

# SUSTAINABLE HEALTHCARE CONCEPTS IN DISRUPTIVE TIMES

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**Abstract** Since the WHO declared the COVID-19 a pandemic in 2020, not only the health care systems experienced the changes in their national and international health care managements but the whole attainment of a modern society has become questionable under the new evolutionary challenges. Isolation, medical triage in new circumstances, global problems in health care, transport and business has showed that none of vital social sectors of a country or a region could be developed without international cooperation. Instead of benchmarking the economic power among their health care managements, the Pandemic made the countries' managements to take a deep introspection into their organizational culture, resilience and ability for intercommunication. It means that Universal Health Care, Medicare and other advanced health care systems have a lot to implement in New Normal environment such as telemedicine, intercommunicative resilience and cross – economics health care integration.: supporting scientific methods used in this paper are based continually upon theoretical publication fond, comparative research method, data summary, and descriptive indicators. This review paper is dealing with the Pandemic outcomes as new possibilities for the better healthcare resilience

**Keywords::**

healthcare system, partnership resilience, pandemic, COVID-19, GHS index.

## 1 Introduction

Jeopardizing and threatening factors for an organization or institution are much more than just costs increasing, low productivity, or unstable market position. Especially when these organizations are partly nonprofit although they represent vitally important emergency services such as health (care) systems. According to this, could there be any non-economic elements of pure business sanity but still medically ethic and health focused? The response is positive due to the fact that multilateral cooperation and cross organizational activities between different fields of life are already present undeniable and indispensable. Planning and organizational activities in medicine like improving health care, sharpening and ameliorating the diagnosis approaches, eradication of infectious diseases, best possible treatments of the injuries, effective health care systems for patients, summarized improvement of all physical and mental human features and modern use of new biotechnological approaches throw all these health care fields are crossed efforts of the medical related disciplines and managerial postulation in basic its basic functional system. What makes health care “managerial” is actually responses emergency in its nature and what should health care bring in vice versa to management is the ability of non(e) profit efficiency, as Mintzberg was quoted in the source (Walshe & Smith, 2011) “No one learns to be a manager in a classroom, or from a book. Management is learnt by doing, by experiencing the challenges and opportunities of the leadership”. At the same time, institutionally and organizationally Health Care is defined by highest bodies in Health care systems (WHO, 2022): “Health systems are responsible for delivering services that improve, maintain or restore the health of individuals and their communities. This includes the care provided by hospitals and family doctors, but also less visible tasks such as the prevention and control of communicable disease, health promotion, health workforce planning and improving the social, economic or environmental conditions in which people lives.” Content of following chapters is gradually consisted of four chapters. What was the modern idea of the health care system in the near past resulted in chapter one, sample and methodology of the Global Health Security Index calculation is represented in chapter two, chapter three is dealing with health care system resilience in COVID - 19 period (2020 – 2021) – nationally, internationally and globally while the last chapter gives attention to the concluding marks from all previous contents.

## 2 Global Perception of the Health Care System

How the health care system of the certain country can be improved or implemented in stable way if there is no possibility to separate the economic prosperity from the original human rights for vital needs, healthy life and medically interactive environment? It is obvious that around the world, more developed societies have implemented strong health care systems throughout partly profit and nonprofit finance support and some of those developed entities (United States, Canada etc. ...) have reached their own financial health power such as Medicare, etc. the health care system as the first step of care in social environment has to grow constantly and immediately all the time no matter how systematic and delicate planning approach have made NGOs in their efforts to spread and implement the latest reliable health care improvements' authors have noted that fluid nature of the health system arrangement which is its basic feature: (Babic et al., 2021 as cited in Mihailovic et al., 2020) "Since the term health care quality was introduced in 1965, its definition has been constantly developing and changing". As the second source, the authors (Mihailovic et al., 2020), have summarized from the various sources (Ayanian & Markel, 2016), (OECD; 2016) and (Carinci et al., 2015) the essence of a sustainable health care system development: "Indicators for a subjective and objective assessment of the quality of health care starting from Donabedian Avedis<sup>1</sup> are continually improving. In 2002, the European Commission launched a program called "The Health Care Quality Indicators Project" with the aim of measuring and comparing the quality of health services provided in various European countries (2-4)."

