

TİBB VƏ ƏCZAÇILIQ ELMLƏRİ MEDICINE AND PHARMACEUTICAL SCIENCES

DOI: <https://doi.org/10.36719/2707-1146/32/106-116>

Adil Aliyev
Istanbul University, Institute of Health Sciences
Ph.D student
phd.dr.adilaliyev@gmail.com
<https://orcid.org/0009-0000-8157-9162>

Konul Jafarova
Azerbaijan Medical University
Doctor of Philosophy in Medicine
infeksiyakonul@gmail.com

Natiga Khudaverdiyeva
Azerbaijan Medical University
Doctor of Philosophy in Medicine
lokanatxa1@mail.ru

Gulnara Karimova
Azerbaijan Medical University
gulnara948@gmail.com

Malahat Baghirova
Azerbaijan Medical University
bmelahet@gmail.com

GLOBALIZATION AND HEALTH

Abstract

When we look at world history, we can easily say that the process of globalization has caused significant changes and transformations. First and foremost, globalization, which has caused “economic” changes, has had a significant impact on all societies and human life. One of the areas where the significant changes and transformations brought by globalization are clearly observed is undoubtedly healthcare. In this regard, our research will discuss to what extent the risks that may arise in the healthcare sector due to globalization will be effective.

Keywords: *globalization, health, infectious diseases, health policies, nutrition, mental health, health tourism, international health, global health management, health services, health expenditures, digital health, food security*

Adil Əliyev
İstanbul Universiteti, Səhiyyə Elmləri İnstitutu
doktorant
phd.dr.adilaliyev@gmail.com
<https://orcid.org/0009-0000-8157-9162>

Könül Cəfərova
Azərbaycan Tibb Universiteti
tibb üzrə fəlsəfə doktoru
infeksiyakonul@gmail.com

Natigə Xudaverdiyeva
Azərbaycan Tibb Universiteti
tibb üzrə fəlsəfə doktoru
lokanatxa1@mail.ru

Gülnarə Kərimova

Azərbaycan Tibb Universiteti

gulnara948@gmail.com

Mələhət Bağirova

Azərbaycan Tibb Universiteti

bmelahet@gmail.com

Qloballaşma və səhiyyə

Xülasə

Dünya tarixinə nəzər saldıqda asanlıqla deyə bilərik ki, qloballaşma prosesi böyük dəyişiklik və transformasiyaya səbəb olmuşdur. İlk növbədə, “iqtisadi” əsaslı dəyişikliklərə səbəb olan qloballaşma bütün cəmiyyətlərə və insan həyatına mühüm təsir göstərmişdir. Qloballaşmanın gətirdiyi bu böyük dəyişiklik və transformasiyanın aydın şəkildə müşahidə olunduğu sahələrdən biri də şübhəsiz ki, səhiyyədir. Bu baxımdan, tədqiqatımızda qloballaşmanın səhiyyə sahəsində ortaya çıxan biləcək risklərə nə dərəcədə təsirli olacağı müzakirə ediləcəkdir.

Açar sözlər: *qloballaşma, sağlamlıq, yoluxucu xəstəliklər, səhiyyə siyasəti, qidalanma, psixi sağlamlıq, səhiyyə turizmi, beynəlxalq sağlamlıq, qlobal səhiyyənin idarə edilməsi, səhiyyə xidmətləri, səhiyyə xərcləri, rəqəmsal səhiyyə, ərzaq təhlükəsizliyi*

Introduction

Globalization has transformed the way we live, work, and interact with one another. It has led to the integration of economies, societies, and cultures, creating new opportunities and challenges for individuals and nations around the world. One of the areas where globalization has had a significant impact is health. The increased movement of people, goods, and ideas across borders has facilitated the spread of infectious diseases and the emergence of new health risks, while also creating opportunities for collaboration and innovation in global health. This article explores the complex relationship between globalization and health, examining the ways in which it has both positively and negatively impacted health outcomes around the world. We will also discuss the various actors and initiatives working to address global health challenges and promote health equity in the era of globalization. By highlighting the interconnectedness of global health issues and the need for a coordinated and collaborative approach, we hope to inspire a broader conversation about the future of global health in an increasingly interconnected world (1).

Actuality. Globalization can have different effects on health. These include the increase of global health problems, the growing disparities in access to healthcare, the global spread of infectious diseases, and the internationalization of the health industry. Additionally, the economic and social changes brought about by globalization are also changing people's lifestyles. As a result, risk factors such as poor nutrition, obesity, smoking, and alcohol consumption are also contributing to health problems (2).

