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**TRANSFORMATION OF THE LEGAL FOUNDATIONS
FOR ECONOMIC AND INSTITUTIONAL RESILIENCE
OF HEALTHCARE ORGANIZATIONS: NORMATIVE MODELS,
GOVERNANCE TOOLS, AND STRATEGIC REFORM DIRECTIONS**

**ТРАНСФОРМАЦІЯ ПРАВОВИХ ЗАСАД ЕКОНОМІЧНОЇ
ТА ІНСТИТУЦІЙНОЇ СТІЙКОСТІ ЗАКЛАДІВ ОХОРОНИ
ЗДОРОВ'Я: НОРМАТИВНІ МОДЕЛІ, ІНСТРУМЕНТИ
ВРЯДУВАННЯ ТА СТРАТЕГІЧНІ НАПРЯМИ РЕФОРМУВАННЯ**

Summary. Introduction. The article examines the legal foundations of the functioning and strategic development of healthcare institutions under the conditions of ongoing healthcare reforms in Ukraine. The relevance of the topic arises from the increasing role of legal mechanisms in ensuring service quality, financial stability, institutional accountability, and compliance with current regulatory requirements. Additionally, the article analyzes managerial and organizational challenges that require a comprehensive modernization of healthcare management systems.

Purpose. The purpose of the article is to investigate the legal, organizational, and managerial mechanisms that determine the strategic development of a healthcare institution, and to substantiate tools that ensure effective governance amid regulatory changes and growing quality demands.

Materials and Methods. The study applies structural–functional and systems analysis, legal analysis of the current regulatory framework, comparative analysis of strategic management approaches, and logical generalization of research findings and practical operational data of healthcare providers.

Results. The research identifies and substantiates the key legal requirements that constitute the framework for developing and implementing a healthcare institution's development strategy. It demonstrates that effective strategic management is achievable only when managerial processes are harmonized with legislation, the requirements of the National Health Service of Ukraine, quality standards, and internal regulations. The findings confirm that integrating legal mechanisms with modern management approaches enhances performance, transparency, service quality, and organizational resilience.

Perspectives. Future research may focus on designing legal governance models that maximize flexibility and adaptability of healthcare institutions, as well as evaluating the effectiveness of legal instruments in strategic planning and the digital transformation of the healthcare sector.

Key words: legal regulation, strategic management, healthcare institution, regulatory framework, quality of medical services.

Анотація. Вступ. У статті розглянуто правові засади функціонування та стратегічного розвитку закладів охорони здоров'я в умовах реформування медичної системи України. Актуальність проблематики визначається посиленням ролі правових механізмів у забезпеченні якості медичних послуг, фінансової стабільності та відповідності діяльності закладів сучасним нормативним вимогам. Поряд із цим аналізуються управлінські й організаційні виклики, що потребують комплексного підходу до модернізації системи менеджменту.

Мета. Метою статті є дослідження правових, організаційних та управлінських механізмів стратегічного розвитку медичного закладу, а також обґрунтування інструментів, які забезпечують ефективне управління в умовах нормативних змін та зростання вимог до якості медичних послуг.

Матеріали і методи. Використано структурно-функціональний та системний аналіз, методи правового аналізу чинної нормативно-правової бази, порівняльний аналіз підходів до стратегічного управління, логічне узагальнення результатів наукових досліджень і практичних даних діяльності медичних закладів.

Результати. Визначено та обґрунтовано ключові правові вимоги, що формують рамкові умови для розроблення та реалізації стратегії розвитку закладу охорони здоров'я. Показано, що ефективне стратегічне управління можливе лише за умови гармонізації управлінських процесів із чинним законодавством, вимогами нормативів НСЗУ, стандартів якості та внутрішніх регламентів. Аналіз підтверджує, що поєднання правових інструментів із сучасними управлінськими підходами сприяє підвищенню результативності, прозорості, якості медичних послуг і рівня організаційної стійкості.

Перспективи. Подальші дослідження можуть бути спрямовані на розроблення правових моделей управління, що забезпечують гнучкість і адаптивність медичних закладів, а також на оцінку ефективності правових інструментів у процесі стратегічного планування та цифрової трансформації сфери охорони здоров'я.