It is quite clear that health care topic has been institutionalized and introduced to the society in 1950s - at the same time when sustainability has come up on minds of many top managers to implement it corporately and to increase sustainable awareness for business praxis. Yet, there is still a gap between health care financial support and country developing degree, but goals, missions of healthcare systems are developing permanently – no matter what is happening at the global market (Olsen, 1998): "A health service is considered sustainable when operated by an organizational system with the long – term ability to mobilize and allocate sufficient

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<sup>1</sup> Physician and founder of the study of quality in health and research of medical outcomes, known as the creator of Donabedi's model of care

resources for activities that meet individual or public health needs”. Besides the efficient health care managing, the author pointed out on three clusters for health care principles which explain how an healthcare system should operate successfully (Olsen,1998): “The frame work includes three clusters (Figure 1):

1. **Contextual factors**, which outline the task and general environment of the services;
2. **An activity profile**, which describes the services delivered and the activities carried out to deliver them;
3. **Organizational capacity**, which shows the carrying ability (capability) of the organization in broad terms.”

Universal Health Care was continually by years an attempt of all the health care concepts individually or a joint effort - the more the society has increased intercommunication through technology, telecommunications and media - the more all life fields have gained the tasks to integrate and sustain the level of the cooperation. Sudden impulsive environmental changes such as Pandemic, don't flatter to any economy, which the author has mentioned (Murray et al., 2020 as cited in Partnership Accelerator Agenda 2030): “Many developing countries face severe, urgent, and unique health challenges and, despite progress in improvement of public health and governmental capabilities over the last decades, the burden of the pandemic is still greater than that in higher income countries”. Also not only development degree of a country plays a role in healthcare system efficiency but also cultural features of an economy as the way of organizational performance are the key for national health care sustainability: (Murray et al. 1999) “Across countries at similar levels of income and educational attainment, there is wide variation in health outcomes. (61, 62) Some of this variation is due to differences in health system performance. Differences in the design, content and management of health systems translate into differences in a range of socially valued outcomes such as health, responsiveness or fairness”. Eleven years before his statement about pandemic incoherence to countries' development degree, in 1999. Murray made a review with the coauthors on interaction between social systems and social goals (Table 1) as an explanation about how many social goals throughout social systems are recognizable and truly implemented – as the way of self-assessment:

There are several compound indications that Pandemic by itself was not a sudden shock as it was perceived at the first hand in media or security headquarters around the world, nor an excuse for any tendentious economic failings. In *Global monitoring report, Tracking Universal Health coverage 2021 by the World Health Organization and the World Bank (Global Monitoring Report, WHO&WB 2021)* it is said that: “Trends in catastrophic health spending were already worsening pre-pandemic. The population incurring catastrophic out of pocket health spending as tracked by SDG indicator 3.8.2 increased continuously between 2000 and 2017 (Table ES.1). Most recently, between 2015 and 2017, the number of people with out of pocket health spending exceeding 10% of their household budget (that is, catastrophic health spending) rose from 940 million to 996 million per year. The increase was driven by (a) an increase in the amount people spent per person out of pocket for health; and (b) a higher rate of growth of out of pocket health spending relative to growth in private consumption. On average, as households income increased, so too did their demand for services. This demand manifested in high out of pocket health spending.”

