Public Health Challenges in the Global South Post-COVID-19 Pandemic

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[Abstract] This paper examines the multifaceted challenges and difficulties that the world's public health institutions are facing in the wake of the COVID-19 epidemic, particularly in the Global South. The pandemic exacerbated existing socio-economic disparities, hindering access to essential resources like clean water and healthcare. Underfunded healthcare infrastructure was strained, necessitating significant investments for future resilience. Vaccine access remained unequal, with high-income nations monopolizing supplies, hindering vaccination efforts in the Global South. Mental health issues escalated due to heightened stress and limited treatment options. The paper underscores the imperative of addressing these challenges through comprehensive strategies, including bridging socio-economic gaps, strengthening healthcare infrastructure, ensuring vaccine equity, destignatizing mental health treatment, and building resilient health systems. International cooperation is essential for mitigating long-term consequences and getting ready for future health emergencies. Implications of the study on developing a comprehensive "Global Public Health Resilience Framework" extend to informing policy, promoting collaboration, guiding resource allocation, fostering adaptability, prioritizing equity, facilitating global coordination, ensuring evaluation and monitoring, and promoting capacity building. By addressing these key areas, policymakers can work towards constructing robust health systems that can successfully address present and upcoming obstacles.

[Keywords] post-covid 19, pandemic, public health, resilient health system, global south, health challenges, vaccine equity, healthcare infrastructure, mental health, socio-economic disparity

Introduction

Following the unprecedented COVID-19 pandemic, the global community is at a critical juncture, grappling not only with the immediate aftermath of the crisis but also with the enduring challenges that have emerged, particularly in the vulnerable regions of the Global South. As the world races to vaccinate, rebuild, and adapt to the new normal, it is crucial to turn our attention to the nuanced and multifaceted public health challenges facing countries in Africa, Asia, Latin America, and Oceania. Impact of the pandemic has been far from uniform, with existing socio-economic disparities, healthcare infrastructure limitations, vaccine inequities, and mental health crises posing distinct challenges in these regions (Alegbeleye & Mohammed, 2020). This article seeks to delve into the complex tapestry of post-COVID-19 public health challenges in the Global South, examining the intricate interplay of factors that have both magnified pre-existing vulnerabilities and highlighted the necessity for a comprehensive, collaborative, and equitable global health response.

The Global South, characterized by diverse cultures, economies, and healthcare systems, has borne the brunt of the COVID-19 pandemic in ways that extend beyond the immediate health crisis. As the virus knows no borders, its impact has laid bare the existing fault lines in societies where poverty, inadequate healthcare infrastructure, and socio-economic disparities were pre-existing challenges (Kitamura et al., 2022). The strain on healthcare infrastructure has been a

central theme in the pandemic narrative, with under-resourced systems in the Global South facing unprecedented challenges (Sacco & De Domenico, 2021). Hospitals and clinics found themselves grappling with shortages of essential medical supplies, overwhelmed facilities, and a scarcity of trained healthcare professionals. These challenges, while reflective of the immediate impact of the pandemic, also unearth deeper systemic issues that require thoughtful analysis and strategic interventions. Present article intends to illuminate complexities of healthcare infrastructure challenges in the Global South, providing insights into the immediate responses undertaken and the long-term improvements needed to fortify these systems against future health crises.

In the Global South, the struggle for equitable vaccine distribution has underscored existing disparities in global health governance, with high-income countries securing the majority of vaccine supplies (Bambra et al., 2020). This article will delve into the barriers hindering vaccine access, the consequences of vaccine nationalism, and the imperative for international collaboration to ensure that the promise of global immunity is realized without leaving any country or community behind. By examining the complexities of vaccine distribution and the socio-political dynamics at play, we aim to contribute to the ongoing discourse on achieving a fair and inclusive global vaccination strategy. Beyond the tangible health impacts, the pandemic has cast a spotlight on the often-overlooked realm of mental health, an arena where the Global South has faced significant challenges even before the crisis (Abbas et al., 2021). This article seeks to navigate the complexities of mental health crises in the Global South post-COVID-19, addressing the stigma surrounding mental health, the need for community support, and the integration of mental health services into broader public health strategies.

Experience with infectious diseases (such as SARS and MERS) over the past few years has shown that, while the costs associated with direct medical activities and the actual illness are rather limited, the bulk of the economic costs can actually be ascribed to the preventive behaviors adopted by individuals and the transmission control policies enacted by governments. This is in line with what the COVID-19 epidemic is showing in terms of direct and indirect expenses, even if its impact seems hitherto unheard-of. Many nations responded to stop the virus from spreading by means of social isolation or physical distance rules as it extended around the globe. Many nations, including the biggest economies in the world, have urged most, if not all, of companies to close, therefore limiting individuals' chances for mobility and aggregation. Preventive measures of this kind have had an instantaneous and major effect on home and foreign economies (Maliszewska et al. 2020).

Focus needs to go to creating robust health systems that can fend off future threats to world health (Haldane, 2021; Gopichandran & Subramaniam, 2020). Drawing lessons from the challenges faced during the pandemic, this article will explore strategies for strengthening healthcare infrastructure, improving surveillance and response mechanisms, and fostering international collaboration to create a more robust and equitable global health architecture. By examining the post-COVID-19 landscape in the Global South through the lenses of socioeconomic disparities, healthcare infrastructure, vaccine equity, and mental health, the article intends to be a comprehensive exploration of a more resilient, equitable, and collaborative global health architecture.