Ключові слова: правове регулювання, стратегічне управління, медичний заклад, нормативно-правова база, якість медичних послуг.

Problem Statement and Relation to Scientific and Practical Tasks. Contemporary health systems are increasingly exposed to multidimensional and interdependent risks, including pandemics, climate-related crises, economic volatility, and geopolitical instability. Although existing resilience frameworks emphasize governance structures, service delivery, and financial flexibility, they insufficiently incorporate the legal and institutional mechanisms that determine the legitimacy, speed, and coherence of crisis response. As noted by Gostin & Wiley (2020), legal clarity is a foundational determinant of public health emergency effectiveness, yet in many jurisdictions statutory frameworks remain fragmented or outdated [1, p. 114]. Saltman (2021) similarly

stresses that resilience cannot be achieved without integrating normative instruments that regulate authority, accountability, and institutional adaptability [2, p. 35].

Recent comparative studies reveal that systems with unclear delegation of emergency powers experience delays in fund mobilization, inconsistencies in interagency coordination, and reduced operational coherence. The OECD (2021) demonstrates that countries with predefined statutory hierarchies — such as Norway or the UK — activated emergency mechanisms more rapidly during COVID-19, whereas states with fragmented legal mandates faced substantial procedural impediments [3, p. 37]. Greer et al. (2022) emphasize that in Ukraine the lack of coordinated statutory del-

egation created barriers to resource allocation, illustrating the significant operational risks generated by legal ambiguity [4, p. 118]. These limitations become particularly evident when comparing how different governance systems responded to recent global crises.

Thus, the core scientific problem concerns the absence of an integrated normative framework capable of aligning legal authorization, economic enablement, accountability mechanisms, and adaptive statutory processes within a unified system of institutional resilience.

The study's relevance is grounded in several key scientific and practical tasks, including the need to:

- determining how statutory authority can be structured to ensure clear command hierarchies and prevent operational conflicts (UK Government, 2020) [5];
- identifying legal mechanisms for economic enablement, such as emergency procurement, budget reallocations, and PPP frameworks (Saltman, 2021) [2, p. 41];
- strengthening legal accountability through judicial review, auditing institutions, and transparency obligations (European Commission, 2022) [6, p. 16];
- embedding mechanisms of legal adaptability — sunset clauses, evaluation cycles, and regulatory sandboxes — to institutionalize continuous learning (Krause, 2022) [7, p. 123].

By addressing these interrelated dimensions, the study aims to contribute to the development of a legally grounded, operationally actionable model for enhancing economic and institutional resilience across diverse governance systems.

Analysis of Recent Studies and Publications. Recent scholarship consistently emphasizes the central role of legal frameworks in enhancing health system resilience. Gostin & Wiley (2020) argue that statutory clarity, explicitly delegated authority, and codified procedures are essential for operational efficiency and accountability during emergencies [1, p. 114]. Saltman (2021) highlights that the integration of legal and economic instruments enables rapid mobilization of resources, reduces delays, and ensures compliance with international obligations such as the International Health Regulations (IHR 2005) [2, p. 35].

The OECD (2021; 2022) presents comparative evidence showing that countries with pre-defined legal structures, such as Norway and Germany, successfully deployed personnel, medical equipment, and emergency funds during COVID-19 [3, p. 37; 8, p. 53]. These states additionally maintained oversight and operational coherence throughout crisis response. For example, Norway's Health Preparedness Act (2017) delegated authority to regional health boards, enabling rapid deployment while retaining federal supervision [3, p. 37]. Germany's Gesetz zur Verbesserung der Versorgungsstrukturen facilitated joint federal–state emergency procurement, demonstrating multi-level operational alignment [8, p. 53].

In contrast, Greer et al. (2022) highlight that Ukraine's fragmented statutory delegation delayed emergency fund allocation and hindered coordinated response, illustrating the risks of unclear legal authority [4, p. 118–121]. Similarly, EU member states without harmonized legal procedures faced challenges in cross-border coordination and reporting obligations (European Commission, 2022) [6, p. 16].