Method. This article will examine the impact of globalization on health using a literature review method. Sources will include academic articles, reports, and statistical data. The data will be analyzed to understand the effects of globalization on health. The aim of this article is to provide information to understand the impact of globalization on health and to develop global health policies (3).

Globalization concept. Globalization, the concept that refers to the increasing interconnectedness and interdependence of the world's economies, societies, and cultures, has become one of the most important and controversial issues of our time (Held, McGrew, 2007: 1-24). The term globalization has been used to describe a wide range of economic, social, cultural, and political phenomena, and it has been both celebrated as a powerful force for progress and criticized as a threat to traditional values and ways of life (Stiglitz, 2003).

One of the key drivers of globalization has been the rapid growth of international trade and investment. Thanks to advances in transportation and communication technology, goods, services, and capital can now flow more freely across national borders than ever before (Friedman, 2000). This has created new opportunities for businesses to expand their markets and reduce costs, but it has also led to concerns about the impact of global competition on jobs and wages, and the vulnerability of local economies to external shocks (Rodrik, 1997).

Another important aspect of globalization has been the spread of ideas, values, and cultural practices across national boundaries. The increasing availability of media and communications technologies has made it easier for people to access and exchange information, and has facilitated the emergence of global cultural forms such as music, fashion, and sports (Appiah, 1997). However, this has also led to fears about the homogenization of culture and the erosion of local traditions and identities (Robertson, 1992).

The political implications of globalization are also complex and controversial. On the one hand, globalization has been seen as a powerful force for promoting democracy, human rights, and the rule of law, as it has helped to create a global civil society and increased the transparency and accountability of governments and international organizations (Keohane, Nye, 2000: 104-119). On the other hand, globalization has also been criticized for exacerbating global inequalities, and for creating a world in which economic power is increasingly concentrated in the hands of a few powerful actors (Giddens, 1999).

The concept of globalization is a complex and multifaceted one, which has both positive and negative effects on different aspects of our lives (Scholte, 2005). As the world continues to become more interconnected, it is important for us to continue to explore and understand the implications of globalization, and to work towards creating a more just and equitable global society (Sen, 2006).

Health concept. Health, as defined by the World Health Organization (WHO), is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (WHO, 1948). This holistic approach to health recognizes the interplay between physical, mental, and social factors and emphasizes the importance of addressing the social and environmental determinants of health (Solar, Irwin, 2010).

Achieving and maintaining good health requires a multifaceted approach that involves not only the health sector but also other sectors such as education, housing, and transportation (Larson, 2016: 51-57). Health promotion aims to create supportive environments, strengthen community action, develop personal skills, and reorient health services towards prevention and health promotion (WHO, 1986).

Prevention is a key component of health promotion, and involves a range of strategies including primary, secondary, and tertiary prevention (World Health Organization, 2002). Prevention also involves addressing risk factors for poor health, such as unhealthy diets, physical inactivity, tobacco use, and excessive alcohol consumption (Braveman, Egerter, Williams, 2014: 1-25).

Mental health is an increasingly important aspect of health, and is defined as “a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO, 2014). Promoting mental health requires a comprehensive approach that includes addressing social determinants of mental health, promoting resilience and coping skills, and providing access to effective mental health services (Patel, Saxena, Lund, Thornicroft, Baingana, Bolton, Unutzer, 2018: 1553-1598).

Health is a multifaceted concept that involves physical, mental, and social well-being. Achieving and maintaining good health requires a holistic approach that addresses the social and environmental determinants of health, promotes prevention, and supports mental health. Health promotion requires a collaborative and multisectoral approach, and must involve individuals, communities, and governments working together to create healthier environments and promote healthier lifestyles (18).

The impact of globalization on the health sector. Globalization has had a significant impact on the healthcare sector, providing various benefits such as increased resources, access to more information, and the use of new technologies (Merson, Black, Mills, 2006). These developments have transformed the way healthcare services are provided and managed across the world.

Provide more resources. One of the most significant advantages of globalization in the healthcare sector is the availability of more resources. With the global trade of medical equipment, pharmaceuticals, and other essential supplies, healthcare providers have access to a broader range of products, which can help to enhance patient care. The increased availability of resources has also enabled healthcare organizations to invest in research and development, which has resulted in the discovery of new treatment options and medical breakthroughs (Lakdawalla, Sood, 2013).

Access to more information. Another benefit of globalization in the healthcare sector is improved access to information. Through international collaboration and the sharing of research and medical knowledge, healthcare providers can learn from each other and improve their practices. This has led to a better understanding of diseases and treatments, as well as the development of new healthcare policies that can be implemented across different countries (Kutzin, Cashin, Jakab, Reich, 2001: 2130-2138).