Review of Literature

As the world transitions from the immediate crisis response to a more strategic and forward-looking stance, an exploration of existing scholarly works becomes imperative. This section critically examines a spectrum of literature to unravel insights into building resilient health systems that can effectively combat future global health threats. The review synthesizes knowledge on

strategies for fortifying healthcare infrastructure, improving surveillance and response mechanisms, and fostering international collaboration. Emphasizing a lens on the Global South, the literature review assesses socio-economic disparities, healthcare infrastructure challenges, vaccine equity issues, and the mental health dimensions unique to this region. By grounding the narrative in existing research, this review of literature contributes a foundation for the ensuing discussion on the imperative of a united, inclusive, and proactive approach to global health challenges.

Impoverished communities faced heightened vulnerabilities due to limited access to education, healthcare, and basic necessities (Rocha et al., 2021; Bambra et al., 2020; Bhagat, 2020). Overcrowded living conditions, lack of sanitation, and economic hardships hindered adherence to preventive measures, increasing the risk of virus spread among marginalized populations (Hawkins et al., 2020). Under-resourced healthcare systems' inability to handle the increase in COVID-19 cases, lead to shortages of crucial medical supplies, and a shortage of skilled healthcare professionals (Sharma, 2021). Limited healthcare capacity resulted in delayed or inadequate care for COVID-19 patients and compromised routine healthcare services (Alegbeleye & Mohammed, 2020; Mahendradhata, 2021; Zakar, 2021). Overburdened public hospitals of countries like India faced critical shortages of oxygen and ICU beds during the peak of the pandemic, highlighting systemic weaknesses (Kumar et al., 2020).

Moreover, vaccination distribution and accessibility emerged as a worldwide issue, with high-income nations obtaining a substantial share of vaccination supplies, leaving many countries in the Global South with limited access (Jean-Jacques & Bauchner, 2021). Unequal vaccine distribution prolongs the pandemic, allows the virus to mutate, and hinders the achievement of global immunity (Abimbola et al., 2021). Disparities in vaccination rates between developed and developing nations underscore the challenges faced by the Global South in securing sufficient vaccine doses for their populations (Njoku et al., (2021); Singh & Chattu, 2021).

The pandemic also had a negative impact on mental health in global south, where mental health services were often inadequate, the consequences have been severe. The economic downturn, grief, and uncertainty have exacerbated existing mental health issues (Buselli, 2021; Talevi, et al., 2020; De Kock et al., 2022; Greenberg, 2020). Rising rates of anxiety, depression, and other mental health disorders, with limited access to mental health support (Abbas et al., 2021; Liu, 2021). Building health systems capable of withstanding future health crises is imperative. This includes investments in healthcare infrastructure, improved surveillance and response mechanisms, and fostering international collaboration (da Silva & Pena, 2021; Kitamura et al., 2022; Wang et al., 2020). Resilient health systems are essential for providing timely and effective responses to health emergencies, reducing the overall impact on public health (Sharma et al., 2021). Countries that invested in robust health systems before the pandemic demonstrated greater adaptability and response capacity during the crisis, highlighting the importance of proactive measures (Haldane et al., 2021).

Additionally, literature emphasizes the importance of resources in order to support resilience (e.g., Linnenluecke, 2017; Vogus & Sutcliffe, 2007). Resources that are flexible, varied, and held in slacks can help one to build resilience. Flexible resources are required where, for example, agile manufacturing would let companies turn around in times of crisis. Particularly useful during the epidemic were such adaptable models like Instacart and Amazon Flex Delivery (Esper, 2020). A variety of resources can also be beneficial (Westley, 2013); for instance, several suppliers can enable companies to overcome crises-related shortages. In fields where inventory,

extra labor, and cash-on-hand can assist weather disruptions, slack resources—that is, resources kept in excess—can also be rather important (Sharfman et al., 1988).

The intersection of business, finance, and public health is crucial in building resilience against health crises. MNCs, global industries, and financial markets provide resources, technology, and innovation that enhance healthcare systems' ability to respond to global health threats. Strengthening collaboration between private and public sectors will be key to improving long-term health resilience worldwide. Garfield et al. 2003, explored dimensions of resilience from a public health risk-specific lens and reviews existing evaluation tools and frameworks. It developed a methodology and framework for organizations to assess their public health readiness and resilience. Research by Gary Gereffi examined the impact of COVID-19 on global value chains, particularly in the medical supplies sector. The study emphasized the need for increased resilience in supply chains and the role of industries in ensuring the availability of essential health supplies during crises.

These challenges are interconnected and addressing them requires comprehensive strategies that consider the unique socio-economic, healthcare, and systemic factors influencing public health in the Global South (Sacco & De Domenico, 2021). A holistic approach that integrates international collaboration, targeted investments, and community engagement is essential for mitigating pandemic's long-term impact.

