

DOI 10.34132/pard2025.30.07

Отримано: 20 червня 2025

Змінено: 17 вересня 2025

Принято: 14 жовтня 2025

Опубліковано:

30 грудня 2025

Received: 20 June 2025

Revised: 17 September 2025

Accepted: 14 October 2025

Published:

30 December 2025

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INTERNATIONAL COOPERATION IN HEALTH CARE: PROBLEMS AND TRENDS

The article provides a comprehensive analysis of international cooperation in the field of health care in the context of globalization processes and increasing interdependence of states in matters of public health. The theoretical foundations of international cooperation in the medical field, its institutional support and key areas of development are considered. Particular attention is paid to the activities of the World Health Organization (WHO) and the European Union as leading actors in the formation of global health care policy.

The main problems of international cooperation are identified, including the unevenness of financial and technological resources between countries, insufficient coordination of regulatory and legal acts, differences in standards of medical services, as well as political, socio-cultural and ethical barriers in the implementation of joint programs. The consequences of the COVID-19 pandemic as a key catalyst for the transformation of international cooperation systems in the field of health care are analyzed.

Current trends in the development of international partnership are outlined: digitalization of medical systems, development of telemedicine, creation of global platforms for the exchange of medical data, implementation of collective health security programs and formation of joint mechanisms for responding to emergencies. The importance of interstate coordination in the field of infectious disease prevention,

combating non-communicable diseases and strengthening the potential of health care systems in developing countries is emphasized.

The conclusion is made that effective international cooperation in the field of health care is a strategic condition for ensuring global security, sustainable development and increasing the level of well-being of the population. It requires strengthening institutional interaction, improving legal mechanisms, increasing funding and harmonizing national strategies with international standards.

Keywords: *international cooperation, health care, globalization, WHO, international organizations, public health, pandemic, sustainable development, telemedicine, global security.*

Statement of the problem in a general form. Today, in the context of globalization, the rapid development of international relations and the growth of interdependence of states, the issue of ensuring an adequate level of health care is becoming particularly urgent. Global challenges – such as pandemics, the increase in the prevalence of non-communicable diseases, environmental threats, humanitarian crises and military conflicts – show that public health problems go far beyond national borders. An effective response to these challenges requires consolidated efforts of the international community, the exchange of scientific knowledge, medical technologies and joint development of strategies to counter global threats. That is why international cooperation in the field of health care is becoming a key factor in ensuring the sustainable development of humanity, strengthening public health systems and the implementation of fundamental human rights. The field of health care is one of the most important and strategically significant sectors of the economy of any state, as it directly affects the formation and development of human capital, labor productivity, social stability and welfare of society. An effective health system ensures the sustainable functioning of labor resources reduces the level of social risks and contributes to improving the quality of life of the population.

The human right to health protection and to receive medical care is one of the fundamental and inalienable rights guaranteed by interna-

tional law. According to art 25 of the Universal Declaration of Human Rights (1948), everyone has the right to a standard of living adequate for the health and well-being of himself and his family, including adequate food, housing and medical care [8]. Art. 12 of the International Covenant on Economic, Social and Cultural Rights (1966) states that States Parties recognize the right of everyone to the highest attainable standard of physical and mental health, and undertake to create the necessary conditions for its realization [17].

In order to coordinate international efforts in the field of health, the World Health Organization (WHO) was established – a specialized agency of the United Nations, this determines the strategic directions of the development of global health policy. WHO plays a leading role in solving international medical and social problems, develops regulatory standards, coordinates scientific research, provides technical assistance to member states and monitors the epidemiological situation in the world. Its activities are aimed at strengthening the potential of national health systems, increasing the level of accessibility of medical care and protecting the fundamental human right to life and health [4].