While prior research underscores components of legal and institutional resilience, gaps remain. Current studies primarily focus on:

1. Fragmented analyses of statutory authority and delegated powers (UK Government, 2020);
2. Specific economic enablement tools such as emergency procurement or PPP contracts (Saltman, 2021);
3. Accountability mechanisms including judicial oversight and auditing (Bambra et al., 2021) [9, p. 58];
4. Adaptive mechanisms such as sunset clauses and regulatory sandboxes (Krause, 2022) [7, p. 123].

However, existing research still lacks an integrated framework that synthesizes legal authorization, operational enablement, accountability mechanisms, and adaptive regulatory processes into a cohesive model of institutional resilience. To address this conceptual and practical gap, the Normative–Economic Alignment Framework (NEAF) proposes a structured approach that operationalizes statutory and institutional mechanisms for resilience, ensuring coherence between theoretical foundations and policy implementation, as consistently demonstrated across the reviewed scholarship.

This analysis demonstrates that embedding legal clarity and operational flexibility into health system governance is not only a theoretical concern but a practical necessity. By integrating insights from comparative international experience and recent scholarship, the NEAF model offers a comprehensive blueprint for strengthening the speed, coherence, and adaptability of emergency responses across diverse health systems.

Main Research Material and Justification of Scientific Findings. Modern health systems face increasingly complex challenges, including pandemics, climate-induced disasters, economic volatility, and geopolitical instability (Gostin & Wiley, 2020; Saltman, 2021). While traditional resilience frameworks emphasize governance, service delivery, and financial management, they often fail to integrate the legal and institutional mechanisms necessary for rapid, accountable, and adaptive responses (OECD, 2021).

To address this critical gap, the Normative–Economic Alignment Framework (NEAF) structures resilience around four interrelated pillars: Legal Authorization, Legal Enablement, Legal Accountability, and Legal Adaptability (Saltman, 2021; Krause, 2022). Each pillar operationalizes resilience through specific mechanisms, which are illustrated by international examples, practical applications, and comparative lessons (Greer et al., 2022). Table 1 summarizes the

Table 1

NEAF Pillars and Operational Mechanisms

Pillar	Key Mechanisms	Expected Outcomes
Legal Authorization	Hierarchical powers, actor specification, statutory delegation	Clear governance, reduced conflicts
Legal Enablement	Emergency procurement, budget reallocation, contingency funds, PPPs	Rapid operational and economic activation
Legal Accountability	Judicial review, audit institutions, transparency requirements	Legitimacy, public trust, error correction
Legal Adaptability	Sunset clauses, evaluation cycles, regulatory sandboxes	Continuous improvement, adaptive resilience

Source: compiled by the authors based on [1; 2; 3; 4; 7]

NEAF pillars along with their key mechanisms and expected outcomes.

Legal Authorization establishes clear hierarchies of authority, specifying which actors can initiate emergency measures, reallocate funds, or activate contingency resources. The UK's Coronavirus Act 2020 exemplifies explicit delegation, defining ministerial powers, parliamentary oversight, and emergency fund activation procedures, while allowing operational flexibility for unprecedented situations (UK Government, 2020). Norway's Health Preparedness Act (2017) delegates substantial authority to regional health boards, enabling rapid deployment of personnel and medical supplies while maintaining federal oversight, thus balancing central coordination with local responsiveness (OECD, 2021). The US Stafford Act grants FEMA federal authority to coordinate state responses, including fund reallocation, mobilization of medical teams, and emergency procurement, demonstrating how centralized authority can support a federated system (FEMA, 2021) [10, p. 42]. Germany's Gesetz zur Verbesserung der Versorgungsstrukturen allows federal and state governments to coordinate emergency procurement, illustrating multi-level operational coherence (OECD, 2022). In contrast, Ukraine's fragmented legal delegation delayed fund mobilization during COVID-19, highlighting the operational risks posed by unclear statutory authority and inter-institutional overlap (Greer et al., 2022). NEAF emphasizes that robust legal authorization reduces ambiguity, prevents conflicts, and ensures alignment with international obligations such as IHR 2005. Detailed statutory provisions specifying thresholds for activating emergency powers, criteria for resource reallocation, and interagency coordination protocols are essential for operational certainty and minimizing delays in crises.