Objectives of the Study

The study aims to comprehensively investigate post-COVID-19 pandemic public health challenges in the Global South and to propose measures for building resilient health systems in the Global South based on lessons learned from the pandemic, emphasizing the importance of international cooperation and sustainable solutions for addressing future health crises.

Methodology

Qualitative research methods were employed to delve into the nuanced experiences and perspectives of individuals and communities affected by post-COVID-19 public health challenges in the Global South. By embracing qualitative approaches, this paper aims to illuminate the lived realities of vulnerable populations and capture the diverse array of challenges they face, and proposes strategies to overcome the challenges, thereby enhancing the comprehensiveness and depth of understanding of the complex public health landscape in the Global South post-pandemic.

Discussion

Unravelling Socio-economic Disparities

In the intricate tapestry of public health, socio-economic disparity stands as a formidable challenge, casting a shadow over the well-being of communities. This section delves into a comprehensive exploration of strategies aimed at dismantling this pervasive obstacle and fostering a landscape where health is not a privilege but a fundamental right. Before dissecting the strategies, it is imperative to unravel the complex interplay between socio-economic factors and public health. From education and employment to housing and nutrition, socio-economic disparities intricately weave themselves into the fabric of health outcomes. Education emerges as a powerful catalyst in breaking the chains of socio-economic disparity. Health literacy programs, tailored to diverse communities, become indispensable tools for empowering individuals to make informed choices. Secondly, a cornerstone in the edifice of socio-economic equity is gainful employment. The study underscores the importance of job creation programs and skills development initiatives. By

nurturing a skilled and competitive workforce, societies can pave the way for economic empowerment, dismantling barriers to health access (Gopalan & Misra, 2020). Thirdly, promoting income equality take centre stage in this discourse. The study advocates for the implementation of fair minimum wage policies and the fortification of social safety nets. These measures serve as shields against the socio-economic storms. Fourthly, Universal healthcare emerges as a linchpin in the quest for health equity. The study emphasizes on the importance of dismantling barriers to healthcare access, advocating for robust universal healthcare systems and lastly, the author advocates for a paradigm shift towards community empowerment, highlighting the significance of involvement in decision-making. AI-driven diagnostics, telemedicine platforms, and electronic health records (EHRs) may enhance disease surveillance and health service accessibility. Collaborative efforts, in conjunction with non-governmental organizations, are presented as pivotal for implementing grassroots initiatives that address socio-economic challenges.

Reinforcing Healthcare Infrastructure

The landscape of public health is intricately tied to the robustness of healthcare infrastructure. By understanding the nuanced interplay of factors that constitute healthcare infrastructure challenges, the author illuminates a path toward resilient and equitable healthcare delivery. To address the challenge of healthcare infrastructure, it is crucial to conduct a thorough assessment of the existing barriers. This includes an examination of physical infrastructure, technological capacities, human resources, and logistical frameworks. By identifying the gaps, we can tailor interventions that resonate with the unique needs of diverse healthcare systems. Moreover, at the heart of healthcare infrastructure challenges lies the issue of insufficient investment (Ogbolosingha & Singh, 2020; Gopalan & Misra, 2020). The study advocates for a paradigm shift in resource allocation, urging governments and stakeholders to prioritize healthcare as a fundamental pillar of societal well-being. Investments in state-of-the-art medical facilities, technology, and healthcare workforce training are paramount for building resilient healthcare systems. Additionally, in an era of rapid technological evolution, leveraging innovations is imperative for overcoming healthcare infrastructure challenges.

The study explores the integration of telemedicine, electronic health records, and other technological solutions to bridge geographical gaps, enhance accessibility, and streamline healthcare delivery. Embracing these advancements can revolutionize the efficiency and reach of healthcare systems. Furthermore, a robust healthcare infrastructure is only as strong as its human capital. The study delves into strategies for workforce development and training, emphasizing the need for continuous education, skill enhancement, and the recruitment of healthcare professionals. Cultivating a resilient and adaptable workforce is key to navigating the dynamic landscape of public health (Sharma, 2021). The author also advocates establishing decentralized healthcare services, community health centres, and outreach programs to foster a more inclusive and accessible healthcare system. Additionally, the public and private sectors can effectively tackle infrastructure-related issues together. Present study explores the potential of public-private partnerships in financing, building, and maintaining healthcare infrastructure. By leveraging the strengths of both sectors, societies can optimize resource utilization and enhance the resilience of healthcare systems.

MNCs play a critical role in strengthening public health systems through contributions from Pharmaceutical and Biotech companies like Pfizer, Moderna, and Johnson & Johnson which drive vaccine development and ensure rapid responses to pandemics. MNCs often fund public health initiatives, such as Unilever's hygiene campaigns or Coca-Cola's safe water programs in developing nations. Similar initiatives can be extended where companies in the pharmaceutical

and medical device industries ensure the availability of essential medicines, PPE, and vaccines globally.

