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FOREWORD

Migration is a normal social phenomenon; people are leaving their home countries for many reasons, economic wealth-being, life-threatening conditions, social change, or political persecutions. The refugee crisis in Europe makes us rethink how new incoming cohorts of people can be supported not only for humanitarian reseasons but also to ensure them a long-term integration and become economic and social contributors to the receiving countries.

From an economic point of view, migration is beneficial due to the incoming labor force brought into the receiving countries, filling the gaps existing in some industries across Europe. Migration inside EU, from a member state to another is normal, free movement of workers is encouraged and support by specific measures. Migration flows coming from outside EU, have created new challenges form member states: how many immigrants can be received in each country? A great debate aroused around the calculation of cota of incoming migrants to be acceptable. In 2018, 634.700 people applied for international protection and lodged in the EU, a 10% decrease compared with 2017, the main countries of origin were Syria, Afganistan, Iraq, Pakistan, and Iran. The first five receiving countries are Germany (222.560 refugees), Italy(128.850 refugees), France (99.360 refugees), Greece (58.650 refugees), United Kingdom (33.780 refugees)[1].

From a social perspective, the migration creates housing issues, cultural and ethnic diversity rises communication problems, and not all receiving countries have been prepared to face all these challenges. The recent trends of migration reveal that migration becomes much more diverse in terms of the origins of migrants, both globally and in EU the migration is intra-continental, the overall number of refugees is on the rise worldwide. Also, thousands of migrants return annually to their country of origins voluntary or enforced. Tallent and highly skilled migrants become attractive to many countries; the competition for talents increased[2]. Social security systems of receiving countries seem to be under pressure, and new solutions must be identified. Healthcare is important not only for residents but especially for new incoming people, some being vulnerable and fragile, budgetary allocation must increase.

Statistical data on migration are collected and disseminated in Europe at national and, sometimes, sub-national level. Steps to monitor and control this phenomenon were done, institutional and

[1] http://www.europarl.europa.eu/external/html/welcomingeurope/default_en.htm

[2] *UNDESA International Migration Report 2017; UNHCR Global Report 2017; Standard Eurobarometer 90 Autumn 2018; Pew FactTank Many worldwide oppose more migration; IOM Assisted Voluntary Return & Reintegration 2017.*

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legal frameworks have been developed by the European Union (EU) to ensure that migration data are of high quality, harmonized across countries, and easily accessible. A continuous process of political dialogue is in place to ensure that the frameworks keep pace with increased demands for information and knowledge.

Some of the above challenges have been in the core of our authors' concerns and, to some extent, bring new perspectives and even prospective solutions. Current issues reunite authors from various countries such as Romania, Indonesia, Bangladesh, Iraq. The authors' status is also diverse, from senior researchers to early-stage researchers and Ph.D. students studying in Romanian universities. Interesting topics have been developed in well-balanced articles which will ensure a different perspective to our consequent readers.

The JEDEP journal is committed to hosting promising PhD students and their innovative work, therefore, a new section was established – *Promising PHD researchers* . Enjoy your reading!

Editor-in-chief,

Prof. Manuela Epure, PhD

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Development of the Property Marketing Strategy; Case Study at Risma Jihan Akbar Housing Developer, Bekasi - West Java

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Abstract. Bekasi is one of the buffer zones that has a fairly high population density, population density will be followed by high demand for property / houses. Based on this background, the research aims to develop a property marketing strategy with a case study on Risma Jihan Akbar (RJA). Mix method was used in this study, by involving consumers and management of RJA as respondents. Processing data using the EFAS/IFAS and Grand Strategy Matrix. The results of the study show that RJA is currently quite good in its marketing strategy, however, the very narrow segmentation causes RJA to be less well known to the public.

