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Comparative Analysis of Public Administration Models on the Example of Healthcare Sector

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Abstract

The goal of this article is to disclose the main models of public administration in the example of healthcare sphere. The authors used such general scientific and special methods: historical and legal, comparative, relative and legal, system analysis and formal logics. Revealed the link between the models of public administration and the healthcare sphere. It was marked on the most typical manifestations of administrative influence inherent in particular model in the sphere of healthcare. It was established that different models of public administration function effectively in different states. However, national healthcare systems predominantly use a combination of several models by adding elements of other models to the dominant model. It was concluded that the current models of public administration in the field of healthcare are characterized by: verticalization and centralization of power responsibilities for OPM, implementation of market techniques in the public sector for NPM and an emphasis on human rights and growth for GG. Among modern paradigms of public administration, we have highlighted the LG model, the essence of which lies in continuous implementation

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of innovations to improve efficiency and prioritize the interests of the consumer, which is the patient in the sphere of healthcare.

Keywords: public administration; health model; public interest; human rights; comparative analysis.

Análisis comparativo de modelos de administración pública sobre el ejemplo del sector salud

Resumen

El propósito del artículo es dar a conocer los principales modelos de gestión pública sobre el ejemplo del sector salud. Los autores utilizaron los siguientes métodos científicos generales y especiales: histórico-legal, comparativo, comparativo-legal, análisis de sistemas y lógica formal. Se revela la conexión entre los modelos de administración pública y el ámbito sanitario. Se hace hincapié en las manifestaciones más típicas de influencia administrativa inherentes a un determinado modelo en el campo de la atención de la salud. Se ha establecido que diferentes modelos de administración pública funcionan efectivamente en diferentes Estados. Sin embargo, los sistemas nacionales de salud utilizan principalmente una combinación de varios modelos al agregar elementos de otros modelos al modelo dominante. Se concluyó que los modelos modernos de administración pública en el campo de la salud se caracterizan por: verticalización y centralización de poder para OPM, implementación de métodos de mercado en el sector público para NPM, y énfasis en derechos humanos y transparencia para GG. Entre los paradigmas modernos de la administración pública destaca el modelo LG, cuya esencia es la constante introducción de innovaciones para mejorar la eficiencia y priorizar los intereses del consumidor, que es el paciente en el ámbito de la salud.

Palabras clave: administración pública; modelo de salud; interés público; derechos humanos; análisis comparativo.

Introduction

Each state aims to carry out effective implementation of national policy by combining public administration with the system of administrative and territorial organization of state and municipal authorities. This is most important value during a special period (state of emergency, martial law) or in relation to socially important spheres (healthcare, education), etc.

In the most systematized form, the power-management influence can be represented through models of public administration as types of organizational structures. At the same time, changes that accompany the reform of this or that sphere often make it necessary to transform the managerial model that functions in the state. Under such conditions becomes actual research of models of public administration in relation to certain components of social life.

In modern world one of the most important spheres for any state is healthcare (Lohvynenko *et al.*, 2019). This is explained by the fact that healthcare issues is directly linked to the level of public health and average life expectancy, economic stability, social policy, sanitary and epidemiological well-being of the population and the sustainable development of the state as a whole. In particular, it concerns resistance to the spread of the COVID-19 pandemic, which has become a kind of challenge of the national healthcare systems for their efficiency and effectiveness (Teremetskyi *et al.*, 2021). According to this, the study of modern models of public administration will be carried out on the example of the healthcare sphere.

1. Methodology

Scientific and theoretical backgroundl of the presented research were scientific works of scientists devoted to managerial, medical, social and legal aspects of public administration in the sphere of healthcare. The normative and informational basis of the study consists of international and national legislation of individual states, which governs relations in the sphere of healthcare, political and legal publicity, works on management and administration, and materials from open Internet sources.

The choice of research methods is determined by the method, objectives and the subject of the scientific article. The process of scientific search has determined the use of general scientific and special methods of scientific knowledge, which allowed to form a scientifically grounded conclusions.

For example, the historical and legal method allowed us to consider the formation of models of public administration. The comparative method enabled us to compare the models of public administration of the healthcare sphere in separate states. The comparative and legal method assisted in reviewing international and national norms related to healthcare management. The method of system analysis made it possible to identify the advantages and disadvantages of each type of current public administration model. The method of formal logics was used to identify advantages and disadvantages of specific models and prospects for improvement of public administration by the healthcare sphere.