Healthcare infrastructure is tested during crises and emergencies. The study underscores the importance of emergency preparedness and resilience planning. Establishing robust contingency plans, stockpiling essential supplies, and implementing efficient response mechanisms are crucial for ensuring that healthcare infrastructure can withstand and effectively respond to unforeseen challenges. Hence, to ensure the longevity and adaptability of healthcare infrastructure, sustainable practices must be embraced. The study suggests eco-friendly designs, energy-efficient technologies, and waste management strategies that minimize the environmental impact of healthcare facilities. Sustainable infrastructure practices contribute not only to public health but also to the overall well-being of the planet. In the digital age, data emerges as a powerful ally in addressing healthcare infrastructure challenges. The study also emphasizes the importance of data-driven decision-making, encouraging the implementation of health information systems for real-time monitoring, evaluation, and informed policymaking. By harnessing the insights derived from data, healthcare systems can adapt and optimize their infrastructure strategies.

Achieving Vaccine Equity

Before unravelling the strategies, it is essential to comprehend the intricate landscape of vaccine inequity. Disparities in vaccine distribution, driven by factors such as wealth, geopolitical considerations, and supply chain limitations, present formidable hurdles. This section positions vaccine equity as not only a moral imperative but a strategic necessity for global health security. The study advocates for a paradigm shift in global collaboration and diplomacy, emphasizing the need for solidarity among nations. Strategies include the bolstering of international alliances, diplomatic efforts to ensure fair vaccine distribution, and the establishment of frameworks that prioritize equitable access over geopolitical considerations. By fostering a united front, the world can address vaccine equity as a shared responsibility (Singh & Chattu, 2021).

Secondly, A pivotal strategy revolves around the support and expansion of global vaccine manufacturing capacities. This involves technology transfer, sharing intellectual property, and facilitating partnerships between pharmaceutical companies and manufacturers. By decentralizing production, the world can mitigate supply chain constraints and enhance vaccine accessibility. However, at the grassroots level, community engagement and education emerge as powerful tools in achieving vaccine equity. The study delves into the importance of culturally sensitive communication, addressing vaccine hesitancy, and involving communities in the decision-making processes. Empowering individuals with information fosters trust and encourages vaccine uptake.

Additionally, the establishment of fair and transparent allocation frameworks is paramount in overcoming vaccine inequity. The study addresses the necessity of global institutions like World Health Organization (WHO), for spearheading efforts in developing and implementing equitable distribution models. These frameworks should prioritize vulnerable populations and ensure that no one is left behind in the vaccination drive (Singh & Chattu, 2021). Public and private sectors can be catalyst for accelerating vaccine production and distribution together. The study explores partnerships that leverage the strengths of pharmaceutical companies, technology corporations, and philanthropic organizations. By fostering synergies, these partnerships can address supply chain challenges and enhance the affordability of vaccines (Jean-Jacques & Bauchner, 2021). The author proposes innovative distribution strategies that adapt to the unique challenges presented by vaccine equity. This includes the exploration of mass vaccination campaigns and pop-up clinics customized to diverse community needs. Flexibility and creativity in distribution can help reach remote areas and underserved populations (Jean-Jacques & Bauchner, 2021). Tech firms like

Google and Microsoft can indulge in Health Infrastructure investment to support health data analytics, while logistics companies like UPS and DHL can improve medical supply distribution

Nurturing Mental Health

It is imperative to grasp the nuanced landscape of mental health challenges. Stigma, inadequate resources, and societal misconceptions form formidable barriers. The section positions mental health as a critical public health concern, acknowledging the interplay between individual experiences and broader societal influences. The study underscores the importance of mental health awareness as a foundational strategy. Public campaigns, educational programs, and community initiatives are vital tools for destignatizing mental health issues. Societies may empower people by promoting an understanding culture to seek help without fear of judgment, catalysing early intervention and prevention (Zandifar & Badrfam, 2020). However, including Mental Health in Primary Healthcare involves training healthcare professionals. By ensuring that mental health is part of routine healthcare, barriers to access are diminished, and holistic well-being becomes a shared goal.

The study also explores the establishment of mental health services based on community engagement as a pivotal strategy. Localized initiatives, support groups, and counselling services foster a sense of community and provide accessible resources. Empowering communities to address mental health concerns locally reduces the burden on centralized services and ensures tailored support. Subsequently, the study suggests incorporating strategies such as teletherapy, online mental health resources, and sliding-scale payment models. By leveraging technology and making services financially feasible, barriers to access are dismantled. Finally, cultivating resilience through social connections serves as a buffer against mental health challenges, contributing to overall community well-being (Zandifar & Badrfam, 2020).

Building Resilient Health Systems

Before delving into strategies, it is essential to assess the void left by the absence of resilient health systems. Inadequate infrastructure, limited healthcare workforce capacities, and fragmented data systems contribute to the vulnerability of health systems. The following section positions resilience as not merely a desirable attribute but an imperative for navigating the complexities of contemporary public health challenges.

Investment in Healthcare Infrastructure: A cornerstone strategy revolves around significant investments in healthcare infrastructure. This includes upgrading medical facilities, enhancing technological capacities, and strengthening supply chains. The study advocates for sustained financial commitments from governments and international organizations to build a robust foundation capable of withstanding unforeseen health crises (Gopichandran & Subramaniam, 2020; Wang et al., 2020; Sun et al., 2021; Kitamura et al., 2022).

Capacity Building and Workforce Development: The study delves into the importance of capacity building and workforce development as integral components of resilient health systems. This involves continuous training, recruitment, and retention of healthcare professionals. By fostering a skilled and adaptable workforce, health systems can navigate surges in demand, ensuring the provision of quality care during crises (Sharma et al., 2021).