Keywords: Property Sector, Housing, Bekasi, West Java

JEL Codes: I29

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1. Introduction

In the past 5 years, the property business in Bekasi has become very tempting. Indonesia Watch property reports that the growth of residential property sales in Bekasi in the fourth quarter of 2015 reached 72.01%, this was strengthened by revelation (Aceng Solahudin, 2015) as more investors began to look at investment potential in Bekasi. The general assumption that economic decision always have an ecological inmpact (Grobmann et al, 2017). The conversion of land into housing often creates its own conflictThe large number of jobs in the Bekasi area makes a lot of housing (Vos, 2016; Untari et al, 2017)

The city of Bekasi is also one of the choice of residence for workers who work in Jakarta and other surrounding areas. Despite being an industrial area, the city of Bekasi has been dominated by housing. It is

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evident that 90% of the Bekasi area is dominated by housing, 4% becomes an industrial area, 3% is a trading area, and the rest is made into other buildings. The population in Bekasi, which continues to increase from year to year according to the statistics center of the city of Bekasi, projects that the population in the Bekasi region will reach 3.2 million by 2020. This number increases to 0.3 million compared to the current population of 2.9 million.

Due to the increasing number of residents in Bekasi, the need for automatic housing has also increased. Where Act No. 4 of 1992 The house is a building that functions as a residence or residence and a means of fostering a family (Anonim, 2007). In a broad sense, housing is not only a building, but also a place of residence that meets the conditions of a decent life, viewed from various aspects of people's lives (Frick and Mulyani, 2006). In addition to the house as a place to live, the house is also a place to socialize with the surrounding environment, where housing is a collection of houses that function as a residential environment. as a residential environment, housing is equipped with environmental infrastructure and facilities (Agus Sadana, 2014). To meet the need for housing in the city of Bekasi there are several residential property developers, where the property companies aim to understand the wants and needs of consumers so that the product or service is acceptable to consumers. Therefore marketing is required to be able to understand the main problems in their field. In order to be able to provide a clear and directed picture of what the company is doing and develop a strategy in order to achieve company goals (Danang Sunyoto, 2012).

The marketing strategy must be able to provide a clear and directed picture of what the company will do in using every opportunity or opportunity in several target markets, to achieve the success of marketing activities carried out by a company, namely the target target, and marketing reference carried out (marketing mix) for the target market (Sofian Assauri, 2015: 167-168). In order for the marketing strategy to go according to plan there is a marketing mix which is a set of tactical and controlled marketing tools, which are integrated by the company to produce the desired response. According to (Kotler and Armstrong, 2012: 62) in the marketing mix there is a set of marketing tools known as 4P, namely products, prices, places, and promotions. Whereas in service marketing has several additional marketing tools known as 7P, namely people, physical facilities and processes.

In marketing globally, the service aspect cannot be separated from the concept of product sales, as well as the developer companies. In addition to the conventional marketing mix known so far, the aspects of people, process, and physical evidence are important in the development of home-based businesses. People are a major asset in the service industry, especially people who are high performance employees. Consumer needs of high-performing employees will cause consumers to be satisfied and loyal. The ability of knowledge (knowledge) is good, will be a basic competency in the company's internal and good imaging outside. Another important factor in people is attitude and motivation from employees in the service industry. The moment of truth will occur when there is contact between employees and consumers. Attitude is very important, can be applied in various forms, such as employee appearance, voice in speech, body language, facial expressions, and words. While employee motivation is needed to realize the delivery of messages and services offered at the expected level.

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Process, service quality is very dependent on the process of delivering services to consumers. Given that the service company drivers are the employees themselves, then to guarantee service quality (quality assurance), all company operations must be carried out in accordance with standardized systems and procedures by employees who are competent, committed, and loyal to the company where they work. And physical evidence is part of physical evidence, the characteristics of which are value-added requirements for consumers in service companies that have character. Attention to the interior, building equipment, including lightning systems, and spacious layout are important concerns and can affect the mood of visitors. Buildings must be able to create an atmosphere by paying attention to ambience so as to provide experience to visitors and can provide added value for visitors, especially being the main requirement for service companies with special market classes.

PT. Gemilang Rizqi Efendi Development (GRED) is a private company engaged in the property sector. Based on the deed of incorporation No.146, the intent and purpose of the establishment of PT. Gemilang Rizqi Efendi Development (GRED) is to carry out business types in the field of building houses, shop houses, kiosks, and contractor services. Muhamad Efendi is the founder of this company which began in 2016. With his capital skills and experience in the business world he is determined to seriously build a company that moves in the property sector. Established since December 29, 2016, since its inception PT. GRED has completed a house construction project in the Bekasi area, and continues to develop new housing projects. The company is currently developing a property business in the Indramayu area, West Java to build subsidized housing and commercial housing.