2. Results and Discussion

In general, the management model is understood as a theoretically selected holistic set of ideas about how the management system looks like, what its structure and functions are, how it interacts with different subjects, how it adapts to changes. Such model includes the main principles of management, strategic vision, goals and objectives, values, organizational structure and the order of interaction of its elements (Kropyvnytskyi, 2018).

Throughout the history of its development, humanity has created and implemented various models that reflected the managerial connection between the subject of power and the controlled object. By uniting, mixing, and borrowing from each other certain elements, these models were adapted by national administrations in each state. At the same time stable forms of some of these models allowed us to consolidate the main types of organization of public administration. Having their origins in the style of state influence on this or that sphere, modern types of models include a broader number of subjects, becoming public, and replacing the traditional management of the administrative process.

In the opinion of O.M. Okhotnikov and Y.O. Arbich, it is the transparency, openness and stability in the activities of public authorities will contribute to the effective maintenance and respect for human rights and freedoms, as a result, effective public administration in the interests of the citizens will increase the credibility and trust of the public in the functioning of public authorities (Okhotnikova and Arbych, 2020). It should be stressed that this is what distinguishes the process of public administration from the previously dominant public administration.

Models of public administration are not the same organizational and social constructions that take place in the state, because the process of administration precedes the formation of state policy in a certain sphere. Thus, in the context of our research the models of social policy are of interest. There are four such models:

1. scandinavian, which is characterized by wide participation in public administration not only by the state, but also by trade unions. Moreover, the main responsibility is held by the state, while public administration is a sufficiently well-organized system, where power actions are clearly coordinated and public responsibility is at a high level;
2. the anglo-saxon model, which also provides for state responsibility, but public administration is carried out only at the level of the state;
3. the continental model, under which public administration is carried out through insurance organizations, while financing of the social sphere is carried out through insurance contributions;

4. the southern European model, where public administration is carried out through insurance organizations, and the family and the church are included in the subjects of responsibility (Azarova, *et al.*, 2019).

The mentioned models differ in the subject composition and the scope of managerial (administrative) influence in the formation and implementation of social policy, while the criterion for their typologization is the geography of their spread across the countries.

Unlike social policy models, the main models of public administration differ from each other in principles, subjects and methods of organization and implementation of public administration, which is most clearly manifested in relation to specific spheres of social life.

Besides this, it is worth mentioning the models of organization of health care systems depending on the sources of funding, which are accepted to be divided into market (provision of medical services through private funds), state (budget financing of healthcare spheres) and mixed (combination of elements of the previous models, for example, the presence of a state medical insurance fund and elements of state-guaranteed non-paid medical services).

In lot of things those models have repeatedly been modified since the time of their development and implementation, but in general, they have retained their inherent features to the present. However, in healthcare models, are considered and can be individualized some factors, that effect on the transformation (state guarantees; mechanism for financing the healthcare, medical services and other).

Of course, national healthcare systems are influenced by state policy in the social sphere and are part of certain economic models of healthcare financing. At the same time, healthcare in one state or another is ensured through the purposeful influence of the subjects of power, which is a reflection of the model of public administration in the healthcare sphere. In our conviction each of these models has its own specific manifestation in the healthcare sphere.

Before outlining the main types of models of public administration, we should take into account the opinion of G. Shaulsky about the fact that the experience of foreign countries shows the absence of a specific model successfully implemented in several countries. On the contrary, taking as a basis the general principles, methods and outputs of the models of public administration, taking into account national economic and social peculiarities, each state adapts this model to its own realities and requirements (Shaulska, 2018).

Scientists distinguish three main types of models of public administration, namely: Old Public Management (OPM), New Public Management (NPM), Good Governance (GG). For example, V. I. Nikolaeva allocates the old management model, which is characterized by bureaucracy, lack of initiative, lack of efficiency, and one-sidedness. Instead, she considers NPM to be a new model and its more modern version - New Public Service (NPS). The latter is a model of a new public service in which the people, the community and the civil society as a whole are the key subjects, while the government's mission is to satisfy the public interest. Among the new models is also called GG, which involves a significant dialogue between private subjects and the state, openness, transparency and broad involvement of the public in the management process (Nykolaieva, 2019).