Integration of Technology and Data Systems: Strategies encompass the integration of technology and data systems to enhance the efficiency and responsiveness. Electronic health records, real-time monitoring, and analytic tools contribute to informed decisions (Khang et al., 2023).

Emergency Preparedness and Response Planning: A pivotal strategy centers on the development and implementation of comprehensive emergency preparedness and response plans. This includes scenario-based simulations, stockpiling essential medical supplies, and establishing clear communication protocols. The study emphasizes that proactive planning is essential to mitigate the impact of unforeseen health crises.

Active Community Engagement: Active communities are essential for early identification, prevention, and following public health recommendations. By fostering a sense of shared responsibility, health systems can benefit from active community participation. (Gopichandran & Subramaniam, 2020; Wang et al., 2020; Sun, S. et al, 2021; Kitamura et al., 2022).

Public-Private Partnerships: The study explores partnerships that leverage the strengths of pharmaceutical companies, technology corporations, and healthcare providers. By pooling resources and expertise, these partnerships contribute to innovation, resource optimization, and resilience (Nduhura et al., 2020)

Cross-Border Collaboration and Information Sharing: The study advocates for cross-border collaboration and information sharing as crucial strategies. Health threats do not adhere to geopolitical boundaries, and global cooperation is essential. The establishment of international networks, joint research initiatives, and the sharing of best practices contribute to a collective response to emerging health challenges (Gopalan & Misra, 2020)

Political Commitment and Governance: The final strategy revolves around political commitment and governance. The study emphasizes the importance of strong leadership and governance structures that prioritize public health. Policies that support resilient health systems, coupled with sustained political will, are crucial for the implementation and longevity of the strategies outlined. The complexity of public health challenges demands a collaborative approach that transcends borders and sectors (Haldane, V, 2021). Below is a comprehensive framework that integrates the identified strategies Table 1.

Table 3Global Public Health Resilience Framework

| Foundational Pillar | Strategies | Implementation Measures |
|---------------------|-----------------------------|---|
| Global Integration | Global Health Governance | Establish a global health governance body to coordinate and oversee collaborative efforts Develop and enforce international agreements on health equity, information sharing, and response coordination |
| | Resource Mobilization | Create a dedicated global fund to support countries in the Global South in strengthening their healthcare infrastructure, vaccine distribution, and mental health services Encourage high-income countries to contribute a fair share to global health initiatives |

| Addressing Socia acanomic | Education and | Implement global campaigns to |
|---------------------------|---------------------------|--|
| Addressing Socio-economic | | Implement global campaigns to |
| Disparities | Awareness | educate communities on preventive |
| | | measures and healthcare resources |
| | | Develop educational programs focused |
| | | on improving health literacy, |
| | | particularly in vulnerable populations |
| | Economic | Support programs that promote |
| | Empowerment | economic resilience, job creation, and |
| | · | financial inclusion |
| | | Foster public-private partnerships to |
| | | drive sustainable economic |
| | | development in vulnerable regions |
| Strengthening Healthcare | Investment and | Allocate resources for the construction |
| Infrastructure | Infrastructure | |
| inirastructure | | and upgrading of healthcare facilities |
| | Development | Establish training programs for |
| | | healthcare professionals and enhance |
| | | medical infrastructure in underserved |
| | | areas |
| | Technology Integration | Enhance healthcare access through |
| | | telemedicine and digital health |
| | | provisions |
| | | Encourage health systems to embrace |
| | | technology for data administration, |
| | | monitoring, and communication. |
| Ensuring Vaccine Equity | Global Vaccine | Advocate for a fair and transparent |
| | Distribution | global framework for vaccine |
| | | distribution based on need |
| | | Encourage pharmaceutical companies |
| | | to commit to affordable and accessible |
| | | vaccine pricing for all countries |
| | Local Vaccine Production | Invest in local vaccine production |
| | Local vaccine r roduction | capabilities in the Global South |
| | | |
| | | Facilitate technology transfer and |
| | | provide support for the development of |
| | | vaccine manufacturing infrastructure |
| Mental Health Integration | Community Engagement | Implement community-based |
| | | interventions, including awareness |
| | | campaigns, support groups, and |
| | | educating community health workers. |
| | | |
| | | |
| | Stigma Reduction and | Launch global campaigns to reduce the |
| | Education | stigma surrounding mental health |
| | 233331 | Include mental health education in |
| | | |
| | | community outreach initiatives and school curricula. |
| | | |

| Building Resilient Health | Continuous Health | Prioritize capacity-building training for |
|---------------------------|----------------------|---|
| Systems | System Strengthening | healthcare professionals |
| | | Robust surveillance systems and |
| | | response mechanisms |
| | International | Facilitate international collaboration in |
| | Collaboration | research, information sharing, and |
| | | resource allocation |
| | | Establish a global network for sharing |
| | | best practices, research findings, and |
| | | innovative solutions in public health |
| Monitoring and Evaluation | Data Collection and | Implement a global monitoring and |
| | Analysis | evaluation system to track progress |
| | | Utilize data analytics for real-time |
| | | assessment of health outcomes and the |
| | | effectiveness of interventions |
| | Accountability | Establish mechanisms to hold countries |
| | Mechanisms | and organizations accountable for their |
| | | commitments |
| | | Regularly review and update the |
| | | framework based on lessons learned |
| | | and emerging challenges |

The Global Public Health Resilience Framework provides a comprehensive and integrated approach to addressing the problems encountered by countries in the Global South post-COVID-19. By fostering collaboration, prioritizing foundational pillars, and ensuring accountability, this framework aims to build a more equitable, resilient, and sustainable global health infrastructure. Public health resilience depends not only on governments and healthcare systems but also on the role of businesses, multinational corporations (MNCs), global industries, and financial markets. These entities contribute to public health through investments, innovation, supply chain management, and policy influence.