Based on the background of the above problems, the authors are interested in conducting research with the title "Marketing Strategy with SWOT Matrix at PT. Gemilang Rizqi Efendi Development (Case Study: Risma Jihan Akbar's Housing Developer) ". Thus the purpose of the research is to design the right marketing strategy for the housing of Risma Jihan Akbar (RJA).

2. Methodology

2.1. Design Research

Every scientific work is made in accordance with his research methodology. In research must understand the research method that is the scientific way to obtain data with specific purposes and uses (Sugiyono, 2016: 2). In the research approach is divided into two studies, namely qualitative and quantitative descriptive research. In this study using mixed methods namely qualitative and quantitative (Mix Method). Mix method is a research method by combining two research methods at once, namely qualitative and quantitative in a research activity, so that more comprehensive, valid, reliable and objective data will be obtained (Sugiyono, 2011: 18).

This research uses a gradual mixed technique that is, researchers combine data found from one method to another. this strategy can be done by interviewing first to get qualitative data then followed by quantitative data, in this case using a questionnaire. Finally, documentation, documentation in question is to help the author complete the results of the study.

2.2. Research Conceptual Model

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The conceptual model of research is the concept of how the theory relates to various defined factors. The conceptual model in this study is

Fig. 1 : Model of Research

Population is a generalization area consisting of objects or subjects that have certain qualities and characteristics determined by researchers to be studied and then conclusions drawn (Sugiyono, 2016: 80). The subjects of this study were marketing and consumers who bought a house in a residential area, RJA, which had a Housing Ownership Loan (HOL) contract.

The model used in sampling is quota sampling which includes non-probability sampling techniques. Quota sampling is sampling from a population that has certain characteristics to the desired number (Sugiyono, 2016: 85). Non-probability sampling is a sampling technique that does not provide equal opportunities or opportunities for each element or member of the population to be selected as a sample (Sugiyono, 2016: 84). This sample selection is due to limited time and research funding. Data collection is done by distributing questionnaires. The number of samples used in this study are 41. Based on the calculations of Slovin model, the sample size which was rounded up to 37 respondents was obtained.

In this study using the EFAS IFAS Matrix (Strength, Weakness, Opportunity, Threats) and Grand Strategy Matrix,a form of analysis in the management of a company or in an organization that can systematically help in the business of preparing a mature plan to achieve goals, both short and long term goals (Untari, 2016).

3. Result And Discussion

Based on questionnaire recapitulation distributed to 37 respondents, the results are as follows;

Table 1. Profile of Respondents

Gender		Education		Ages	
Male	21	High School	9	Below 25th	4
		Diplom	11	26th – 35th	13
Female	16	Bachelor	15	36th – 45th	15
		Postgraduate	2	Above 45	5

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Resources : Process data, 2019

In table 1 shows that the majority of respondents in PT RJA are Male; 56.75%, and the remaining 43.25 are Female. This shows that in general, culture in Indonesia where men are leader of family, and have more responsibilities to meet family needs, so the majority of respondents (consumers) in the study are men (Male)

In the aspect of education, the majority have Bachelor degrees; 45.5%, then Diploma; as much as 29.7% and post-graduate education is a minority; only 0.05%. And in the age aspect, the majority are 36th - 45th years later the second most are 26th-35th. Where is this age is a well-established age and has a wealth so the need to own a house is very large, when compared to the age under 25 years. Whereas the age above 45 is very small, this is due to the procedure of the Bank related to the filing of a Housing Ownership Loan (HOL), where the age of 45 years is considered to be the maximum age for submitting HOL.