The importance of taking into account the level of public satisfaction with the quality of services provided is an important part of public administration in general and the sphere of healthcare in particular. It should be taken into account that in the case when citizens are not involved in making management decisions, they are less satisfied with the authorities. Then the desire for a balanced connection between the people and the state will encourage the population to support the state's leading role in providing public services instead of seeking alternative managerial methods (Cohen *et al.*, 2022).

The first model, OPM, represents the traditional bureaucratic apparatus. As M. Syomich notes, the OPM model has the longest history of application, which allowed it to form an effective combination of managerial methods and techniques. The essence of this model lies in the functional approach to division of labour, clear subordination, rules that enshrine the rights and duties of the officials, the system of standardization of processes, promotion and career, the unification of office management (Syomych, 2019).

This is most clearly represented by healthcare in authoritarian states, where severe centralization of power is combined with bureaucratization of any organizational procedures, and the population's access to quality medical services is nervous and uncomfortable. For example, in the sphere of healthcare in North Korea, researchers emphasize the great differences in the state of public health and real access to medical care, which is mostly due to political and economic inequality. The possibilities for eliminating such inequality are severely limited, while informing international organizations about the existence of such problems gives hope that they will be solved (Lee *et al.*, 2020).

The second classical model of the NPM is based on the theory of public choice, in which the performance of public officials is subject to public control to prevent ineffective activities and corruption. A new perspective of public service that is embodied in the democratic theory of social system development, predetermines the accountability of public officials and civil servants to the citizens.

This model assumes that public officials will serve public interests and meet the expectations of the citizens with the proper public service, and the state together with the local self-government will take care of public benefits and become more sensitive to the needs of society. In the opinion of Y. I. Lyakh namely Great Britain became the founder of this model, which during the last decade of the XX century spread to the United States, Australia, Ireland, the countries of the Asia Pacific region (Liakh, 2019).

S.O. Levchenko notes that the NPM model concerns not only the implementation of modern rational management methods, but also suggests a new pricing paradigm, genesis of which is similar to business management methods. The main postulate of NPM is the management of the state according to market approaches and implementation of market approaches in the public sector.

First of all, it concerns the various practices successfully implemented in the private sector. Thus, the state becomes a participant in the market process, using methods of business management in the activities of public institutions and sharing business values. Managed approach has gradually made NPM one of the most popular models of public administration, which is successfully used today (Levchenko, 2017).

As N.S. Latipova notes correctly, NPM is a model of public administration, which is used for modernization of the state sector. The corresponding model is based on the approach where the person (citizen) is a client who has a variety of alternatives to choose from, while the market approaches are used in management. This can be expressed in three words: economy, efficiency and effectiveness (Latipova, 2020).

Gudbjörg Erlingsdottir and Cecilia Lindholm pay attention to the fact that NPM as a model of public administration is no longer new and, perhaps, it is time to remove the component of newness from this abbreviation. On the other hand, the emphasis on novelty of public management allows to separate this model from the old, so-called OPM. What concerns the sphere of healthcare, innovations in medicine, particularly eHealth, have emerged, in the opinion of the authors, due to the introduction of the NPM model in the public sector (Erlingsdottir and Lindholm, 2013).

The NPM model manifests itself mainly in those states where healthcare financing is carried out at the expense of the combination of state programs and the developed private sector. For example, in the United States, private health insurance funds cover most of the healthcare needs of the population. Currently, a public guarantee of realization of the right to health protection for socially unprotected groups of the population or for all citizens at the basic level (package of guaranteed medical services) is ensured at the expense of state and municipal programs, for example, «Medicaid».

The shortcomings of the managerial approach to public management, implemented in the NPM model, provoked the emergence of a new management model – «Good Governance» (proper management), which has been expanded in Japan, Indonesia, New Zealand, Germany and Brazil. The new model was mainly aimed at overcoming such shortcomings of the NPM as secondary importance in solving social problems and increasing social inequality and poverty. This is especially relevant in developing states, where there is an erosion of the exclusive role of the state (public officials) in social relations. Instead, the emphasis is shifting toward the universality of management methods instead of seeking components inherent to a particular state.

In general, the concept of “Good Governance” first appeared on the agenda of the World Bank’s Annual Conference in the field of economic development in 1992 (Bolotina and Nikitenko, 2017). According to the recommendations “What is Good Governance?” developed by the United Nations Economic and Social Commission for Asia and the Pacific, GG has a number of basic characteristics.