Legal Enablement translates statutory authority into actionable procedures that support economic and operational flexibility. This includes emergency procurement, budget reallocations, contingency funds, and codified public-private partnerships (PPPs). Sweden's decentralized governance enables regional authorities to independently allocate budgets and activate contingency reserves while complying with statutory limits

(Boin et al., 2021) [11, p. 47]. PPP contracts codified in law allow governments to leverage private sector capacity, distribute risk, and incentivize timely service delivery. During COVID-19, the UK implemented PPP arrangements for ventilator production and testing infrastructure, balancing rapid mobilization with fiscal accountability and statutory compliance (Saltman, 2021). Risk-sharing agreements embedded in legal frameworks allocate financial exposure between public and private actors, preserving continuity of essential services. Canada's Public Health Agency Act enables rapid fiscal reallocation and cross-jurisdictional procurement coordination, demonstrating legal enablement in a federal system and highlighting the importance of statutory clarity for intergovernmental operations (PHAC, 2021) [12, p. 34]. Overall, legal enablement enhances operational predictability by defining procedural pathways, approval timelines, and criteria for activating emergency contracts, which collectively improve system responsiveness during crises.

Table 2 summarizes the key governance tools associated with each NEAF pillar, illustrating how legal mechanisms translate into operational practice.

Legal Accountability ensures that emergency actions remain transparent, lawful, and subject to oversight. Key mechanisms include judicial review, auditing by independent institutions, transparency mandates, and the preservation of rights. For instance, EU member states are legally required to report emergency preparedness measures and health system capacities, linking national compliance to international norms (European Commission, 2022). In Sweden, the National Audit Office identified gaps in regional procurement reporting, prompting statutory amendments to reinforce oversight, ensure compliance, and strengthen public confidence (Bambra et al., 2021). Conversely, in Ukraine, limited auditing and inconsistent reporting contributed to inequitable resource distribution and reduced operational efficiency (Greer et al., 2022).

The NEAF framework embeds accountability as both a preventive and corrective mechanism, connecting operational decisions with statutory compliance, ethical governance, and public trust. Comprehensive reporting, real-time auditing, and transparent dis-

Table 2

Governance Tools Linked to NEAF Pillars

NEAF Pillar	Governance Tool	Function/Impact
Legal Authorization	Delegation frameworks, command hierarchies	Clear authority and responsibility
Legal Enablement	Contingency funds, emergency procurement, PPP contracts	Rapid economic and operational activation
Legal Accountability	Audit mechanisms, judicial oversight, transparency reporting	Oversight, public trust, error correction
Legal Adaptability	Regulatory sandboxes, evaluation mandates	Continuous learning, iterative improvement

Source: compiled by the authors based on [10; 11; 12]

closure obligations enhance resilience by enabling all stakeholders — governmental, private, and public — to assess and respond to systemic risks effectively. Table 3 illustrates the comparative implementation of NEAF accountability mechanisms and related practices across different countries, highlighting the operational impact of robust legal oversight.

Legal Adaptability incorporates statutory mechanisms that enable iterative learning, including sunset clauses, mandatory evaluation cycles, and regulatory sandboxes. For example, Norway systematically reviews emergency powers and financial allocation procedures, adjusting statutory provisions in response to emerging threats (OECD, 2021). The European Union employs regulatory sandboxes to pilot innovative cross-border procurement strategies, allowing experimentation without breaching statutory frameworks (Krause, 2022). Similarly, UK legislation institutionalizes sun-

set clauses and structured evaluation cycles, embedding adaptive learning and continuous improvement into statutory practice (UK Government, 2020).