Table 2. IFAS Matrix

No	Strength	Weight	Rank	Total
1	The design of the house is quite interesting	0,05	3	0,15
2	Layout of room use is quite efficient	0,13	2	0,26
3	The quality of building materials is quite good	0,11	4	0,44
4	Cooperate with many banks related to submitting HOL	0.09	2	0,18
5	The customer service officer understands the product well	0,08	1	0.16
6	The indent period of the house is not too long	0,14	4	0,56
TOTAL				**1,75**
No	**Weakness**	**Weight**	**Rank**	**Total**
1	Prices are quite expensive	0,08	3	0,24
2	Promotions are less aggressive	0,15	2	0,3
3	The submission procedure takes a long time	0,10	2	0,2
4	Housing location that is a bit far from the city	0,07	1	0,14
TOTAL				**0,88**

Resources : Process datas, 2019

Based on the results of the questionnaire regarding the internal aspects; Prices, Products, Promotions and Place and External aspects; Willingness to pay, politics, economic and culture. Then a number of things become Key Factors and are inputted in the following EFAS / IFAS Matrix.

Based on the results of the analysis on the IFAS Matrix, the total score was 2.63 and EFAS 2.05. This shows that, in general, internal factors are more influential in RJA's business processes; when compared with external factors. In more depth, RJA has far greater strength than its weaknesses, but external factors have greater challenges than the opportunities it has. To describe the strategy that can be done, the score results on the EFAS / IFAS matrix will be described in the following Grand Matrix Strategy.

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Table 3. EFAS Matrix

No	Opportunity	Weight	Rank	Total
1	The population of Bekasi people is quite high	0,12	2	0,24
2	Many growing industrial estates in Bekasi	0,09	3	0,27
3	Bekasi still has extensive land for property development	0,17	1	0,17
4	Bekasi grows as a Megapolitan area	0,1	1	0,1
TOTAL				**0,78**
No	**Threat**	**Weight**	**Rank**	**Total**
1	The ability to buy the people of Bekasi is not too high	0.19	3	0,57
2	The culture of the native people of Bekasi with a large family tends to invite the child's family to live together	0.13	2	0,26
3	The high level of competition for land housing in Bekasi	0,06	4	0,24
4	Land housing substituted by vertical housing	0,06	2	0,12
5	Regulation of providing subsidized housing at low prices	0,08	1	0,08
TOTAL				**1,27**

Process datas, 2019

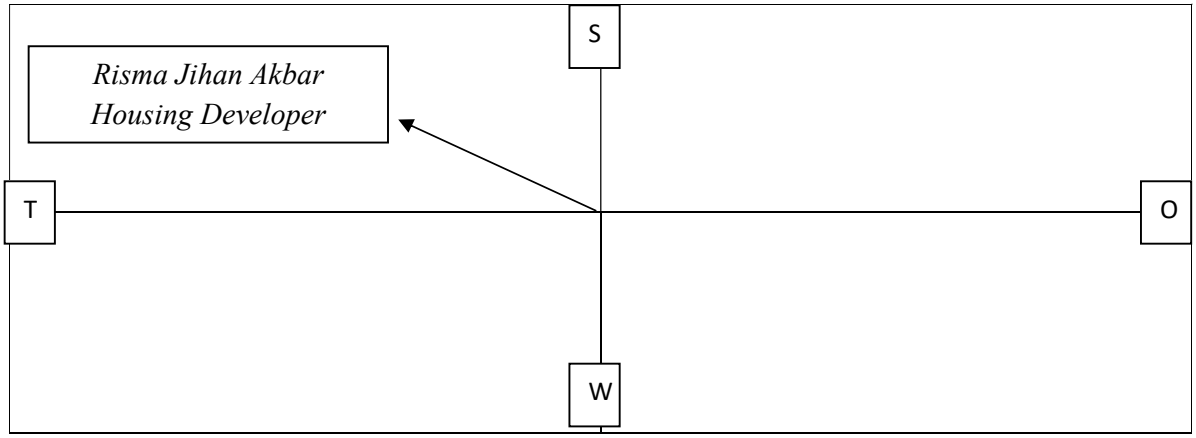

Figure 1. Grand Matrix Strategi

Resources : Process Data, 2019

Based on the description on the Grand Matrix Strategy, it appears that RJA has a fairly weak competitive position (Quadrant 2). This is because RJA has considerable strength, but the external challenges faced are also quite strong when compared to the opportunities they have. So that a fairly rational alternative strategy to do is: Market Penetration, Product Development and Horizontal Integration. The explanation of the three strategies is as follows:

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1. *Market Penetration*. RJA plays in the middle to lower segmentation market, so RJA must be able to better explore the needs and desires of consumers in its market segment. Of course the preference of the middle and lower segments is different from the middle to lower segments. The middle to upper segment requires more security, requires complete social facilities, adequate road area, and the upper middle community needs an existence or recognition that the housing has a good brand, so in addition to building infrastructure, RJA must also build a good brand in the community so that can grow pride like its inhabitants.
2. *Product Development*. RJA must be able to innovate by creating a type of "developing house", so that at a minimal cost, it can provide good quality products, besides that consumers can be more free to develop houses according to their preferences.
3. *Horizontal Integration*. RJA can cooperate with Property Marketing to expand market coverage and cooperate with supplyers of building materials to reduce production costs.

4. Conclusion

Based on the results of this study concluded that RJA enough strength in running its Business in the housing sector. But the value of the threats and obstacles they have is also quite large. So that three things that need to be improved in developing their marketing strategy are by penetrating the market; dig deeper into the market that has been formed, new product development; recognize market needs and desires and implement them and horizontal penetration to develop market coverage and reduce operational costs.

Seeing the state of the company empirically, where capital and human resources are still not maximized, the market penetration strategy and horizontal integration strategy are two realistic strategies to implement. Market penetration by maximizing existing resources to explore and process established markets, and horizontal integration to reduce corporate operational costs.

With these two alternative strategies, the company can focus more on empowering the company's resources to dominate the market according to its segment and maximize the company's profits to be able to develop the housing market more broadly.

Research on marketing strategies is needed in the development of the property sector, especially in Bekasi. It's just that so far (including the research I've done) is only limited to 4P, while in the housing marketing aspect process, people and physical evidence will also determine the success of housing marketing in market penetration. Therefore, the next researcher is expected to be able to involve these three aspects in his research. Besides land conversion that will disrupt the ecology of both biotic and abiotic, including the social environment, the development of the green marketing concept in marketing and housing development is urgently needed.

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The Hideouts of the Vaccination Process

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Abstract. *Vaccines are biological products prepared according to specific techniques meant to improve the body's immunity against particular, given conditions. According to World Health Organization (2017), along the time millions of children from 188 countries, immunized by different vaccines (diftero-tetano-pertussis acelular – DtaP, measles and polio) got their lives back.*
In Romania, the anti-diphtheria vaccine introduced in 1960 allowed people's immunization and made the disease completely disappear in 1990. No case of diphtheria has been confirmed anymore so far. Since 2016, the immunization percentage has unfortunately, fallen below 90% (CNSCBT, 2017) because of parents' refusal to administrate vaccines to their children and the failure in choosing and subscribing on a general practitioner's list. Nevertheless, today's society faces a dramatic situation caused by: a) lack and erroneous information of parents expressing their opposition to vaccination and b) particular manipulation of organizations against vaccines. The results of a field research are presented below together with socio-economic consequences.
The purpose of this study is to quantify the people's knowledge about the immunization mechanism and their opinion linked to the advantages and the disadvantages of accepting vaccination. The paper outlines the low interest of the general population in vaccination given the fake news circulating through social media and the lack of updated information about the immunization actions' benefit.

Keywords*:* society, vaccination, general practitioner, public health programs

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1. Vaccination: Mechanism of Action

The beneficial effect that vaccination has on the quality of life, population longevity and public savings has always been proven by specific statistics (Brugha & Zwi, 1998). Vaccines keep within bounds the diseases' severity, reduce complications and decrease contagiousness.

The immunization programs (Abbas *et al.,* 1994) rely on well-defined strategies aimed to monitor, assess, eliminate and eradicate certain diseases. The monitoring of a disease spread manages the limitation of that disease state until it is no longer a problem for the population. The elimination of any dangers phase is a greater challenge than to control them; it presumes the reduction to zero of cases of disease in a

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geographical area, although the pathogen still exists among the human or animal populations. The eradication of a disease is achieved when the pathogens disappear following vaccination; the only eradicated disease at this time is the smallpox.