Results and Discussion. For a long time, the key responsibility for solving problems in the field of health care rested mainly with national governments, which independently formed policies and determined the directions of development of the medical care system. However, with the strengthening of regional integration processes, deepening interdependence between states and the intensive growth of the scale of cross-border migration of people, there is a gradual rethinking of traditional approaches to organizing international governance in this area. In modern conditions, the need for joint actions at the supranational level is becoming increasingly obvious, because individual countries are no longer able to effectively confront global health threats alone. This necessitates the formation of agreed standards, the creation of comprehensive coordination mechanisms, strengthening institutional interaction and the establishment of a systematic exchange of experience, information and best practices between states. Such an approach contributes to increasing the effectiveness of international cooperation and allows for a more rapid response to challenges that go beyond national borders [5].

The development of the institutional environment of the economy, in particular in the field of health care, often occurs through borrowing or «importing» institutions from other countries. However, the direct transfer of such institutions is a rather complex and not always effective process. This is due primarily to significant differences in the levels of socio-economic development, cultural traditions, political systems and management practices of different states. As a result, institutions that are effective in one country may be of little use or even ineffective in another, since in the new conditions they do not find appropriate implementation mechanisms. The problem of inconsistency between formal and informal institutions deserves special attention. Differences in informal norms – such as work culture, business ethics, the level of trust in society or attitude towards state institutions – often cause incoherence between the state, business and other economic agents. When importing both formal and informal institutions, numerous social and economic relationships are almost always disrupted, which complicates the adaptation process. The more such relationships are disrupted, the more painful the process of institutional borrowing becomes: the level of formalization of informal rules increases, the effectiveness of established institutions and their ability to function organically in a new environment decreases. Formal institutions that most often «take root poorly» in new conditions include the principles of free competition, effective partnership between the state and business, and informal institutions include labor ethics, norms of professional behavior and ethical standards of business. Thus, the success of institutional reforms largely depends not only on the correct choice of models for borrowing, but also on the ability to adapt them to the specifics of the national environment [24].

As an attempt to comprehend and systematize new socio-economic trends that emerged at the end of the twentieth century, the Concept of Global Public Goods was formed [7; 33]. Its emergence was a logical continuation of the development of the theory of public and private goods, which was engaged in the analysis of the boundaries and mechanisms of the functioning of the market and the state in ensuring the needs of society [23].

The main idea of this theory is that there are certain areas of economic

activity where the market cannot work effectively. In such areas, the so-called market failures arise. In these situations, society does not receive the required volume of goods and services. Therefore, the intervention of the public sector is necessary. The state takes on the task of ensuring the production, distribution and use of public goods. Such goods are available to all people, and no person can be excluded from them. They are aimed at satisfying the common needs of citizens, maintaining stability and ensuring equal access to important resources and services for each member of society. Public good theorists have developed various classifications of goods, based on various combinations of their properties – such as openness of access, non-rivalry in consumption, non-excludability of use, etc. [21]. These classification approaches allow for a deeper understanding of the nature of each type of benefit, to determine its place in the system of economic relations, and to outline the appropriate mechanisms for its provision.

Understanding the essence of a particular good, its characteristics and socio-economic significance is key to the effective organization of production, distribution and consumption processes. This is especially relevant not only at the local or national levels, but also on a global scale, when it comes to such socially important resources as healthcare, environmental safety, education or the stability of financial systems [11]. That is why the concept of global public goods has become a methodological basis for rethinking the role of international institutions, states and intergovernmental organizations in ensuring the sustainable development of humanity.

The healthcare sector occupies an important place in the structure of public goods and belongs to one of the most important elements of the socio-economic system (fig. 1).

Services provided in the healthcare sector belong to a special type of life goods. They do not create a material product in the usual sense for economics, because their result cannot be measured in the form of physical goods. However, these services form an important intangible effect. It directly affects the health of people, their level of well-being, the quality of daily life and its duration. That is why medical services have a unique social and economic value. They provide not only the treatment of

diseases, but also support the working capacity of the population, reduce the level of social risks and increase the overall stability of society. Thus, health care plays a key role in the development of human potential and strengthening the socio-economic progress of the country [9].