It is participatory, consensus-oriented, accountable, transparent, responsive, effective and efficient, equitable and inclusive, and adheres to the rule of law. The GG model requires minimizing corruption and taking into account the views that the positions of the most diverse members of society are taken into account in decision-making process. This model of public administration is also respectful of the current and future needs of society (Yap Kioe Sheng, 2016).

O.A. Morgunov emphasizes the popularity of the GG model in the modern European community. In his research he pays attention to the fact that despite the widespread nature of the relevant model, it is not characterized by the typical principles, tasks and goal.

This peculiarity is explained by the fact that the GG model is a unique template, according to which each state that chooses this paradigm makes changes and additions to it, forms its own priorities in the implementation of public administration. At the same time, despite the disagreements in the determination of priorities, the choice of forms and methods of managerial influence, the GG model is based on adherence to the key principles - democracy and the rule of law (Morgunov, 2018).

In June 2006, the Ministers of Health of the European Union member states agreed that healthcare must be based on certain values and principles, which they considered: universality, accessibility of high quality medical care, fairness and solidarity.

Moreover, the corresponding statement of the Council of the European Union stipulates that universality means ensuring accessibility of medical care for everyone.

Fairness means equal access to medical care according to need, regardless of ethnicity, status, age, social status or ability to pay.

In its turn, solidarity is closely linked to the financing of healthcare systems, according to which everyone contributes to the medical fund according to its capabilities. This requires that the member states have open access to the necessary medical services through a fair distribution of healthcare costs and medical services to the entire population. This can be achieved through the institution of social medical insurance, based on solidarity. In this case, the more wealthy subsidize the poor and the healthier subsidize the sick.

Access to high quality medical care requires states to ensure the provision of the most feasible such care, which must be patient-oriented and meet the individual needs of the patient (Kickbusch and Gleicher, 2012).

In the sphere of healthcare GG model is associated, first of all, with a focus on people's needs, on the patient's guidance from the moment of his application for medical care to the completion of the treatment (rehabilitation) process, on the openness and accessibility of the national healthcare system. Mentioned model is the most appropriate for democratic and developing countries. Primarily, it concerns the member-states of the European Union and some other countries of the world, which are guided by European democratic principles and values.

Referring to the works of R.B. Denhardt devoted to the New Public Service (NPS), researchers consider this model to be a distinctive development of GG. It should be noted that this model was formed in response to the need to reform the institution of public service from a bureaucratic system in the direction of the service concept, according to which the activity of public servants is focused on satisfying the needs of citizens and helping to provide them with public services.

The supporters of this model believe that the basis for large-scale social and economic changes in society is improvement of working conditions. Moreover, the significant importance is attached to the behavior of the individual, but also for all the components that influence interrelations between people, an open dialogue between all parties, including between citizens and public servants (Gordon *et al.*, 2018).

In the aspect of healthcare it is about the dialogue between patients and the state. The latter formulates, for example, a list of pharmaceutical products, the cost of which requires partial or full reimbursement of expenses for acquisition by citizens, based on the identification of the needs of the population in the provision of appropriate medicines.

Considering other modern models of public administration, Y.O. Arkhipova points to Networked Government (NG), a model of merged

administration that defines the overall goal of modern public administration as the development of a democratic state using effective new management methods and technologies to provide the population with simple and high-quality public services (Arkhipova, 2015). For instance, making an appointment with a doctor on a certain date via an electronic line greatly simplifies the patient's life and unloads the healthcare facility and the medical staff themselves from an excessive number of people, which becomes especially important in the period of spread of infectious diseases, pandemic threats, etc.

One has to agree that the factors that hinder the formation of electronic governance include: the low level of interest of the population in the electronic form of interaction with the institutions of public authority; lack of awareness of digital technologies; low indicators of electronic interaction between authorities and citizens; lack of awareness and interest of the population in using the possibilities of digital technologies for interaction with state institutions, etc.

For example, in Ukraine the elements of this model are manifested in some aspects of the healthcare sphere. Thus, at the strategic level the necessity of forming a unified medical space as a system of interaction between healthcare bodies and institutions at all organizational levels is determined. For its part, the development and implementation of eHealth allows for simplification of document management and access to medical services. Let us emphasize that the Ukrainian electronic healthcare system is a two-component system where the user is connected to the central data base through the electronic medical information system.