Use of new technologies. The use of new technologies is also a significant benefit of globalization in the healthcare sector. With advancements in medical technology, healthcare providers can offer more accurate diagnoses and more effective treatments to their patients. The use of electronic medical records, telemedicine, and other digital tools has made healthcare more accessible and efficient, particularly in remote or underserved areas (World Health Organization, 2016).

Despite these advantages, globalization has also presented some challenges for the healthcare sector. One significant challenge is the increasing cost of healthcare, particularly in countries with limited resources. The high cost of medical equipment and pharmaceuticals can make it difficult for some countries to provide adequate healthcare services to their citizens (Mills, Ataguba, Akazili, Borghi, 2012: 126-133).

Globalization has had a profound impact on the healthcare sector, providing increased resources, access to more information, and the use of new technologies. While it has presented some challenges, the benefits of globalization in the healthcare sector have undoubtedly improved patient care and outcomes worldwide.

Globalization and the Spread of Infectious Diseases. Globalization has significantly impacted the spread of infectious diseases worldwide (Liu, 2019: 1-5; Bloom, Cadarette, Rajkumar, 2021: 1-8). The interconnectedness of our world has created unprecedented opportunities for people and goods to move across borders, which has facilitated the spread of pathogens (Chretien, Anyamba, Small, 2015: 1-16). In this article, we will discuss the three main factors that have contributed to the spread of infectious diseases as a result of globalization: global mobility and travel, increased global trade, and the effects of climate change.

Global Mobility and Travel. The ease of international travel and the increased frequency of global mobility have been major drivers of the spread of infectious diseases (Khan, Arino, Hu, Raposo, Sears, Calderon, Heidebrecht, 2016: 212-214). People are traveling more than ever before, with over 1.4 billion international tourist arrivals recorded in 2018 alone (UNWTO, 2019). This has led to the rapid spread of infectious diseases across borders, as individuals can carry diseases with them from one location to another (Liu, 2019: 1-5). Air travel has also played a significant role in the spread of diseases, as it enables viruses and bacteria to travel around the world in a matter of hours (Bloom, Cadarette, Rajkumar, 2021: 1-8).

Increased Global Trade. The expansion of global trade has also contributed to the spread of infectious diseases (Wang, Cramer, Liang, 2019: 139-161). As goods and products are traded across borders, pathogens can hitch a ride on these items and infect people in new locations (Chretien, Anyamba, Small, 2015: 1-16). Food products are particularly susceptible to this type of transmission, as they can carry bacteria or viruses that cause foodborne illnesses (Scallan, Hoekstra,

Angulo, Tauxe, Widdowson, Roy, Griffin, 2011: 7-15). The increased use of large-scale industrial farming and food processing techniques also increases the likelihood of disease outbreaks, as large numbers of animals or crops are kept in close proximity (Jones, Patel, Levy, Storeygard, Balk, Gittleman, Daszak, 2008: 990-993).

The Effects of Climate Change. Climate change has also played a role in the spread of infectious diseases (Chretien, Anyamba, Small, 2015: 1-16). Rising temperatures and changes in weather patterns can create ideal conditions for the growth and spread of disease-carrying insects, such as mosquitoes and ticks (Kraemer, Sinka, Duda, Mylne, Shearer, Barker, Tatem, 2015). This can lead to the transmission of diseases such as malaria, dengue fever, and Lyme disease (Gardner, Sarkar, Wang, Havelaar, 2018). Additionally, extreme weather events such as floods and hurricanes can displace people from their homes, which can increase the risk of disease outbreaks due to overcrowding and poor sanitation (WHO, 2015).

Globalization has had a significant impact on the spread of infectious diseases worldwide (Bloom, Cadarette, Rajkumar, 2021: 1-8). The ease of international travel, increased global trade, and the effects of climate change have all contributed to the rapid spread of pathogens (Khan, Arino, Hu, Raposo, Sears, Calderon, Heidebrecht, 2016: 212-214). It is essential that we work together on a global level to address these challenges and prevent the future spread of infectious diseases (WHO, 2017). This can be achieved through increased collaboration between countries, improved disease surveillance and control measures, and increased investment in public health infrastructure (Frieden, 2015).