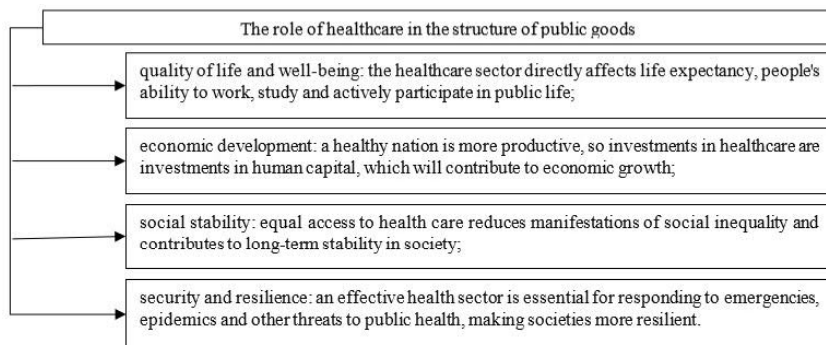


Fig. 1. The role of healthcare in the structure of public goods.
Source: formed by the author

The peculiarity of financial relations in the health sector lies in their dual nature. On the one hand, the health financing system has the characteristics of public finance, since a significant part of the resources is formed at the expense of the state budget, taxes and mandatory social contributions [36]. On the other hand, it includes elements of the finances of organizations – in particular, private medical institutions, insurance companies, charitable foundations, which provide medical services on a commercial or partnership basis [14]. Such duality makes it difficult to clearly define the place of health finance in the general financial system of the state.

Health services cannot be attributed exclusively to the category of public goods or to private services in their pure form. They occupy an intermediate, or mixed, position, combining the features of both types of goods. On the one hand, medical services have individual utility, since they are aimed at meeting the specific needs of an individual in the treatment or prevention of diseases. On the other hand, they have high social significance, since the health of the population determines labor

productivity, demographic stability, and the general level of development of society [12].

In addition, the sphere of health care has a special status of «compulsory consumption», that is, society recognizes medical care as necessary for each member regardless of his income, social status, or place of residence. It is this characteristic that determines the need for active state regulation and ensuring the availability of medical services as one of the basic human rights [12].

The concept of «global public goods» remains the subject of lively scientific and political discussions, since in practice its provisions are extremely difficult to implement [20]. The main problem is that most countries of the world cannot develop a single effective mechanism for international cooperation in this area due to significant differences in levels of development, political priorities, economic interests, and cultural values. Differences in the interpretation of the very essence of global public goods and in the methods of their financing often lead to misunderstandings and reduce the effectiveness of joint initiatives.

One of the main obstacles to coordinated action is the complex geopolitical situation and ideological hostility between the world's leading powers [15]. In the 20th century, examples of such confrontations were the conflicting relations between Germany, France and Great Britain at the beginning of the century, and later – the long-term rivalry between the USSR and the USA during the «Cold War». It is worth emphasizing that the 21st century. also turned out to be quite conflictual. All these conflicts not only complicate international political dialogue, but also significantly limit the opportunities for scientific exchange, joint medical research and coordination of actions in the field of health care. In particular, the exchange of information on new methods of treatment, epidemiological data and research results in the field of combating dangerous infectious diseases is limited, which negatively affects the global health care system.

Another serious problem is still the issue of economic inequality between different countries, which creates significant disparities in access to the necessary resources, technologies and financing. High-income countries have somewhat greater opportunities to invest in medical

technologies, scientific research and preventive programs. In contrast, developing countries often face a chronic shortage of funds, human resources and material and technical base [18; 19]. The essence of this problem lies not only in the difference in potentials, but also in the lack of readiness of developed countries to voluntarily give up part of their own financial resources in favor of supporting global initiatives in the field of health care. This state of affairs can be explained by the presence of pragmatic economic interests, political caution and reluctance to take on additional obligations. At the same time, the lack of an effective mechanism for redistributing financial resources between different countries significantly complicates the implementation of the concept of global public goods, undermining the basic principles of solidarity that should become the basis of such interaction [32].