Vaccines differ in composition, mechanism of action, infectious agents from which they are derived and the way they are administered. Thus, the viral vaccines are of three types: live attenuated virus vaccines (consisting of *weakened* strains of the infectious agent and lacking aggressiveness), inactivated virus vaccines (containing virions which after treatment with the inactivating chemical cannot multiply) and sub-unit vaccines (containing viral proteins extracted from the infectious agent). Vaccines are designed to protect against the unintended consequences of infectious disease with adverse or even life-threatening implications (Parker *et al.,* 2006; Pearce, 2005). This is achievable by vaccinating the population with live attenuated or inactivated forms of pathogens that cause the growth of antibodies, B and T lymphocytes that will protect the individual against dangerous diseases. Then we can say that immunization is achieved.

The last week of April (WHO, 2017) marks and honors the immunization process through a week celebration. This is a great opportunity to perceive, understand, explain better and disseminate correct information about vaccines and immunization, from a holistic perspective (WHO, 2019).

According to the World Health Organization immunization represents the process by which any individual can gain access to resistance to an infectious disease by administering a specific drug that enables the body to fortify the immune system (Perelson, 1989) and creating a natural shield against infections or various communicable diseases (McMichael & Beaglehole, (2009).

Immunization is a proven tool for controlling and eliminating life-threatening infectious diseases, favoring the illness and even the death of people.

Immunization is one of the most profitable public investments in health framed in different strategic programs by mechanisms recognized as international successful and useful practices, socially and economically profitable and accessible to all categories of people. As a process of health protection (Angheluta *et al*., 2016), the immunization mechanism is based on well-defined target groups open to communication through complex information channels and that do not require major changes in lifestyle.

Vaccination materializes both the right of any human being to keeping the body in proper health and individuals' obligation to consolidate the knowledge about preventative education (Petrakova & Sadana, 2007) and gather to overcome fears and unknown and preserve the good status of health in good condition as one of the most important and strategic resource of the nation.

2. Benefits and Side Effects

Vaccines are the foremost tools used to support the public and individuals' health. To get the best results, immunization policy needs open communication and adequate publicity (Andre, 2005). Vaccines are valuable for their ability to control and hold disease by processes of elimination and then eradication. However, this does not remove the danger of the disease being reintroduced into an area where it has been eliminated, such as in: a) Botswana - the successful polio removal of 1991 was endangered in 2004 by an import of Type 1 polio virus from Nigeria (WHO, 2004), b) USA/Indiana - a Romanian tourist reintroduced measles in 2005 (Parker et al, 2006).

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Immunization brings benefits to the society as a whole too. Ehreth's predictions show that vaccines prevent every year over 6 million deaths worldwide (Ehreth, 2003). Nowadays, the USA registers significant decreases in number of death for those diseases for which vaccines have been recommended. Statistics show also an important decline in mortality and sequelae percentages. Complications that appear may have a more pronounced long-term effect than the disease itself. Over 40% of children surviving Haemophilus influenzae (Hi) meningitis may have permanent neurological defects (WHO, 2006).

Effective vaccines do not only protect vaccinated people; they also reduce illness among non-immunized individuals. A vaccination percentage of less than 70% against Hib (Haemophilus influenzae type B) in Gambia was enough to eliminate the disease (Adegbola, 2005). Also, rubella, which is not dangerous for children, may present a real risk for pregnant women who have not become immune to rubella before pregnancy (WHO, 2017). In this sense, the concept of flock hymns involves vaccination of children as an aid to protect the pregnant woman from getting infected during the first trimester of pregnancy, which would increase the risk of fetal development abnormalities (congenital rubella).

Vaccines are important weapons to fight against cancer knowing that infection agents cause certain types of cancer (Brawley et al., 2011). Chronic hepatitis B infection leads to liver cancer while human papilloma virus (HPV) infection precipitates the cervical cancer. Vaccination against these pathogens should prevent associated cancers, as already noticed in hepatocellular cancer in Taiwan and China (Chang, 2003). In the near future, a decrease of the incidence of cervical cancer it is expected when using the vaccine against HPV An important asset for society and public budget is related to money saving. In 2003 Ehreth estimated that vaccination engendered a direct saving of billions of US dollars worldwide. The gain is increased with the number of antigens combined in the same vaccine.