One of the main problems related to the financial expenses of the COVID-19 epidemic is the disturbance of world supply systems. Especially, it has a lot to do with the breakout having its base in China, which has been the global manufacturing center in many different fields. Multinational companies (MNEs) have progressively scattered their manufacturing networks over the past few decades in order to benefit from locational benefits and a worldwide production capacity. Advances in information and communications technology (ICT) and international transport networks have let MNEs more readily fine slice their value chain activities, optimize and coordinate the location of specific sets of activities across borders, and de-internalize those business activities thought less important (Dicken 2011; Rugman et al. 2011). MNEs have so moved their value chain activities to ideal locations in order to achieve systematic efficiency and productivity throughout whole worldwide manufacturing systems. With each nation specialized in different phases of a good's production sequence, its manufacturing processes have been progressively linked across the vertical trading chain spanning numerous countries (Hummels et al. 2001). China has become the global workshop since it opened to the world in 1978 and depends on its plentiful, reasonably priced, disciplined labor. China has built its business ecosystem over the past few decades to create industrial production systems needing networks of suppliers,

component makers, distributors, governments, and consumers. Many MNEs from all throughout the world have reached cost savings by shifting their low-end production to China (Buckley 2009).

Conclusion and Suggestions: Enhancing Global Health Resilience in a Post-Pandemic World

The Global Public Health Resilience Framework presented in this article offers a comprehensive and integrated strategy to fortify nations, particularly those in the Global South, against the enduring challenges arising from the COVID-19 pandemic. This section delves into the critical implications, potential impact, and key considerations inherent in the framework, emphasizing its relevance in building a collective response to global health crises.

The framework highlights the essential need for strengthened global collaboration. The success of strategies such as vaccine equity, healthcare infrastructure development, and mental health integration relies on unified efforts across borders. It underscores the importance of a coordinated approach, urging nations to transcend geopolitical differences and work collectively toward shared health goals. Addressing socio-economic disparities is not only a moral imperative but a strategic necessity. By focusing on education and economic empowerment, the framework aims to uplift vulnerable populations, recognizing that resilient communities are integral to global health security. Achieving this, however, requires sustained international commitment, as well as innovative partnerships between governments, NGOs, and private entities (Gopalan & Misra, 2020).

Additionally, the integration of technology into healthcare systems is a promising avenue for bolstering resilience. While this strategy has the potential to revolutionize healthcare access, challenges include ensuring equitable access to technological advancements and overcoming potential resistance to change within traditional healthcare structures. Striking a balance between innovation and inclusivity is crucial. The framework's emphasis on global vaccine distribution and local vaccine production acknowledges the imperative of achieving widespread immunity. Yet, navigating complex issues such as intellectual property rights, supply chain challenges, and geopolitical considerations remains formidable. The success of this strategy necessitates diplomatic and collaborative efforts to ensure vaccines reach every corner of the globe. Furthermore, recognizing mental health as a core component of resilience is crucial for comprehensive healthcare. However, widespread adoption faces barriers such as cultural stigmas, resource limitations, and the need for significant shifts in healthcare delivery paradigms. Sensitivity and adaptability to diverse cultural contexts are imperative. Establishing resilient health systems requires not only financial investments but also ongoing training, adaptation to emerging threats, and learning from shared experiences globally. This necessitates a paradigm shift toward collaborative research and information sharing.

Finally, monitoring and evaluation, anchored in data-driven decision-making, are pivotal components. Establishing a global system for data collection and analysis demands standardization of metrics and robust accountability mechanisms. This reflects a call for transparency and integrity in reporting, enabling nations to learn from one another and refine their strategies dynamically.

Implications of the Study

The implications of the study on developing a comprehensive "Global Public Health Resilience Framework" extend to informing policy, promoting collaboration, guiding resource allocation, fostering adaptability, prioritizing equity, facilitating global coordination, ensuring evaluation and monitoring, and promoting capacity building. By addressing these key areas, policymakers can work towards building resilient health systems capable of effectively responding to current and

future challenges. The Global Public Health Resilience Framework is a beacon of hope in a post-pandemic world. Its success lies not just in the individual implementation of strategies but in the collective commitment of nations to a shared vision of health resilience. As we discuss and refine this framework, it is essential to recognize the dynamic nature of global health challenges. A spirit of adaptability, inclusivity, and shared responsibility will be the cornerstone for its success, ultimately shaping a more resilient, equitable, and interconnected global health landscape. The framework sets the stage for a transformative era in public health, where nations come together to fortify the foundations of well-being for all.