It is worth noting that, despite the obvious importance of the concept of global public goods and its significant humanitarian potential, its implementation in practice remains a difficult task. The implementation of such approaches constantly faces political, economic and institutional obstacles. States often have different interests, levels of development and priorities, which makes it difficult to coordinate joint actions. Overcoming these barriers is possible only under the condition of deeper international interaction. Greater trust between countries, coordinated governance mechanisms and real political will on the part of the world's leading states are needed. Only under such conditions can the concept of global public goods be fully implemented and bring the expected results for the entire international community.

The fact that a number of infectious diseases are regional in nature significantly complicates the determination of the volume of financial assistance and an effective mechanism for international cooperation in the field of health. Their spread is due to specific climatic conditions, geographical features or the presence of natural carriers - animals, birds, fish or insects, which are carriers of infectious agents. This leads to the fact that the risks and scale of epidemic threats differ significantly from country to country, and therefore, the complex issue of a fair distribution of the financial burden between states in the elimination of foci of infections and the provision of international medical assistance

arises [3]. The problem of coordinating actions in the field of combating infectious diseases is also complicated by socio-cultural, religious and political factors that influence the organization of the health care system in each individual country. National traditions, religious prescriptions and ethnic characteristics play a significant role in the formation of medical care models [3]. For example, in Saudi Arabia and some other countries of the Middle East, current religious norms prohibit male doctors from providing services to women in the field of obstetrics and gynecology. At the same time, due to restrictions on women's access to higher education, there is no opportunity to train female doctors in these countries. As a result, a specific healthcare system is being formed within such countries, which has its own management structure, financing mechanisms, and development priorities that differ significantly from international standards.

In modern conditions, new actors of global interaction are increasingly joining the traditional subjects of international cooperation – national states [2]. Among them are intergovernmental associations, regional integration structures, transnational corporations, charitable foundations and humanitarian organizations that participate in financing medical programs, supplying medicines, developing innovative treatment technologies, etc.

However, the emergence of these new participants gives rise to a new range of challenges. Difficulties arise in determining their legal status, coordinating powers and areas of responsibility, as well as in coordinating with state structures and international organizations, such as WHO or the UN. As a result, the formation of a single, balanced system of global health management requires not only political will, but also the creation of clear regulatory and legal mechanisms that would regulate the activities of all participants in this process [10].

It is worth considering in more detail the practical experience of integration processes and the peculiarities of interaction of states that are part of such associations in the field of health care.

The European Union (EU) is a political, economic and social union of 28 European states, formally established by the 1992 Maastricht Treaty (which entered into force on 1 November 1993). By joining

the EU, countries partially limit their national sovereignty in exchange for the opportunity to participate in joint decision-making through representation in the Union's institutions, which act for the benefit of all its members [6].

In order to become a member of the EU, a candidate country must meet the Copenhagen criteria, adopted at the European Council meeting in Copenhagen in June 1993 and confirmed in Madrid in December 1995. These criteria include the existence of stable democratic institutions, respect for the principles of freedom, human rights, the rule of law, and the functioning of a competitive market economy. In addition, the country must recognize and implement common EU norms and standards, and share the strategic objectives of political, economic and monetary union [25].

In the field of health, competence is divided between the EU and its member states. The main responsibility for the organization and financing of the health system remains with national governments, but the EU has the authority to coordinate actions, promote the exchange of experience, support countries in the implementation of joint programs, and develop common recommendations and standards. For example, the EU actively finances programs to combat rare diseases, develops a system for monitoring infectious diseases through the European Center for Disease Prevention and Control (ECDC), and coordinates vaccination and health policies during crises, such as the COVID-19 pandemic [29].

Despite the high level of integration, there are a number of problems that remain unresolved. In particular, there is the issue of providing health care to citizens who live in one EU country but work in another. In such a situation, there are significant difficulties in determining which country should cover the costs of treatment. For example, an employee who works in Germany but is a Polish citizen may face difficulties in obtaining medical services due to certain differences in the insurance systems of these countries [16]. It is worth noting that there are additional difficulties due to the inequality in the financial provision of health care in different EU countries. Indicative in this regard are the Scandinavian countries, where health care costs are significantly higher than in the countries of South-Eastern Europe. This approach quite logically affects

the quality and accessibility of medical services for citizens of these countries [13].