Combined vaccines bring even more benefits: increased compliance, coverage, and injection safety.

Immunization programs are a better and more efficient investment than other public trenches such as wearing a seatbelt, chlorinating drinking water, or smoking cessation advice (Chabot, 2004). By reducing the need for antibiotics, vaccines appear to play an important role in preventing (Mihoreanu, 2016) the development of antibiotic resistance. Vaccines of the type of influenza and anti-hepatitis A are also a real support for those who travel a lot.

Vaccines contribute to increase the life expectancy, women's empowerment, economic growth, or protection against bioterrorism (Braveman et al., 2001). Robust immunization programs act as a cornerstone for public health by reducing inequality, eliminating illness and suffering and increasing the national capital (Benisheva-Dimitrova et al., 2008).

Like any other medicine, the vaccines may also have certain risks and side effects: local, systemic, allergic.

The most common side effects that occur within hours of injection are usually local, slightly severe and self-limiting - edema, pain and redness at the site of the injection. In rare cases, local reactions can be very serious or severe. Systemic side effects are more extensive events including fever, malaise, myalgia (muscle pain), headache, lack of appetite, and more. The third type of adverse reaction to the vaccine is severe (anaphylactic) allergic reaction, even caused by a component or vaccine antigen. However, the incidence of this event is less than 1 in a million vaccinated people. Such events are treated as medical emergencies. Over time, vaccines have been accused of increasing the risk of or even causing multiple serious illnesses such as autism, multiple sclerosis, type 1 diabetes, Guillain-Barré syndrome, or autoimmune diseases

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(Santamaria, 2010). These myths were, in turn, dismantled, through specialized studies showing that there is, in fact, no real statistical association between these pathologies and vaccination. In conclusion, we can say that the benefits of vaccination far outweigh the adverse reactions that some individuals may face.

3. About Vaccination in Romania

In Romania there is a planning of vaccination developed based on national schemes approved by central health authorities, according to the age of the child and established by legal norms, as follows: Hepatitis B vaccine - in the first 24 hours, Calmette Guerrin Vaccine (BCG) - for the first 2-7 days, Atherosclerotic polymorphitis-Haemophilus B-hepatitis B diphtheria-pertussis pertussis vaccine - 2 months, 4 months, 11 months, Conjugated pneumococcal vaccine - 2 months, 4 months, 6 months, Measles-Rubella-Mumps Vaccine - at 12 months, 5-7 years old, Atherosclerotic diphtheria-tetanus-pertussis-poliomyelitis vaccine - at 6 years, Polio vaccine - 8 years old, Diftero-tetanic vaccine for adults / DTaP vaccine - 14 years of age (Lancaster and Stanhope, 2011).

To assess the population's awareness of vaccination and its role in disease prevention (CDCP, 2017), we used the data recorded in GPs medical offices and processed them under the rigor of a scientific survey to identify and assess the population's attitudes about vaccination and the reasons why some parents refuse it for their children (Swartz, 2004). The study, descriptive and transversal, was conducted by us, during the 15th of October 2015 until the 25th of March 2016. We applied a questionnaire to a group of 139 subjects (80 female and 59 male), aged between 21 and 63, through voluntary participation. The application of the questionnaire aimed at a relatively diverse population from the point of view of the background environment, the level of training, income, age and number of children.

The survey built on a set of 21 questions: some with preformed answers and others with open answers to be given in less than 5 minutes. The question sheet was handed to the respondent. The survey used variables of the quantitative (age) and qualitative type (environment of origin, gender, social status, level of training). Only adults have been considered and included in the study. We also considered the not returned questionnaires.

Data was collected by auto completion, keeping the respondent's anonymity and confidentiality. Data was collected after completing the questionnaire, then centralized and analyzed with Microsoft Office Excel, and then processed with Microsoft Office Word. We used graphical representations of the results obtained (Tarlov et al., 1989), radial structure diagrams, column diagrams, bar graphs and figures.