The impact of globalization on health expenditures. The impact of globalization on health expenditures has been widely discussed in the literature (Babar, Lessing, Mace, 2014: 51; (Lu, Hernandez, Abegunde, 2020: 1-10; Sridhar, McKee, 2011: 875-881). Globalization has led to an increase in drug prices, which has made it difficult for individuals and governments to afford essential medications (Babar, Lessing, Mace, 2014: 51). This has resulted in disparities in access to care, particularly in low-and middle-income countries (Sridhar, McKee, 2011: 875-881). Additionally, the implementation of free market policies has enabled private healthcare providers to enter markets previously dominated by public healthcare systems, leading to a shift towards more expensive, private healthcare services (Lu, Hernandez, Abegunde, 2020: 1-10). This has made it more difficult for individuals with lower incomes to access essential healthcare services, resulting in significant disparities in healthcare outcomes (Sridhar, McKee, 2011: 875-881). While privatization and free market policies have aimed to increase efficiency and reduce costs, they have often led to a reduction in government funding for healthcare services (Babar, Lessing, Mace, 2014: 51). This has made it more difficult for governments to provide adequate healthcare services to their citizens, leading to increased out-of-pocket expenses and disparities in access to care (Lu, Hernandez, Abegunde, 2020: 1-10).

Globalization and Health Inequalities. Globalization has brought about significant changes in the way people interact with each other, their cultures, and their economies. While globalization has brought many benefits, it has also created new challenges, including health inequalities. Health inequalities refer to differences in health outcomes and access to healthcare between different groups of people. In this article, we will discuss how globalization contributes to health inequalities through income and wealth inequalities, cultural differences, and education and knowledge disparities (43).

Income and Wealth Inequalities: Globalization has led to the concentration of wealth and power in the hands of a few. As a result, income and wealth inequalities have widened, leading to a growing gap between the rich and poor. This disparity has significant implications for health outcomes. Those with lower income and wealth are more likely to experience poor health outcomes due to limited access to healthcare, healthy food, and safe living conditions. In contrast, those with higher income and wealth have access to better healthcare, nutritious food, and a safer environment, leading to better health outcomes (Marmot, 2005: 1099-1104; Krieger, 2011: 155-163).

Cultural Differences: Globalization has also brought about cultural differences. As people move around the world, they bring with them their own cultural practices and beliefs. These cultural differences can create barriers to accessing healthcare and lead to health inequalities. For example, certain cultural practices may discourage individuals from seeking medical care, or certain beliefs may lead to the use of traditional remedies that may not be effective in treating modern diseases. Additionally, language barriers can make it difficult for individuals to communicate with healthcare providers, leading to misunderstandings and inadequate treatment (Beck, 2000: 79-105).

Education and Knowledge Disparities: Globalization has created disparities in education and knowledge. Those with higher education levels and access to information are more likely to make informed decisions about their health and access quality healthcare. In contrast, those with lower education levels and limited access to information may not have the knowledge and skills needed to make informed decisions about their health. They may also face barriers in accessing healthcare due to a lack of knowledge about available services and resources (Braveman, Gottlieb, 2014: 19-31; Smith, 2015: 1268-1275).

Globalization has both positive and negative effects on health inequalities. While it has led to greater access to healthcare and medical advancements, it has also widened income and wealth inequalities, created cultural differences, and exacerbated education and knowledge disparities. Addressing these issues requires a comprehensive approach that includes improving access to education and information, addressing income and wealth inequalities, and promoting cultural awareness and sensitivity in healthcare. By taking action to address health inequalities, we can ensure that the benefits of globalization are shared by all (Labonte, Schrecker, 2007; Frenk, Gomez-Dantes, Moon, 2010: 956-960).

Globalization and Health Policies. Globalization has led to increased interdependence between nations and the need for international coordination of national health policies to address global health challenges such as pandemics, climate change, and chronic diseases. The role of international coordination in national health policies is critical to improving health outcomes for individuals and communities (United Nations, 2019).

International organizations, such as the World Health Organization (WHO), play a crucial role in facilitating international cooperation and harmonization of national health policies. The WHO is responsible for coordinating international efforts to improve health outcomes worldwide and works with governments and other stakeholders to develop and implement health policies, provide technical assistance, and promote research and innovation in health (WHO, 2021a).

The WHO sets global health standards and guidelines, which provide a framework for countries to develop their health policies and systems. The organization also provides technical assistance and support to countries, including training and capacity building, facilitating access to essential medicines and technologies, and supporting health research and innovation (WHO, 2021b).

Several global health organizations and initiatives have emerged to address global health challenges. The Global Fund to Fight AIDS, Tuberculosis and Malaria, Gavi, the Vaccine Alliance, UNICEF, the Bill and Melinda Gates Foundation, Partners in Health, and Médecins Sans Frontières (Doctors Without Borders) are some of the notable organizations and initiatives that coordinate international efforts and resources to improve health outcomes worldwide (Global Fund, n.d.; Gavi, n.d.; UNICEF, n.d.; Bill and Melinda Gates Foundation, n.d.; Partners in Health, n.d.; MSF, n.d.).