Relevant SDG indicators are presented between 2000 and 2017 in two or five years periods which is valuable for monitoring financial protection indicators in health (Table 1 as Table ES.1 from the source):

**Table 1: SDG and SDG-related indicators of financial hardship (millions of people), 2000–2017**

Source: WHO and World Bank, 2021: Tracking Universal Health Coverage, 2021 Global monitoring, Conference Edition - report by World Health Organization and the World Bank - executive summary p. vii., available at: <https://www.who.int/data/monitoring-universal-health-coverage>

	2000	2005	2010	2015	2017
<b>Catastrophic health spending (SDG indicator 3.8.2)</b>					
Population spending more than 10% of their household budget on health out of pocket (SDG indicator 3.8.2,10% threshold)	579	708	785	940	996
Population spending more than 25% of their household budget on health out of pocket (SDG indicator 3.8.2,25% threshold)	131	167	189	270	290
<b>Population with impoverishing health spending at the PPP\$1.90 a day poverty line of extreme poverty</b>	1159	1009	826	664	505
Impoverished by out of pocket health spending	124	130	122	115	70
	2000	2005	2010	2015	2017
Further impoverished by out of pocket health spending (the poor spending any amount on health out of pocket)	1035	879	704	549	435
<b>Population with impoverishing health spending at relative poverty line</b>	630	808	1007	1153	1125
Impoverished by out of pocket health spending	91	122	154	182	172
Further impoverished by out of pocket health spending (the poor spending any amount on health out of pocket)	539	686	853	971	953

## 2.1 Global Health Security Index - Categories, sample and Overall Scores of the Countries in 2019 - 2022 Period

There are six categories for Global Health Index (GHI) values taken globally in both developed and developing countries (GHS Index Methodology Report 2021, Economic Impact NTI &CHS):

- category 1: prevention of the emergency or release of the pathogens;
- category 2: **early detection & reporting epidemics of potential international concern;**
- category 3: **rapid response to and mitigation of the spread of an epidemic;**
- category 4: **sufficient & robust health system to treat the sick & protect the health workers;**
- category 5: **commitment to improving national capacity, financing plans to address gaps and adherence to global norms;**
- category 6: **overall risk environment and country vulnerability to biological threats**

As a sample, the following Table 3 expresses the indexed values of the category score Prevention of the Emergence or release of pathogens which consists from six categories :

**Table 2: Sample category score calculation for a country**

Source: GHS Index Methodology Report 2021, prepared by Economic Impact, NTI &CHS p.19 available at:

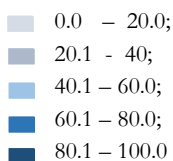
[https://www.ghsindex.org/wpcontent/uploads/2021/11/2021\\_GHSindex\\_Methodology\\_FINAL.pdf](https://www.ghsindex.org/wpcontent/uploads/2021/11/2021_GHSindex_Methodology_FINAL.pdf)

#	INDICATOR	INDICATOR SCORE (0-100)	WEIGHT	WEIGHT SCORE	SCORE
1	Category score: Prevention of the Emergence or release of pathogens				64.4
1.1	Antimicrobial resistance (AMR)	83.3	16.7%	16.7% of 83.3	13.9
1.2	Zoonotic disease	30.0	16.7%	16.7% of 30.0	5.0
1.3	Biosecurity	89.3	16.7%	16.7% of 89.3	14.9
1.4	Biosafety	75.0	16.7%	16.7% of 75.0	12.5
1.5	Dual-use research and culture of responsible science	33.3	16.7%	16.7% of 33.3	5.6
1.6	Immunization	75.0	16.7%	16.7% of 75.0	12.5

The source (GHS Index Full Report 2021, Economic Impact, NTI &CHS) pointed out that no country has scored the maximum (100) value on GHS index scale health security system and that number tiers were made under four groups (Table 3):

**Table 3. Coauthors' selected countries review from the Global Health System Index results overall six categories**

Source: Global Health Security Index Advanced Collective Action and Accountability AMID Global Crisis, p.22, available at: [https://www.ghsindex.org/wp-content/uploads/2021/12/2021\\_GHSindexFullReport\\_Final.pdf](https://www.ghsindex.org/wp-content/uploads/2021/12/2021_GHSindexFullReport_Final.pdf),

