activities of influential economic actors, such as producers of tobacco, alcohol, food and soft drinks, have led to the globalization of unhealthy lifestyles.

Using the WHO Framework Convention on Tobacco Control as a legal tool, including the authority at the regional level, can enact legislation to significantly reduce tobacco consumption. We are convinced of this and we have a lot of evidence to prove it.

Tobacco control measures in Beijing are among the strictest in the world. In Shanghai, smoking has recently been banned in all airport buildings and train stations in the city. The Shanghai legislature is considering tougher measures to ban smoking in all public buildings.

If Beijing and Shanghai can do this, with the broad public support, every health care director in every province can do it.

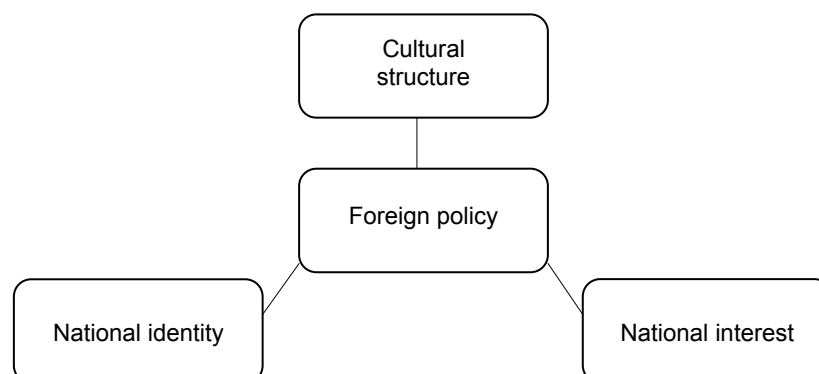


Figure 3. — Mainstream constructivism

Note. Source: [13].

Tobacco industry representatives are doing their best to undermine the adoption of these much-needed laws. Their goal is to weaken China’s national tobacco control legislation, which is currently under development.

In a world with many uncertainties, economic, trade and industrial considerations can address national and international challenges and lead public health issues.

Economic growth and increased wealth are almost always accompanied by increased demand for meat and dairy products.

Chinese research best illustrates the direct link between the use of antibiotics in food production and the detection of drug-resistant pathogens in food, animals, and humans.

With the development of the economy, taking the GDP of the world’s top ten economies in 2014 as an example, China’s GDP has reached 10,000,000,000,000 \$ [14]. After the reform and opening up, China’s economy has leapt to the second place in the world. The old Chinese saying is: “Who is the one who helps you”, and means, “When you help others, you will get more people to help you”. The English proverb has: “It is better to give than to receive”. Therefore, as the largest developing country, China has also increased its assistance to developing countries while developing its own economy. As of November 5, 2014, the Chinese government provided 750 million yuan in humanitarian aid in four rounds to cover 13 African countries and international and regional organizations such as the United Nations, WHO, and AU, as shown in the following table 1 [15].

So that to understand the people’s activities in the health region, we can see this Global Health Action Change Map (figure 4).

T a b e l 1. — The Chinese government provided in humanitarian aid in four rounds to cover 13 African countries and international and regional organizations such as the United Nations, WHO, and AU

Month	African Countries	Amount of Humanitarian Aid
April	Guinea, Liberia, Sierra Leone, Guinea-Bissau	4 million RMB worth of control materials
August	Liberia, Sierra Leone, Guinea	Emergency humanitarian assistance worth 30 million yuan
September	Endemic area countries and surrounding high-risk countries	200 million yuan worth of emergency cash, food and material assistance
	WHO	2 million dollar cash assistance
	AU	2 million dollar cash assistance
October	Liberia, Sierra Leone, Guinea	500 million yuan worth of urgently needed supplies and cash assistance
	Ebola Response MPTF	6 million dollar donation
	WHO	2 million dollar donation
	AU	2 million dollar donation