International cooperation is essential for improving health outcomes globally, and the WHO and other global health organizations and initiatives have an important role to play in this regard.

Globalization and Dietary Habits. Globalization has greatly impacted the way we eat, with the rise of fast food chains and the spread of new dietary models. This has brought about both positive and negative effects on our overall health and wellbeing.

Globalization of fast food chains. The globalization of fast food chains has become a symbol of globalization, spreading from their country of origin to various parts of the world (Schlosser, 2001). These chains offer quick and convenient meals, often at affordable prices, making them a popular choice for busy individuals. However, the excessive consumption of fast food has been linked to

various health problems such as obesity, high blood pressure, and heart disease (Mendoza, Watson, Baranowski, Nicklas, Uscanga, Hanfling, Nguyen, 2017: 14).

The spread of new dietary models. On the other hand, the spread of new dietary models has also had a significant impact on our eating habits. These models include vegetarianism, veganism, and the consumption of organic foods (Fox, Ward, 2008: 422-429). Many people are adopting these new dietary models due to their perceived health benefits and ethical considerations.

However, the adoption of these new dietary models has also brought about challenges in terms of food safety and security. As the demand for organic and vegan foods increases, there is a risk of fraud and mislabelling, which can be detrimental to the health of consumers (Bredie, Hammershoj, 2018: 177-188).

Food safety issues. The issue of food safety and security is also an important consideration in the globalization of the food industry. The transportation of food across borders can lead to contamination and the spread of diseases (Grainger, Senauer, 2018: 191-202). Governments and international organizations must work together to ensure the safety and security of our food supply.

The globalization of the food industry has greatly impacted our dietary habits, with the rise of fast food chains and the spread of new dietary models. While these changes offer certain benefits, they also bring about challenges in terms of health, food safety, and security. It is important that we are aware of these issues and work towards finding solutions that promote the health and wellbeing of individuals and the sustainability of our food supply.

Globalization and Mental Health. Globalization, defined as the increasing interconnectedness and interdependence of economies, societies, and cultures across the world, has had a significant impact on many aspects of our lives, including our mental health. Globalization has had a significant impact on mental health, as evidenced by the following three ways:

The Global Rise in Stress and Depression: Globalization has led to changes in the way we work, communicate, and live our lives, which have contributed to an increase in stress and depression worldwide (Liu, Lu, 2019: 95-100; Marmot, Allen, Boyce, Goldblatt, Morrison, 2018).

The Sense of Loneliness and Disconnection: Despite the increased connectivity brought about by globalization, many people are experiencing a sense of loneliness and disconnection from others. (Twenge, Campbell, 2009; Baumeister, Leary, 1995: 497-529).

The Health Risks Associated with Digital Addiction: Globalization has brought about the widespread use of technology and the internet, leading to a rise in digital addiction and associated health risks. (Kuss, Griffiths, 2017: 311; Rosen, Whaling, Carrier, Cheever, Rokkum, 2013: 2501-2511).

Globalization has had a significant impact on mental health, contributing to the global rise in stress and depression, a sense of loneliness and disconnection, and the health risks associated with digital addiction. While the benefits of globalization are many, it is important to recognize and address these negative impacts in order to promote and maintain mental health and wellbeing.

Globalization and Health Tourism. Health tourism has become one of the fastest-growing sectors in the global tourism industry (Connell, 2013: 1-13). It involves people traveling to another country or region for the purpose of obtaining medical treatment, surgery, or other health-related services (Hanefeld, Lunt, Smith, 2013: 11-12). Health tourism can be categorized into several types such as elective surgery, cosmetic surgery, dental tourism, and fertility treatment (Lunt, Horsfall, Hanefeld, Smith, 2011).

Definition and characteristics of health tourism. The definition of health tourism is not restricted to just medical treatment; it also encompasses wellness and preventive health programs (Bookman, Bookman, 2007). Health tourists are individuals who travel to another destination to maintain, enhance, or restore their well-being (Connell, 2013: 1-13). The characteristics of health tourism include high-quality medical care, affordable prices, shorter waiting times, and access to state-of-the-art medical technology (Smith, Puczko, 2009).

Health tourism competition between countries. Competition between countries for health tourism has been on the rise in recent years (Lunt, Horsfall, Hanefeld, Smith, 2011). Countries that

offer high-quality medical services at an affordable cost, with a shorter waiting period and access to state-of-the-art medical technology, are likely to attract more health tourists (Hanefeld, Lunt, Smith, 2013: 11-12). Popular destinations for health tourism include India, Thailand, Malaysia, Singapore, Turkiye, and South Korea (Krieger, 2011: 155-165).