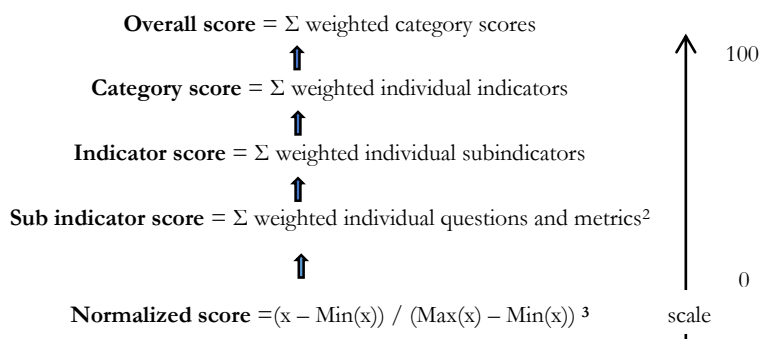


GHS INDEX RESULTS OVERALL 2019 -2021					
First top 10 countries	Score	Change	Southeastern Europe	Score	Changes
United States	75.9	-0.3	Albania	45.0	-1.2
Australia	71.1	-2.1	Greece	51.5	+0.9
Finland	70.9	-1.1	Croatia	48.8	-1.0
Canada	67.2	-1.1	Cyprus	41.9	-0.4
Thailand	65.5	-0.2	Bosnia & Herzegovina	35.4	-1.0
Slovenia	61.9	-0.7	Bulgaria	59.9	-1.5
United Kingdom	57.4	+1.6	Montenegro	44.1	+3.3
Germany	51.0	0.0	North Macedonia	42.2	+2.1
South Korea	65.4	-0.5	Romania	45.7	+0.2
Sweden	64.9	-1.5	Serbia	45.0	0.0



## 2.2 Calculating 2021 Global Health Security Index – according to GHS Index Methodology Report 2021

GHS index methodology is based on academic, publication and governmental (data) research as it is explained in the source (GHS Index Methodology Report, 2021, Economic Impact NTI &CHS) and the process of indexing Global Health Security index is: “100 represents the most favorable health security conditions possible and 0 the least favorable. A score of 100 in the Index does not indicate that a country has perfect health security conditions, and a score of 0 does not mean that a country has no health security capacity. Instead, scores of 100 and 0 represent the highest or lowest possible scores, respectively, as measured by the Index criteria. The individual questions and metrics listed are classified into sub indicators, which, in turn, are grouped into indicators, followed by categories and then the final scores” According to the source (GHS Index Methodology Report 2021, Economic Impact NTI &CHS), there are four features of GHS Index equations:



**Figure 1: Coauthors’ view on GHS Index calculation according to the GHS Index Methodology, 2021, prepared by Economic Impact, p. 18., p. 19., available at: [https://www.ghsindex.org/wp-content/uploads/2021/11/2021\\_GHSindex\\_Methodology\\_FINAL.pdf](https://www.ghsindex.org/wp-content/uploads/2021/11/2021_GHSindex_Methodology_FINAL.pdf)**

<sup>2</sup> (GHS Index Methodology Report 2021, Economic Impact NTI &CHS) ”As an example, subindicator 4.4.1 (Access to healthcare) consists of three individual questions/metrics. Each of those metrics is weighted equally (33.3% each). If a country receives a normalized score of 75 on 4.4.1a, 100 on 4.4.1b, and 50 on 4.4.1c, the subindicator score would be 75 on a 0–100 scale. subindicator score =  $(75 \times 33.3\%) + (100 \times 33.3\%) + (50 \times 33.3\%) = 75$ ”

<sup>3</sup> According to the source (GHS Index Methodology Report 2021, Economic Impact NTI &CHS), Min(x) and Max(x) represent the highest values among all 195 GHS indexed countries either in metrics or question. Value between 0–100 is normalized value and comparable with other normalized scores. (GHS Index Methodology Report 2021, Economic Impact NTI &CHS) “As an example, question 6.1.3a assesses risk of social unrest on a 0–4 scale, with 4 being best (lowest risk). If a country receives a score of 3, its normalized score would be 75 ( $x = 3$ ,  $\text{min}(x) = 0$ ,  $\text{max}(x) = 4$ ). Normalized score =  $(3 - 0) / (4 - 0) = 75$ ”