The eHealth system consists of two components:

1. The central data base is an information and telecommunication system, which contains the statutory registers, software modules, the information system of the National Health Service of Ukraine, to the extent necessary for the implementation of state financial guarantees and others. (provides the possibility to create, review, exchange the information and documents between registries, state electronic information resources, electronic medical information systems).
2. The electronic medical information system is an information and telecommunication system that enables to automate the work of public entities in the sphere of healthcare, to create, view and exchange information in electronic form, in particular, including the central data base (in case of connection) (The Ministry of Healthcare of Ukraine, 2022).

Another new model to consider is Lean Government (LG), i.e., economical management. The essence of this model is that the subjects of

authorities act «economically,» reducing the budgetary cost of their own maintenance, simplifying for and improving administrative services, and minimizing costs and barriers upon applying of citizens. In the long term, this will improve the quality of services provided to the population, save budget expenditures and minimize bureaucratic obstacles.

It should be noted that the methods of free administration are used for a wide range of public services and administrative procedures, from the development of rules to the execution of grants and contracts. That is why a lot of state institutions today take part in programs of economical transformation, achieving significant results due to a significant improvement in the quality, transparency and speed of relevant processes.

Using the LG model helps government institutions to change their methods of work, creating new capabilities and competencies, as well as improving organizational capabilities for better service to the population.

For example, taking the LG model as the basis for the management of a specific healthcare facility, we can talk about these innovations: all rooms are created as single rooms; standard rooms are projected so that they can be easily adapted to provide more specialized care than usual; individual rooms are created to a «bariatric» standard, which allows for comfortable housing of tall or overweight patients; rooms are not designed for specific medical services and can easily be reconfigured to meet the needs of different patients to avoid an imbalance in beds; the department is allowed to admit more patients to its areas by expanding the appropriate neighboring units if necessary; the facilities take into account epidemic standards and infection control; minimizing waiting areas; in the emergency department, patients are taken directly to the room, rather than being transported after sorting to the waiting area, before being placed in the room (Florizone, 2015).

Of course, it should be noted that the implementation of LG model in the sphere of healthcare in general, despite its significant cost at the stage of implementation, can significantly improve the indicators of economics and efficiency in the near future.

The importance and relevance of this model of public administration is also evidenced by the fact that healthcare providers around the world are still facing enormous challenges, because the aging of the population and unhealthy lifestyles are increasing the cost of healthcare faster than the income and tax revenues of the middle class are growing. At the same time the quality of medical care has not improved as much as public services in other spheres, so more and more medical organizations are turning to the implementation of the lean management in their activities (Lean Healthcare, 2021).

Continuous implementation of quality changes in activities together with a change of orientation to meet the needs of the customer and the

formation of an economical worldview of the subjects of power are the key foundations of this model of public administration.

Conclusion

The authors of the article analyzed the main modern models of public administration on the application of the sphere of healthcare. It was established that the traditional models are Old public management, New public management and Good governance. And each of mentioned models can be fully effective in a particular state. At the same time, it is also impossible to talk about the appropriateness of any state borrowing and implementing a particular model of public administration in its pure form.

Most often, national healthcare systems use models of public administration, where the dominant model is supplemented by elements of other models. It is also possible to talk about the transformation of the corresponding models of public administration, caused by changes in approaches to the formation and implementation of public policy in the sphere of healthcare.

However, it is impossible to claim the existence of only three models: OPM, NPM and GG, because the rapid development of technology, combined with external factors, necessitates the testing of new universal paradigms to achieve a balance between the private needs of the individual and the public interest of the state. Such modern models change the view of traditional notions of public administration, making important not only the vectors of managerial influence, but also the methods and ways of its implementation.

The analysis of national normative legal acts and international soft law allows us to determine the peculiarities of each of the main models of public administration in the sphere of healthcare. These are the verticalization and centralization of power for the OPM, the introduction of market techniques in the public sector for the NPM, and the emphasis on human rights and transparency for the GG.

Among modern paradigms of public administration, we consider the LG model to be the most promising, the essence of which lies in the constant introduction of innovations to improve efficiency and the priority of consumer interests, which in the sphere of healthcare is the patient. In addition, lean methods not only simplify the services received by the patient, but also involve the constant transformation of public administration in order to find the most effective combination of forms and methods of management.

The sphere of healthcare in any state is extremely important, and this is common to all countries of the world. At the same time, national healthcare systems differ greatly from one another in terms of economic capabilities, level of public health, sanitary and epidemiological state and other indicators. In its turn, a better understanding of management processes should help to form a sustainable link between public health policy and public administration in order to take into account everyone's needs and satisfy the public interest.

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