An important example of international cooperation in the field of health is the partnership between the European Union and the People's Republic of China. The interaction between the parties is carried out within the framework of the EU-China Health Dialogue, launched in 2007 [30]. This format allows for the exchange of experience in areas such as the prevention of infectious diseases, epidemic management, quality control of medicines, the development of public health systems and digital medicine [27].

One of the most striking examples of such cooperation was the joint work during the COVID-19 pandemic (2020-2022). The EU and China exchanged scientific data, cooperated in the supply of medical supplies and equipment, and participated in international research aimed at the development of vaccines and antiviral drugs [31]. In particular, the European Commission and the Ministry of Health of the PRC coordinated actions to ensure the stability of global supply chains for personal protective equipment and medical supplies [35].

In addition, within the framework of the EU-China Health Programme (2019-2023), the parties have worked together on the management of chronic diseases, reducing the harmful effects of tobacco, and improving the public health system through training specialists and holding joint workshops [28]. This interaction demonstrates that even with differences in political systems, economic models, and health standards, the EU and China are able to cooperate effectively, joining forces to address global challenges – from pandemics to problems of population aging and environmental risks to health [34]. It is worth emphasizing that the experience of the European Union shows that even within a well-developed integration community, there is still a significant need for deeper coordination of health systems. EU countries have different models of financing medicine, social insurance systems, and approaches to organizing health services. This creates difficulties in ensuring equal access to treatment and hinders effective interaction between states. Harmonization of rules in the field of health financing, improvement of mechanisms of social health insurance and simplification of conditions

for mobility of patients between countries remain especially important. Strengthening of intergovernmental cooperation is no less important, because common challenges – such as pandemics, shortage of medical personnel or uneven access to innovations – require coordinated solutions and close cooperation.

There are integration processes that do not directly concern the sphere of health care, however, as a result of their implementation problems arise in this area. A good example is the North American Free Trade Agreement (NAFTA) signed on December 17, 1992 between Canada, the USA and Mexico. Its main goal was to eliminate customs and passport barriers, stimulate investment and increase the volume of trade in goods and services between the three countries [1]. However, in practice, the implementation of the agreement led to mass labor migration from Mexico to the United States, which, in turn, posed a number of socio-economic challenges for the US government: the need to provide migrants with jobs, housing, and access to health insurance. For example, in border states such as Texas and California, the burden on local hospitals and social services has increased significantly, as they have been forced to provide medical care to a large number of uninsured migrant workers [26].

The problems in the field of health care within this integration system are becoming more noticeable due to the significant differences between national models of health care. The situation in the United States is particularly illustrative, where the health care system is based mainly on private health insurance. This approach has a number of significant shortcomings and does not provide universal coverage for all citizens. One of the key problems is that a significant part of the population remains without health insurance. This most often concerns young people, employees of small private companies, and their families. Lack of insurance limits access to quality health services, increases the risk of financial losses in the event of illness, and generally worsens the level of social protection. Such uneven access to health care creates additional challenges for integration processes and complicates the formation of a unified health policy.

Another problem is the rapid increase in the cost of health care. This makes employee insurance too expensive for small companies

and financially unaffordable for citizens themselves. As a result, the phenomenon of so-called «medical tourism» is becoming widespread, when Americans seek treatment in Canada, where the medical system is built on the principles of state and social insurance [22].

Such movement of patients across the border creates an additional financial burden on the Canadian health care system, which is mainly supported by the state budget. Canadian medical institutions are forced to provide care not only to their own citizens, but also to foreign patients. This reduces the availability of health care services for the local population, increases queues and lengthens waiting times for treatment. As a result, the Canadian health care system faces increased pressure on resources, personnel and infrastructure.

Therefore, even integration processes that do not directly concern the medical sector can significantly affect its condition. They can create new social problems, create financial risks and complicate the work of the health care systems of the participating countries. This underlines the need to take into account the medical consequences in broader political and economic cooperation processes.