Dealing with public health issues in the Global South calls on business leaders to use strategic plans including health resilience into their daily operations. Businesses in the sectors of pharmaceuticals, biotechnology, and healthcare technology have to give health infrastructure first priority, especially by means of local manufacturing facilities expansion and knowledge sharing to regional partners. Public-private alliances (PPPs) can hasten the availability of vaccines, medications, and basic medical treatments. Multinational companies can increase vaccination availability and improve healthcare delivery by working with groups such as the WHO and GAVI. Moreover, sustainable business methods such differential pricing and generic drug manufacture can boost affordability without endangering long-term financial viability.

References

- Abbas, J., Wang, D., Su, Z., & Ziapour, A. (2021). The role of social media in the advent of COVID-19 pandemic: crisis management, mental health challenges and implications. *Risk management and healthcare policy*, 1917-1932.
- Abimbola S, Asthana S, Montenegro C, Guinto RR, Jumbam DT, Louskieter L, et al. (2021) Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLoS Med*, 18(4), e1003604.
- Alegbeleye, B. J., & Mohammed, R. K. (2020). Challenges of healthcare delivery in the context of COVID-19 pandemic in Sub-Saharan Africa. *Iberoamerican journal of medicine*, 2(2), 100-109.
- Bambra, C., Riordan, R., Ford, J., & Matthews, F. (2020). The COVID-19 pandemic and health inequalities. *J Epidemiol Community Health*, 74(11), 964-968.
- Bayati, M., Noroozi, R., Ghanbari-Jahromi, M., & Jalali, F. S. (2022). Inequality in the distribution of Covid-19 vaccine: a systematic review. *International journal for equity in health*, 21(1), 1-9.
- Bhagat, R. B., Reshmi, R. S., Sahoo, H., Roy, A. K., & Govil, D. (2020). The COVID-19, migration and livelihood in India: challenges and policy issues. *Migration Letters*, *17*(5), 705-718.
- Buselli, R., Corsi, M., Veltri, A., Baldanzi, S., Chiumiento, M., Del Lupo, E., ... & Cristaudo, A. (2021). Mental health of Health Care Workers (HCWs): a review of organizational interventions put in place by local institutions to cope with new psychosocial challenges resulting from COVID-19. *Psychiatry Research*, 299, 113847.
- da Silva, S. J. R., & Pena, L. (2021). Collapse of the public health system and the emergence of new variants during the second wave of the COVID-19 pandemic in Brazil. *One Health*, 13, 100287.
- De Kock, J. H., Latham, H. A., & Cowden, R. G. (2022). The mental health of healthcare workers during the COVID-19 pandemic: a narrative review. *Current Opinion in Psychiatry*, 35(5), 311-316.

- Esper, R. B., da Silva, R. S., Oikawa, F. T. C., Castro, M. M., Razuk-Filho, A., Batista, P. B., ... & Parrillo, E. F. (2020). Empirical treatment with hydroxychloroquine and azithromycin for suspected cases of COVID-19 followed-up by telemedicine. *Prevent Senior Institute SP, Brazil, ed. São Paulo, 25*.
- Garfield, S., Almeida, R., Donaldson, K., & Eslami, N. (2023). Enhancing corporate readiness for and resilience to future public health threats, development and deployment of the public health readiness and resilience (PHRR) assessment tool. *Frontiers in Health Services*, *3*, 1187229.
- Gopalan, H. S., & Misra, A. (2020). COVID-19 pandemic and challenges for socio-economic issues, healthcare and National Health Programs in India. *Diabetes & Metabolic Syndrome: Clinical Research & Reviews*, 14(5), 757-759.
- Gopichandran, V., & Subramaniam, S. (2020). Response to Covid-19: An ethical imperative to build a resilient health system in India. *Indian J Med Ethics*, *2*, 1-4.
- Greenberg, N. (2020). Mental health of health-care workers in the COVID-19 era. *Nature Reviews Nephrology*, 16(8), 425-426.
- Haldane, V., De Foo, C., Abdalla, S. M., Jung, A. S., Tan, M., Wu, S., ... & Legido-Quigley, H. (2021). Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. *Nature Medicine*, *27*(6), 964-980.
- Hawkins, R. B., Charles, E. J., & Mehaffey, J. H. (2020). Socio-economic status and COVID-19–related cases and fatalities. *Public health*, *189*, 129-134.
- Jean-Jacques, M., & Bauchner, H. (2021). Vaccine distribution—equity left behind? Jama, 325(9), 829-830.
- Khang, A., Hahanov, V., Litvinova, E., Chumachenko, S., Hajimahmud, A. V., Ali, R. N., ... & Anh, P. T. N. (2023). The Analytics of Hospitality of Hospitals in a Healthcare Ecosystem. In Data-Centric AI Solutions and Emerging Technologies in the Healthcare Ecosystem (pp. 39-61). CRC Press.
- Kitamura, N., Abbas, K., & Nathwani, D. (2022). Public health and social measures to mitigate the health and economic impact of the COVID-19 pandemic in Turkey, Egypt, Ukraine, Kazakhstan, and Poland during 2020–2021: situational analysis. *BMC Public Health*, 22(1), 991.
- Kumar, A., Nayar, K. R., & Koya, S. F. (2020). COVID-19: Challenges and its consequences for rural health care in India. *Public Health in Practice*, *1*, 100009.
- Lal, A., Erondu, N. A., Heymann, D. L., Gitahi, G., & Yates, R. (2020). Fragmented health systems in COVID-19: Rectifying the misalignment between global health security and universal health coverage. *The Lancet*, *396*(10247), 73-82. https://doi.org/10.1016/S0140-6736(20)31423-2
- Linnenluecke, M. K. (2017). Resilience in business and management research: A review of influential publications and a research agenda. *International journal of management reviews*, 19(1), 4-30.
- Liu, X., Zhu, M., Zhang, R., Zhang, J., Zhang, C., Liu, P., ... & Chen, Z. (2021). Public mental health problems during COVID-19 pandemic: A large-scale meta-analysis of the evidence. *Translational psychiatry*, 11(1), 384.
- Mahendradhata, Y., Andayani, N. L. P. E., Hasri, E. T., Arifi, M. D., Siahaan, R. G. M., Solikha, D. A., & Ali, P. B. (2021). The capacity of the Indonesian healthcare system to respond to COVID-19. *Frontiers in public health*, *9*, 649819.