Calculation of the GHS index ends with overall score :(GHS Index Methodology Report, 2021) “The overall GHS Index score for each country is the weighted sum of the category scores, as determined by the weighting profile:”

### **3 Global Summary of Health Care Systems’ COVID-19 Resilience (2020 - 2021)**

A far better manner for Pandemic analysis is to avoid all questionable predictions before the situation and to focus on further sustainable life contributions (Ojha & Sayed, 2020): “The COVID-19 pandemic has increased the expeditious adoption of telemedicine, telepsychiatry and digital health interventions, but there are existing barriers to continue the utilization of these services. Telepsychiatry can be implemented in a cost-effective way but increasing awareness and creating “how-to” guides catered towards different populations is essential.”

Although some dependable summary for COVID – 19 periods between 2020 – 2021 is always significant when the sources are reliable and if they can represent good feedback for correcting the current national system efficiencies in crisis and health management (Global Health Security Index Full Report 2021, Economic Impact, NTI &CHS):

- “Countries’ ability to measure the number of COVID-19 cases and deaths depend on their having public health capacities such as diagnostic and screening tests, which were not adequately established in many countries before the pandemic. For example, the WHO has estimated that six of every seven COVID-19 infections in Africa go undetected due to limited testing capacity<sup>4</sup>. As a result, official country reports of cases and deaths may not accurately reflect the full impact of COVID-19;
- The availability of health security capacities in countries does not automatically translate into protection from illness, death, and economic consequence. Successful outcomes during a pandemic depend on political will and government readiness and flexibility to use available capacities in a

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<sup>4</sup> According to the source (Global Health Security Index Full Report 2021, Economic Impact, NTI &CHS), see World Health Organization, “Six in Seven COVID-19 Infections Go Undetected in Africa,” October 14, 2021. <https://www.afro.who.int/news/six-seven-covid-19-infections-go-undetected-africa>

way that aligns with evolving evidence-based public health recommendations for disease containment and mitigation. The public must trust advice from health officials and not face hurdles, such as lost income if protective recommendations are to be followed;

- National risk environments—measured by disorderly transfers of power, social unrest, international tensions, and distrust in medical and health advice from the government— can have an outsized impact on a country’s ability to successfully use its health security capacities to respond to an emerging outbreak. The success of disease-mitigation efforts is contingent upon public trust in government, healthcare institutions, and public health professionals. In the absence of trust, public cooperation and compliance with recommendations—including physical distancing, mask mandates, and shutdowns— are likely to fail and be more vulnerable to corrosive misinformation. Countries with those risk factors must develop strategies to minimize their influence—such as working to foster trust and prevent the politicization of a crisis—to enable a successful response;
- Public health and health system capacities must be coupled with policies and programs that enable all people to comply with public health recommendations. Universal health coverage, paid sick leave, subsidized childcare, income assistance, and food and housing assistance are examples of policies that helped populations comply with protective public health measures of the COVID-19 pandemic;
- For example, Ghana and Ukraine both provide wraparound services, such as economic or medical support, to infected patients and their contacts to self-isolate or quarantine. New Zealand raised its minimum wage and began providing weekly benefits to support the participation of public health measures in society. Portugal extended temporary citizenship to asylum seekers and migrants during the pandemic, thereby dismantling barriers to accessing healthcare among those populations.”