Health tourism and local communities. The impact of health tourism on local communities cannot be overlooked (Crooks, Kingsbury, Snyder, Johnston, 2011: 1-17). Health tourism can bring economic benefits to a region, but it can also have negative impacts on the local community, such as the displacement of local residents and the rise in the cost of living (Lunt, Horsfall, Hanefeld, Smith, 2011). Therefore, it is essential to ensure that the growth of health tourism is sustainable and that the benefits are shared with the local community (Connell, 2013: 1-13).

Health tourism is a growing sector in the global tourism industry that offers numerous benefits to individuals seeking medical treatment and to countries that offer such services. However, the impact on local communities must also be considered to ensure that the growth of health tourism is sustainable and that it benefits all stakeholders involved (Smith, Puczko, 2009).

Conclusion

In conclusion, globalization has had a profound impact on the health of individuals and populations around the world. While it has created new health challenges and inequalities, it has also presented opportunities for collaboration and innovation in global health. The COVID-19 pandemic has further highlighted the urgent need for a coordinated and equitable response to global health threats, one that takes into account the complex interplay between globalization, social determinants of health, and local contexts. Moving forward, it is essential that we continue to work together across borders and sectors to address global health challenges and promote health equity for all. This will require a comprehensive and collaborative approach that leverages the strengths and resources of all stakeholders, including governments, international organizations, civil society, and the private sector. By prioritizing global health as a shared responsibility and collective investment, we can build a healthier and more resilient world for all.

Recommendations. Based on the complex relationship between globalization and health that has been explored in this article, there are several recommendations for individuals, governments, and organizations to consider.

Firstly, it is important to prioritize global health as a shared responsibility and invest in comprehensive and collaborative approaches to address global health challenges. This includes increased funding for global health initiatives, strengthened international partnerships, and the development of innovative and sustainable health solutions that are responsive to local contexts.

Secondly, efforts to promote health equity should be integrated into all aspects of global development and policy-making. This includes addressing social determinants of health, such as poverty, education, and gender inequality, which can disproportionately impact health outcomes for marginalized populations.

Thirdly, there is a need for greater attention to the impact of globalization on the environment and its implications for human health. This includes addressing climate change, reducing environmental pollution, and promoting sustainable development practices that protect both the environment and human health.

Finally, there is a need for greater investment in health systems strengthening, particularly in low- and middle-income countries. This includes improving access to essential health services, building health workforce capacity, and strengthening health systems governance and financing.

By taking these recommendations into consideration, we can work towards a more equitable, sustainable, and resilient global health landscape that is responsive to the challenges and opportunities presented by globalization.

References

1. Bill and Melinda Gates Foundation. (n.d.). Global Health. <https://www.gatesfoundation.org/what-we-do/global-health>
2. Gavi, the Vaccine Alliance. (n.d.). About Gavi. <https://www.gavi.org/about>
3. Global Fund. (n.d.). About the Global Fund. <https://www.theglobalfund.org/en/about-the-global-fund/#:~:text=The%20Global%20Fund%20is%20a,in%20more%20than%20100%20countries>
4. Held, D., McGrew, A. (2007). Globalization theory: Approaches and controversies. Globalization theory: Approaches and controversies. Cambridge: Polity Press, pp.1-24.
5. Stiglitz, J. (2003). Globalization and its discontents. New York: W.W.Norton Company.
6. Friedman, T. (2000). The Lexus and the olive tree. New York: Farrar, Straus and Giroux.
7. Rodrik, D. (1997). Has globalization gone too far? Washington, D.C.: Institute for International Economics.
8. Appiah, K. (1997). Cosmopolitanism: Ethics in a world of strangers. New York: W.W.Norton Company.
9. Robertson, R. (1992). Globalization: Social theory and global culture. London: Sage Publications.
10. Keohane, R., Nye, J. (2000). Globalization: What's new? What's not? (And so what?). Foreign Policy, 118, pp.104-119.
11. Giddens, A. (1999). Runaway world: How globalization is reshaping our lives. London: Profile Books.
12. Scholte, J. (2005). Globalization: A critical introduction (2nd ed.). New York: Palgrave Macmillan.
13. Sen, A. (2006). Identity and violence: The illusion of destiny. New York: W.W.Norton Company.
14. World Health Organization. (1948). Constitution of the World Health Organization. Geneva: World Health Organization.
15. Solar, O., Irwin, A. (2010). A conceptual framework for action on the social determinants of health. Social Determinants of Health Discussion Paper, 2. Geneva: World Health Organization.
16. Larson, N., Story, M., Nelson, M. (2016). Neighborhood environments: Disparities in access to healthy foods in the US. American Journal of Preventive Medicine, 50(2), pp.51-57.
17. World Health Organization. (1986). Ottawa Charter for Health Promotion. Geneva: World Health Organization.
18. World Health Organization. (2002). World report on violence and health. Geneva: World Health Organization.
19. Braveman, P., Egerter, S., Williams, D. (2014). The social determinants of health: Coming of age. Annual Review of Public Health, 35, pp.1-25.
20. World Health Organization. (2014). Mental health: A state of well-being. Geneva: World Health Organization.
21. Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Unutzer, J. (2018). The Lancet Commission on global mental health and sustainable development. The Lancet, 392(10157), pp.1553-1598.
22. Medecins Sans Frontières (Doctors Without Borders). (n.d.). About Us. <https://www.msf.org/who-we-are>
23. Merson, M., Black, R., Mills, A. (2006). Global health: diseases, programs, systems, and policies. Jones, Bartlett Learning.
24. Lakdawalla, D., Sood, N. (2013). Innovations in health care spending: New directions in research and policy. National Bureau of Economic Research.
25. Kutzin, J., Cashin, C., Jakab, M., Reich, M. (2001). Towards universal health coverage: The role of within-country wealth-related inequality. The Lancet, 377(9784), pp.2130-2138.