- Maliszewska, M., Mattoo, A., & Van Der Mensbrugghe, D. (2020). The potential impact of COVID-19 on GDP and trade: A preliminary assessment. *World Bank policy research working paper*, (9211).
- Nduhura, A., Nuwagaba, I., Settumba, J. P., Molokwane, T., & Lukamba, M. T. (2020). Public private partnerships: systematic review of available models for improving health care services. In *Proceedings of the International Conference on Public Administration and Development Alternatives (IPADA)*.
- Njoku, A., Joseph, M., & Felix, R. (2021). Changing the narrative: structural barriers and racial and ethnic inequities in COVID-19 vaccination. *International journal of environmental research and public health*, 18(18), 9904.
- Ogbolosingha, A. J., & Singh, A. (2020). COVID-19 pandemic: Review of impediments to public health measures in Sub-Saharan Africa. *Am J Prev Med*, 6(3), 68-75.
- Rocha, R., Atun, R., Massuda, A., Rache, B., Spinola, P., Nunes, L., & Castro, M. C. (2021). Effect of socioeconomic inequalities and vulnerabilities on health-system preparedness and response to COVID-19 in Brazil: a comprehensive analysis. *The Lancet Global Health*, *9*(6), e782-e792.
- Sacco, P. L., & De Domenico, M. (2021). Public health challenges and opportunities after COVID-19. *Bulletin of the World Health Organization*, *99*(7), 529.
- Sharfman, M. P., Wolf, G., Chase, R. B., & Tansik, D. A. (1988). Antecedents of organizational slack. *Academy of Management review*, 13(4), 601-614.
- Sharma, S., Talib, P., & Singh, G. (2021). Review of studies on stress, job satisfaction and resilience among nursing professionals. *Indian Journal of Continuing Nursing Education*, 22(2), 215.
- Singh, B., & Chattu, V. K. (2021). Prioritizing 'equity'in COVID-19 vaccine distribution through Global Health Diplomacy. *Health Promotion Perspectives*, 11(3), 281.
- Sun, S., Xie, Z., Yu, K., Jiang, B., Zheng, S., & Pan, X. (2021). COVID-19 and healthcare system in China: challenges and progression for a sustainable future. *Globalization and Health*, 17(1), 1-8.
- Talevi, D., Socci, V., Carai, M., Carnaghi, G., Faleri, S., Trebbi, E., ... & Pacitti, F. (2020). Mental health outcomes of the CoViD-19 pandemic. *Rivista di psichiatria*, 55(3), 137-144.
- Vogus, T. J., & Sutcliffe, K. M. (2007, October). Organizational resilience: Towards a theory and research agenda. In 2007 IEEE international conference on systems, man and cybernetics (pp. 3418-3422). IEEE.
- Wang, Z., Duan, Y., Jin, Y., & Zheng, Z. J. (2020). Coronavirus disease 2019 (COVID-19) pandemic: how countries should build more resilient health systems for preparedness and response. *Global Health Journal*, 4(4), 139-145.
- Westley, F. (2013). Social innovation and resilience: How one enhances the other. *Stanford Social Innovation Review*, 11(3), 28-39.
- World Health Organization. (2022). Health systems resilience toolkit: A WHO global public health good to support building and strengthening of sustainable health systems resilience in countries with various contexts.
- World Health Organization. Maintaining essential health services: operational guidance for the COVID-19 context. Interim guidance. Geneva: WHO; 2020.
- World Health Organization. WHO Coronavirus (COVID-19) Dashboard, 2022. https://covid19.who.int/.

- Zakar, R., Yousaf, F., Zakar, M. Z., & Fischer, F. (2021). Sociocultural challenges in the implementation of COVID-19 public health measures: results from a qualitative study in Punjab, Pakistan. *Frontiers in Public Health*, *9*, 703825.
- Zandifar, A., & Badrfam, R. (2020). Iranian mental health during the COVID-19 epidemic. *Asian journal of psychiatry*, 51, 101990.