### **3.1 Health Care System Concept Review by Countries ( 2018 -2021 )**

In upper mentioned chapters, the health and economic performance are not strictly correlative because there are many factors beyond the economy field which make a form of the health management in certain health care national systems or the view of a country towards global COVID-19 impacts:

- **Croatia - COVID-19 impact on scientific research and insight to national health systems care flaws** (Matika & Ruzic, 2021): “COVID - 19 pandemic prompted a change in the security paradigm, it challenged the scientific community to define new approaches and new methods of researching security phenomena (phenomena and their manifestations).”(Matika & Ruzic, 2021)“ ...by the insight into the National Security Strategy of the Republic of Croatia in which infectious diseases (which have the potential of an epidemic or pandemic) are not recognized as security threats of national importance, as well as the fact that the European Union does not have a common health policy regarding infectious diseases as security threats. National Development Strategy of the Republic of Croatia recognizes two priority areas of public policy until 2030 in strategic goal no. 5 "Healthy, active and quality life": 1) Quality and affordable health care and care, and 2) Health, healthy eating habits and active life through sports.” ;
- **United States - Health Care system should not be just a manipulating tool for political elections but a strong health system to improve the population's health prosperity;** (Chacko, 2020): “At the frontline of American medicine, family physicians are poised to play a unique role in advocating for reform. Our political diversity gives us the opportunity to move beyond partisan politics and take a more objective approach to our advocacy efforts. The most basic oath we took as physicians—*primum non-nocere*—demands that we get informed and engaged to help fix a financial system that has the potential to harm the same patients we wake up every morning to serve. It is our professional duty to move beyond our political comfort zones toward a vision of a healthier economy and more efficient and equitable health financing system.”;
- **Serbia - Environmental sociopolitical factors determine the integration of the health care system** (Sovilj et al., 2020): “From the beginning of the transition, the reforms in health care have been permanently implemented in Serbia. Unfortunately, the objectives of the proposed reform are not implemented. The problem complicates the structure of the health care system, which is dominated by state ownership, while the private sector is not sufficiently integrated into the health care system. It is, therefore, necessary to focus on the integration of the private

sector into the health care system, the empowerment and promotion of voluntary health insurance, the public - private partnership and the linking of private and state health institutions.”

- **Telehealth is a new paradigm in the COVID - 19 health care system** - (Pearce et al., 2021): “Legislation related to telehealth continues to evolve with substantial changes in Brazil, Colombia, and other Latin American nations during the COVID-19 pandemic. Despite these advancements, insurance companies and healthcare payers face ambiguous and irregular telehealth frameworks and reimbursement policies. Moreover, digital health training and research programs in the region tend to be fragmented and have room for improvement. A health workforce trained in digital health is essential to well-functioning telehealth initiatives aimed at strengthening health systems and ensuring adequate service delivery.” (Stainman et al., 2021) “Telemedicine only goes so far, however. There is a risk that reflexive thinking and fear among both clinicians and patients may override clinical common sense about which in-person visits are in fact essential. Clinicians should be mindful of this potential cognitive trap and advise their patients to avoid it as well. When a trip to the clinic or lab may be particularly risky or challenging, creative solutions such as home health nursing evaluation, phlebotomy, or a house call (while maintaining stringent infection control safeguards) should be considered (Keshvaridoost et al., 2020) “The important issue is that many developing countries are not ready to take advantage of telehealth, especially for their remote and rural areas despite the significant growth of technology, such as increased penetration of smartphones and the expansion of 3G and 4G internet networks”;
- **Africa - (Kenya, Tanzania and Nigeria) are facing with the national health solving requests as more urgent than achieving universal health coverage** (Dickson et al., 2018): “Kenya, Tanzania, and Nigeria might not be able to achieve universal health coverage and meet some of the sustainable development goals on health by the year 2030 if the current health insurance financing mechanisms persist. For the insurance schemes in Kenya, Tanzania, and Nigeria to increase their coverage and achieve universal health coverage, the various schemes should be harmonized into single health financing schemes. This would help to maximize the size of their risk pools and increase the confidence of potential subscribers in the system. Fundamentally, female education should be given more attention

since education among females was found to be a strong factor influencing health insurance coverage”.