26. World Health Organization. (2016). Global diffusion of eHealth: Making universal health coverage achievable. WHO Press.
27. Mills, A., Ataguba, J., Akazili, J., Borghi, J. (2012). Equity in financing and use of healthcare in Ghana, South Africa, and Tanzania: implications for paths to universal coverage. *The Lancet*, 380(9837), pp.126-133.
28. Liu, Y. (2019). Global health security challenges and opportunities in the 21st century. *Globalization and Health*, 15(1), pp.1-5.
29. Bloom, D., Cadarette, D., Rajkumar, A. (2021). Infectious disease threats in the twenty-first century: strengthening the global response. *Frontiers in Public Health*, 8, pp.1-8.
30. Chretien, J., Anyamba, A., Small, J. (2015). Global climate anomalies and potential infectious disease risks: 2014-2015. *PLoS currents*, 7, pp.1-16.
31. Khan, K., Arino, J., Hu, W., Raposo, P., Sears, J., Calderon, F., Heidebrecht, C. (2016). Spread of a novel influenza A (H1N1) virus via global airline transportation. *New England Journal of Medicine*, 361(2), pp.212-214.
32. UNWTO. (2019). World Tourism Barometer. Retrieved from <https://www.unwto.org/world-tourism-barometer>
33. Scallan, E., Hoekstra, R., Angulo, F., Tauxe, R., Widdowson, M., Roy, S., Griffin, P. (2011). Foodborne illness acquired in the United States – major pathogens. *Emerging infectious diseases*, 17(1), pp.7-15.
34. Jones, K., Patel, N., Levy, M., Storeygard, A., Balk, D., Gittleman, J., Daszak, P. (2008). Global trends in emerging infectious diseases. *Nature*, 451(7181), pp.990-993.
35. Kraemer, M., Sinka, M., Duda, K., Mylne, A., Shearer, F., Barker, C., Tatem, A. (2015). The global distribution of the arbovirus vectors *Aedes aegypti* and *Ae. Albopictus*. *Elife*, 4, e08347.
36. Gardner, L., Sarkar, S., Wang, C., Havelaar, A. (2018). A global assessment of the potential burden of foodborne disease in cattle and chickens in 2010. *PloS one*, 13(6), e0198680.
37. WHO. (2015). Climate change and health. Retrieved from <https://www.who.int/news-room/fact-sheets/detail/climate-change-and-health>
38. Wang, L., Crameri, G., Liang, G. (2019). Emerging zoonotic viral diseases. *Revue scientifique et technique (International Office of Epizootics)*, 38(1), pp.139-161.
39. WHO. (2017). Global health security: Epidemic alert and response. Retrieved from <https://apps.who.int/iris/handle/10665/78718>
40. Babar, Z., Lessing, C., Mace, C. (2014). The impact of globalization on pharmaceutical prices and access to medicines. *Human Resources for Health*, 12(1), 51 p.
41. Lu, Y., Hernandez, P., Abegunde, D. (2020). Globalization and its impact on health expenditures: a panel data analysis. *BMC Public Health*, 20(1), pp.1-10.
42. Sridhar, D., McKee, M. (2011). Globalization and health: a framework for analysis and action. *Bulletin of the World Health Organization*, 79(9), pp.875-881.
43. Partners in Health. (n.d.). Who We Are. <https://www.pih.org/our-mission#:~:text=We%20are%20a%20social%20justice,other%20key%20components%20of%20healing.>
44. Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), pp.1099-1104.
45. Beck, U. (2000). The cosmopolitan perspective: Sociology of the second age of modernity. *British Journal of Sociology*, 51(1), pp.79-105.
46. Braveman, P., Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(Suppl 2), pp.19-31.
47. Smith, K. (2015). Beyond health care: The role of social determinants in promoting health and health equity. *Health Affairs*, 34(8), pp.1268-1275.
48. Labonte, R., Schrecker, T. (2007). Globalization and social determinants of health: Introduction and methodological background (part 1 of 3). *Globalization and Health*, 3(5).