Conclusion. During periods of increasing tension in relations between states, governments do not always adhere to previously reached agreements in the field of health care. Often, the implementation of joint initiatives is slowed down or stopped. However, if we recognize that human life and health are the highest values, it becomes obvious that states and international associations need to separate medical cooperation from political conflicts. It is important to maintain contacts, continue the implementation of joint projects and maintain mechanisms for interaction even in situations of serious political disagreements. The development of multilateral international partnerships is one of the main conditions for the effective functioning of health care systems both at the global level and in individual countries. Each new or existing integration association should take into account the experience of other states, as well as the difficulties they faced in the process of establishing cooperation in the medical field. This allows us to avoid repeating mistakes and build more sustainable models of cooperation.

Today, health care reforms are underway in many countries. States

are looking for optimal ways to use their resources, strive to improve the quality of medical services and ensure their accessibility. International cooperation can significantly facilitate these processes: it promotes the exchange of experience, the implementation of effective management practices and opens up opportunities for attracting additional funding. In recent years, the main directions of such development have already been formed. The future prospects will largely depend on the state in which the world community emerges from the current crisis and the extent to which countries are ready to support cooperation for the common good.

МІЖНАРОДНА СПІВПРАЦЯ В СФЕРІ ОХОРОНИ ЗДОРОВ'Я: ПРОБЛЕМИ ТА ТЕНДЕНЦІЇ

У статті здійснено комплексний аналіз міжнародної співпраці у сфері охорони здоров'я в умовах глобалізаційних процесів та посилення взаємозалежності держав у питаннях забезпечення громадського здоров'я. Розглянуто теоретичні основи міжнародної взаємодії в медичній галузі, її інституційне забезпечення та ключові напрями розвитку. Особливу увагу приділено діяльності Всесвітньої організації охорони здоров'я (ВООЗ) та Європейського Союзу як провідних суб'єктів формування глобальної політики у сфері охорони здоров'я.

Визначено основні проблеми міжнародного співробітництва, серед яких – нерівномірність фінансових і технологічних ресурсів між країнами, недостатня узгодженість нормативно-правових актів, відмінності у стандартах медичних послуг, а також політичні, соціокультурні та етичні бар'єри у реалізації спільних програм. Проаналізовано наслідки пандемії COVID-19 як ключового каталізатора трансформації систем міжнародної взаємодії у сфері охорони здоров'я.

Окреслено сучасні тенденції розвитку міжнародного партнерства: цифровізація медичних систем, розвиток телемедицини, створення глобальних платформ обміну медичними даними, впровадження програм колективної безпеки здоров'я та формування спільних механізмів реагування на надзвичайні ситуації. Підкресле-

но значення міждержавної координації у сфері профілактики інфекційних захворювань, боротьби з неінфекційними хворобами та зміцнення потенціалу систем охорони здоров'я у країнах, що розвиваються.

Зроблено висновок, що ефективна міжнародна співпраця у сфері охорони здоров'я є стратегічною умовою забезпечення глобальної безпеки, сталого розвитку та підвищення рівня добробуту населення. Вона потребує посилення інституційної взаємодії, удосконалення правових механізмів, збільшення фінансування та гармонізації національних стратегій із міжнародними стандартами.

Ключові слова: міжнародна співпраця, охорона здоров'я, глобалізація, ВООЗ, міжнародні організації, громадське здоров'я, пандемія, сталий розвиток, телемедицина, глобальна безпека.

Author Contributions: Conceptualization, M.X.; Writing – original draft, M.X.; Writing – review & editing, M.X. Author has read and agreed to the published version of the manuscript.

Funding: This research received no external funding.

Institutional Review Board Statement: Not applicable as study did not include human subjects.

Informed Consent Statement: Not applicable.

Data Availability Statement: Data is contained within the article.

Conflicts of Interest: The author declares no conflict of interest.

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Xia, M. (2025). International cooperation in health care: problems and trends. *Public Administration and Regional Development*, 30, 1256-1275. <https://doi.org/10.34132/pard2025.30.07>