- **Europe - Health benchmarking among the European health care systems is prevalently a comparison among them** (Besciu C. D., 2021):“At the "EU" level, health systems and implicitly emergency medical services are characterized by a high degree of complexity and heterogeneity, with significant variations in terms of organization and operation, health care providers, basis for calculation of health indicators. Current specialized studies do not confirm the better performance of one health system compared to the other and the differences between them are often a challenge in their benchmarking.”;
- **China - Social programs and universal health care under the New Normal** (HKCSS, 2020-2021) report: “Time to heal” project...” The project approved 1,888 applications from services users aged between 5 and 88. To address the diverse needs of service users, subsidies for treatment were expanded beyond clinical psychology to psychological counseling, family therapy, art therapy, music therapy, etc. ... At the same time, collaborating with various care and welfare professionals, 95 events on challenges faced by the social welfare sector under the “New Normal “and possible solutions were hosted with a total of 8, 270 attendances” (Tao W, et al. 2020) “The lessons learnt from China could help other nations improve UHC in sustainable and adaptive ways, including continued political support, increased health financing and a strong PHC system as basis. The experience of the rapid development of UHC in China can provide a valuable mode for countries (mainly LMICs) planning their own path further on in the UHC journey”.

### **3.2 Intercommunicative resilience of the organizational systems during the Covid - 19 Pandemic**

The resource allocation was the main threat for the systems’ integrative international cooperation in meaning that all global and multilateral values of cooperation faced with a potential risk of mutual trade barriers. Fortunately, the main cause of the problem was recognized during the expedition responsiveness of the eminent international organizations and ad hoc emergency governmental praxis and many sector’s reports (UHC, Global Monitoring Report, 2021) “ The pandemic has laid

bare long-ignored risks, including inadequate health systems, gaps in social protection and structural inequalities. It has also brought home the importance of basic public health and strong health system and emergency preparedness, as well as the resilience of a population in the face of a new virus or pandemic, lending ever greater urgency to the quest for universal health coverage (UHC).”

In Partnership to COVID-19 Building back together, Partnership Accelerator Agenda for Sustainable Development 2021 by United Nations, the partnership spectrum is made to indicate a cooperative fusion of different managerial possibilities as the preposition for the winning combination for the current nature of environmental suspense.

According to the source (Partnership Accelerator Agenda 2030, 2021), the authors made research on the distribution of the 36 partnerships studied, against the partnership spectrum.

A review of the types of COVID-19 Response Partnerships (Partnership Accelerator Agenda 2030, 2021) is presented in Table 4 where is also present the number of the made partnerships:

**Table 4: Distribution of Partnerships by spectrum**

Source: Partnership to COVID-19 Building back together, Partnership Accelerator Agenda for Sustainable Development, p.15., available at: <https://sdgs.un.org/sites/default/files/2021-05/Partnerships%20in%20response%20to%20COVID-19%20light.pdf>

Type of Partnership	Number of partnerships	Proportion
Leveraging others' resources for my organization	6	16.7%
Doing 'traditional' development better	21	58.3%
'Transformational' development	7	19.4%
No clear type of Partnership	2	5.6%
Total	36	100.0%

### 3 Conclusion

COVID - 19 Pandemic has put all of the healthcare systems into deep introspection, it may be said that it has ended the time of procrastination in making corrective decisions to improve the flaws in organizations: synchronization between social goals and social systems is still the task, GHS Index doesn't refer only to the economic strength of a country but it refers to the overall social and cultural heritage of that country. Organizational resilience in a new environment has a permanent task to combine, transform and integrate programs, resources, and new reliable systems of sustainability to improve distribution and allocation. What this means is that to make a better development we must turn to the biggest aspect of the healthcare system – its consumers, they are the key. Having a healthcare system that is “hive-minded”, advances the medical praxis in its efficiency and effectiveness. We are all in this together, so tremendous improvement in responsive partnership has been seen - which indicates that we must continue to strive in the implementation of a better healthcare system that can benefit all of the country's standards as well as accomplishment in all of the countries around the world.

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