By fostering adaptability, legal frameworks reduce systemic rigidity and ensure that statutes evolve alongside new threats, technological innovations, and lessons learned from prior crises. Integrating formalized learning processes into law enhances both short-term responsiveness and long-term resilience. Table 4 presents NEAF-aligned public-private partnership (PPP) arrangements and risk-sharing instruments, illustrating practical mechanisms through which legal adaptability supports operational continuity and adaptive governance.

The comparative implementation of NEAF reveals substantial differences across jurisdictions. For instance, Germany and Canada achieved rapid mobilization through pre-existing contingency frameworks and

Table 3

Comparative NEAF Implementation Across Countries

Country	Legal Authorization	Legal Enablement	Accountability Mechanisms	Adaptability Practices
UK	Coronavirus Act 2020: clear hierarchy, ministerial powers	Emergency procurement, temporary funds, PPPs	Parliamentary oversight, judicial review, audit	Sunset clauses, evaluation cycles
Sweden	Health and Medical Services Act: regional delegation	Autonomous regional budget, contingency funds	National Audit Office oversight, reporting	Regular statutory reviews, pilot programs
Norway	Health Preparedness Act (2017): regional authority delegation	Contingency funds, rapid procurement, PPPs	Auditor General, ombudsman reporting	Regulatory sandboxes, iterative policy adjustments
EU (Cross-Border)	European Civil Protection Mechanism: coordination authority	Shared procurement, cross-border stockpiles	Reporting obligations, Court of Auditors	Policy harmonization, adaptive regulation
Ukraine	Fragmented delegation, overlapping competencies	Partial contingency funds, limited PPP codification	Limited oversight, inconsistent reporting	Pilot reforms only; systemic adaptability limited
USA	Stafford Act: FEMA authority to reallocate funds	Federal-state procurement coordination	GAO audits, congressional oversight	Regular reviews of disaster-response powers
Germany	Gesetz zur Verbesserung der Versorgungsstrukturen	Joint procurement, emergency funds	Bundesrechnungshof audit	Pilot programs, cross-state coordination
Canada	Public Health Agency Act: federal oversight	Rapid budget reallocation, contingency funds	Auditor General, statutory reporting	Periodic statutory reviews, adaptive preparedness

Source: compiled by the authors based on [4; 6; 9]

Table 4

NEAF-Aligned PPP and Risk-Sharing Instruments

Instrument Type	Legal Basis	Purpose/Function	Observed Outcomes
PPP Contracts	National public procurement law	Rapid mobilization, resource sharing	Timely service delivery, reduced fiscal exposure
Risk-Sharing Agreements	Statutory procurement frameworks	Allocate financial risk, incentivize performance	Continuity of essential services
Contingency Funds	Emergency budget legislation	Immediate fiscal activation	Rapid response, minimized procedural delay
Digital Platforms	Statutory data protection & interoperability	Real-time monitoring, predictive analytics	Evidence-based adaptive decisions

Source: compiled by the authors based on [3; 5; 7]

codified risk-sharing mechanisms. Sweden, Norway, and the UK effectively leveraged regional and ministerial authority structures to coordinate procurement and fund allocation efficiently. Conversely, Ukraine and certain EU member states experienced delays due to fragmented authority, incomplete statutory frameworks, or insufficient oversight (OECD, 2022; Greer et al., 2022). These findings underscore that legal frameworks are not merely formalities but function as operational instruments shaping economic activation, institutional coordination, and adaptive capacity.

Future Directions focus on enhancing the application of NEAF to emerging threats. Key strategies include legal consolidation across governance levels, strengthening institutional capacity, and integrating artificial intelligence and predictive analytics to improve anticipatory decision-making. Digital platforms facilitate interoperability, real-time monitoring, and rapid evaluation of resource needs. Cross-border coordination, harmonized reporting, and adherence to IHR 2005 and EU regulations optimize overall preparedness. Lessons learned from the COVID-19 pandemic — such as procurement delays, inequitable resource distribution, and limited oversight — emphasize the importance of integrated legal and economic mechanisms. Additionally, embedding anti-corruption

measures within emergency procurement, PPPs, and risk-sharing agreements enhances integrity and operational effectiveness. Scenario-based planning, stress testing, and statutory review cycles further ensure that adaptive learning is systematically institutionalized (Saltman, 2021; Krause, 2022).