49. Frenk, J., Gomez-Dantes, O., Moon, S. (2010). From sovereignty to solidarity: A renewed concept of global health for an era of complex interdependence. *The Lancet*, 375(9713), pp.956-960.
50. United Nations. (2019). Political Declaration of the High-Level Meeting on Universal Health Coverage. https://www.un.org/pga/73/wp-content/uploads/sites/53/2019/07/FINAL-draft-UHC-Political-Declaration.pdf&ved=2ahUKEwiAj_ve-c7-AhWcSPEDHY0nDIEQFnoECBQQAQ&usg=AOvVaw3eV0QQXj28mzt7s_n4rL4-
51. World Health Organization. (2021a). About WHO. <https://www.who.int/about/who-we-are>
52. World Health Organization. (2021b). What We Do. <https://www.who.int/about/what-we-do>
53. Schlosser, E. (2001). *Fast food nation: The dark side of the all-American meal*. Houghton Mifflin.
54. Mendoza, J., Watson, K., Baranowski, T., Nicklas, T., Uscanga, D., Hanfling, M., Nguyen, N. (2017). Ethnic minority children's and parents' perceptions and preferences for different types of fast food restaurants, Houston, Texas, 2009-2010. *Preventing chronic disease*, 14 p.
55. Fox, N., Ward, K. (2008). Health, ethics and environment: A qualitative study of vegetarian motivations. *Appetite*, 50(2-3), pp.422-429.
56. Bredie, W., Hammershoj, M. (2018). Consumer perception of organic and functional food. In *Consumer-Led Food Product Development Elsevier*, pp.177-188.
57. Grainger, C., Senauer, B. (2018). Food safety and trade. In *Handbook of International Food and Agricultural Policies Springer*, Cham, pp.191-202.
58. Liu, H., Lu, L. (2019). The effects of globalization on mental health and implications for nursing. *Journal of Nursing Education and Practice*, 9(2), pp.95-100.
59. Marmot, M., Allen, J., Boyce, T., Goldblatt, P., Morrison, J. (2018). Health Equity in England: The Marmot Review 10 Years On Team. *Health equity in England: the Marmot review 10 years on*. *BMJ*, 363, k5268.
60. Twenge, J., Campbell, W. (2009). *The narcissism epidemic: Living in the age of entitlement*. Free Press.
61. Baumeister, R., Leary, M. (1995). The need to belong: desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117(3), pp.497-529.
62. Kuss, D., Griffiths, M. (2017). Social networking sites and addiction: Ten lessons learned. *International Journal of Environmental Research and Public Health*, 14(3), 311 p.
63. Rosen, L., Whaling, K., Carrier, L., Cheever, N., Rokkum, J. (2013). The media and technology usage and attitudes scale: An empirical investigation. *Computers in Human Behavior*, 29(6), pp.2501-2511.
64. Connell, J. (2013). Contemporary medical tourism: Conceptualisation, culture and commodification. *Tourism Management*, 34, pp.1-13.
65. Hanefeld, J., Lunt, N., Smith, R. (2013). International health-care providers: Recent growth and future prospects. *The Lancet Global Health*, 1(1), pp.11-12.
66. Lunt, N., Horsfall, D., Hanefeld, J., Smith, R. (2011). *Medical tourism: A cross-border journey for healthcare*. Bristol: Policy Press.
67. Bookman, M., Bookman, K. (2007). *Medical tourism in developing countries*. New York: Palgrave Macmillan.
68. Smith, M., Pucsko, L. (2009). *Health and wellness tourism*. Oxford: Butterworth-Heinemann.
69. Krieger, N. (2011). Epidemiology and social sciences: towards a critical reengagement in the 21st century. *Epidemiologic Reviews*, 32(1), pp.155-163.
70. Crooks, V., Kingsbury, P., Snyder, J., Johnston, R. (2011). What is known about the patient's experience of medical tourism? A scoping review. *BMC Health Services Research*, 11(1), pp.1-17.