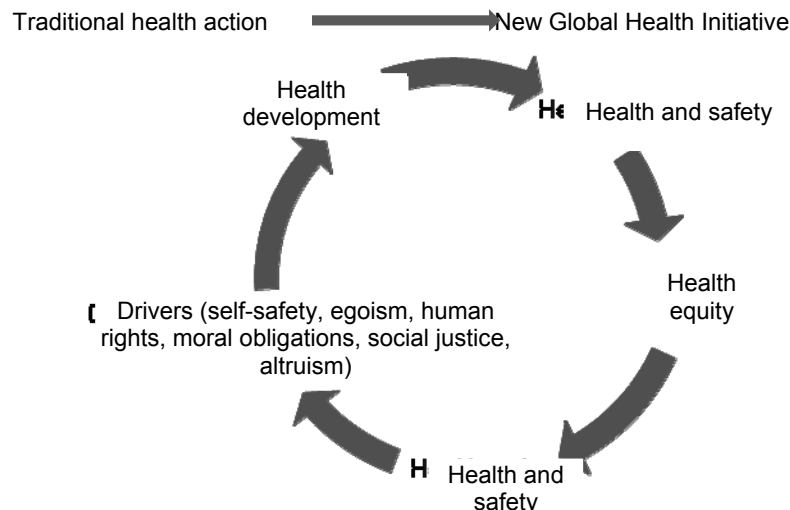


Figure 4. — Global Health Action Change Map

Note. Source: [16].

In summary, according to China's national conditions, while reforming its own medical development, China has increased its interaction with the World Health Organization, increased medical assistance to developing countries, and actively integrated itself into the global health governance system. Related activities have also indirectly enhanced China's soft power.

Conclusion. Through the brief statement in this article, I personally believe that China's institutional framework for activities in the World Health Organization follows the relevant principles of the World Health Regulations 2005 and is innovative in light of China's national conditions. China's activities in the World Health Organization also promoted China's integration into the general trend of global health governance has promoted the development of China's medical and health services. Under the guidance of the World Health Organization's institutional framework, China will formulate an effective health activity plan that will surely defeat the "emerging" Coronavirus effectively protects human health and builds a community of human destiny.

References

1. Yin, X. Who Is Affecting China's Policies / X. Yin // Chinese High-level Cholesterol Zhejiang People's Publishing House. — 2008. — P. 102—105.
2. Chinese Journal of Health Policy [Electronic resource]. — Mode of access: <https://max.book118.com/html/2014/0314/6582189.shtm>. — Date of access: 09.09.2020.
3. Rio's Political Declaration on Social Determinants of Health [Electronic resource]. — Mode of access: <https://www.who.int/sdhconference/declaration/en/>. — Date of access: 09.09.2020.
4. WHO, International Health Regulations, Geneva (1983) [Electronic resource]. — Mode of access: <https://www.who.int/ihr/revisionprocess/revision/en/>. — Date of access: 09.09.2020.
5. Changhe, S. Liberalism and World Politics-Enlightenment of Liberal International Relations Theory / S. Changhe // World Economy and Politics. — 2004. — P. 15—16.
6. Margaret, E. Activists Beyond Borders: Advocacy Networks in International Politics / E. Margaret // Beijing: Peking University Press. — 2005. — P. 2.
7. China — WHO National Cooperation Strategy (2016—2020) [Electronic resource]. — Mode of access: <https://iris.wpro.who.int/handle/10665.1/13117>. — Date of access: 11.02.2020.
8. China has established the world's largest online direct reporting system for infectious diseases, Chinese government portal [Electronic resource]. — Model of access: http://www.gov.cn/jrzg/2013-08/28/content_2475885.htm. — Date of access: 20.09.2020.
9. Jiajun, C. Tackling the Transformation of Ebola and China's Medical Assistance Model / C. Jiajun // Journal of International Relations. — 2015. — P. 81.
10. Feng, M. Postmodern Identity Politics / M. Feng // Taipei, Yangzhi Culture Enterprise Co., Ltd. — 2001. — P. 15.
11. Xiaodong, C. On Constructivism's Recognition of Security Prospects in East Asia / C. Xiaodong // International Watch. — 2000. — P. 30.
12. Alexander, W. Anarchy is What States Make of It / W. Alexander // The Social Construction of Power Politics, International Organization. — 1992. — P. 397.
13. Yaqing, Q. National Identity, Strategic Culture and Security Interests: Three Assumptions on the Relationship between China and the International Society / Q. Yangqing // World Economy and Politics. — 2003. — P. 10.
14. WorldBank (2016) [Electronic resource]. — Mode of access: <http://data.worldbank.org.cn/indicator/NY.GDP.MKTP.CD/countries/1W?display=default>. — Date of access: 11.05.2016.
15. Jiajun, C. Coping with the Transformation of Ebola and China's Medical Assistance Model / C. Jiajun // International Relations Research. — 2015. — P. 74.
16. Global Health Action Change Map [Electronic resource]. — Mode of access: <https://max.book118.com/html/2017/1209/143457442.shtm>. — Date of access: 09.09.2020.

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