Table 5 illustrates strategic directions for future NEAF implementation, linking core pillars with actionable measures and expected outcomes across diverse governance contexts.

Conclusions and Future Research Perspectives. The conducted study demonstrates that the transformation and consolidation of legal foundations constitute a pivotal determinant of both economic and institutional resilience in contemporary healthcare systems. The proposed Normative–Economic Alignment Framework (NEAF) confirms that robust legal structures influence not only statutory compliance but also operational capacity, financial stability, and adaptive potential of healthcare institutions. By integrating four interrelated pillars — Legal Authorization, Legal Enablement, Legal Accountability, and Legal Adaptability — the framework provides a scientifically grounded, operationally coherent model for strengthening governance under routine conditions and during systemic crises.

Table 5

Future NEAF Implementation Directions

Strategic Focus	Pillars Addressed	Implementation Action	Expected Outcome
Legal Consolidation	Authorization, Adaptability	Unified statutory provisions across levels	Reduced conflicts, faster decision-making
Institutional Capacity Enhancement	Authorization, Accountability	Strengthened auditing, digital monitoring, emergency units	Effective oversight, operational readiness
Legal-Economic Integration	Enablement, Authorization	Codified PPPs, contingency funds, risk-sharing contracts	Rapid mobilization, fiscal flexibility
Digital Governance	Accountability, Adaptability	Interoperable platforms, secure data exchange, predictive analytics	Real-time monitoring, adaptive learning
Cross-Border Coordination	Authorization, Adaptability	Harmonized reporting, shared stockpiles, EU/IHR compliance	International preparedness, resource optimization
Adaptive Statutory Mechanisms	Adaptability	Sunset clauses, regulatory sandboxes, mandatory evaluations	Continuous improvement, institutional learning

Source: compiled by the authors based on [1; 4; 7; 8]

Comparative analysis across jurisdictions indicates that countries with flexible statutory instruments, clearly empowered executive mechanisms, formalized accountability procedures, and institutionalized adaptive cycles demonstrate significantly higher resilience and continuity of healthcare service delivery during shocks. In contrast, fragmented regulatory frameworks, weak inter-institutional coordination, and insufficient legal capacity remain substantial barriers to sustainable institutional performance, particularly in transitional or developing systems such as Ukraine. These findings underscore that legal clarity, enforceable statutory mechanisms, and integrated normative instruments are not merely formal requirements but operational tools essential for timely, coordinated, and effective emergency response.

The study contributes to scholarship and practice in several key ways:

1. It proposes a structured legal–institutional model applicable to multi-level governance contexts, linking statutory clarity with operational resilience;
2. It introduces operational criteria for assessing legal resilience in healthcare institutions, facilitating evidence-based evaluation of statutory and institutional performance;
3. It identifies evidence-based directions for legal and managerial reforms, aligned with international best practices, including codified PPPs, contingency funds, and risk-sharing instruments.

Despite these contributions, several areas warrant further research. Future studies should focus on:

- Developing quantitative indicators to measure legal resilience, enabling empirical assessment of the relationship between statutory frameworks and health system performance;
- Conducting econometric analyses to evaluate the impact of legal instruments on resource allocation efficiency, service continuity, and institutional adaptability;
- Designing digital legal tools to enhance transparency, monitoring, and institutional learning, including AI-driven oversight and predictive analytics;
- Expanding cross-country and longitudinal research to validate the universality of NEAF and its applicability across diverse governance systems. Such studies would verify the framework's capacity to integrate legal, economic, and operational dimensions of resilience systematically.

In conclusion, sustainable resilience in healthcare systems cannot be achieved without a robust legal foundation. Integrating comprehensive statutory frameworks with strategic governance, financial flexibility, and iterative institutional adaptation ensures not only compliance but also operational effectiveness, legitimacy, and the capacity for continuous learning. The NEAF model offers a conceptual and practical foundation for future scholarly research and policy development, promoting healthcare systems that are responsive, accountable, and prepared to meet both current and emerging challenges.

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