The Results of the Study

Summarizing the survey's figures, the majority of respondents belongs to the first groups of age: 29/139 are aged between 25-29 year old and 28 people belong to 30-34 years old group. The group of 60-65 years is the lowest represented with only 2 respondents. Statistics show that people aged between 25-34 years are more interested in a family status (marriage and children), and this is directly linked to their interest and knowledge about vaccination.

The respondents coming from urban areas (71.28%) show also a higher interest in vaccination topics.

Most of the participants proved a high level of education: 46.04% - (academic degree), 34.53% - secondary school), 14.38% - (professional studies); only 5.05% graduated only primary school. That outlines

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the idea that the interest in health prevention and immunization come along with a higher interest in education. Of a total of 95 subjects with children, 94 of them already vaccinated their children and only one respondent did not. This seems to be a good and encouraging situation as most parents have understood the importance of vaccination and chose this path of health prevention.

39 out of the 44 respondents without children state that they would accept to vaccinate their children, while 5 declared their disagreement with this method of health prevention. It has been noted the high number of people without children who refused the idea of vaccination.

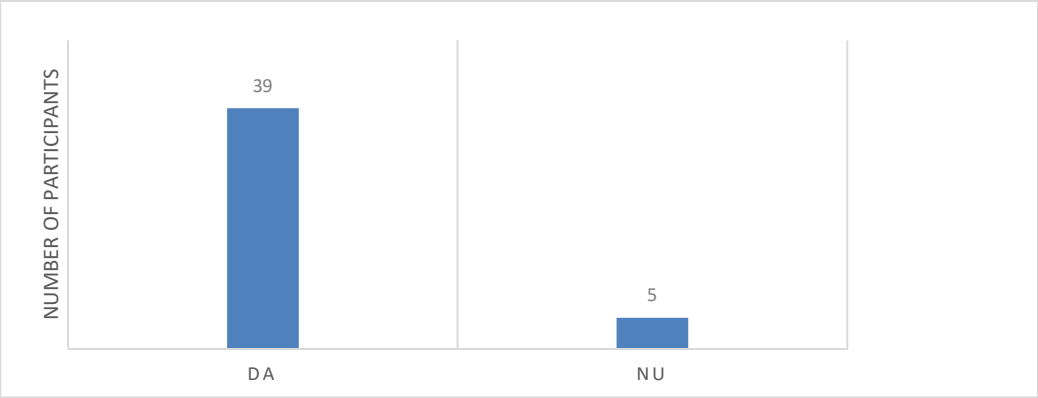

Fig. 1: The attitude of people without children in relation to vaccination

99 of all individuals surveyed knew that all vaccines on the list are mandatory in Romania. The vaccine against tuberculosis (BCG) was the second most important response chosen by 34 people, the reason being probably determined by the increased incidence and coverage of this disease. The least of the respondents knew that the hepatitis B vaccine is part of the mandatory vaccines in our country, probably because it was last entered into the free immunization list, only in 1995. However, there are no significant statistic differences between respondents with higher education than respondents without higher education ($p > 0.05$).

The answers name the family doctor (general practitioner) as the most frequent source of information - 51.80%. The literature occupies the second position followed by the social sources -Internet, television, friends and newsletters. The Figure 2 shows a good situation of the level of information among the interviewed population; over 80% of respondents use correct and updated sources of information.

After analyzing the participants' responses to the existence of legal sanctions for parents who refuse to vaccinate their children, it is noticed that 61.15% think that there should be no sanctions or constraints and the rest 38.85% think that such penalties should be expressed by the laws. Of the 54 respondents who believe that there should be sanctions, most (18 people) believe that a feasible constraint is to exclude children from communities by refusing authorities to enroll in educational institutions. A percentage of 11.51% of all respondents appreciate that there should be legal constraints, but without exemplifying methods of coercion. Of those who consider that there should be sanctions, 7.19% believe that there should be higher healthcare contributions. Some mentioned few ideas of punishment/constraints: fines,

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insurances not to cover preventive diseases by vaccinating, health monitoring cancelation. 89 of the respondents declared that vaccination is better if applied clinics of proximity, by the general practitioner. 39 of those questioned did not have any opinion about the doctor who should vaccinate children-family doctor or school doctor. Without giving farther explanation, 14 of those interviewed relate the fact that the family doctor should not be responsible for vaccination.

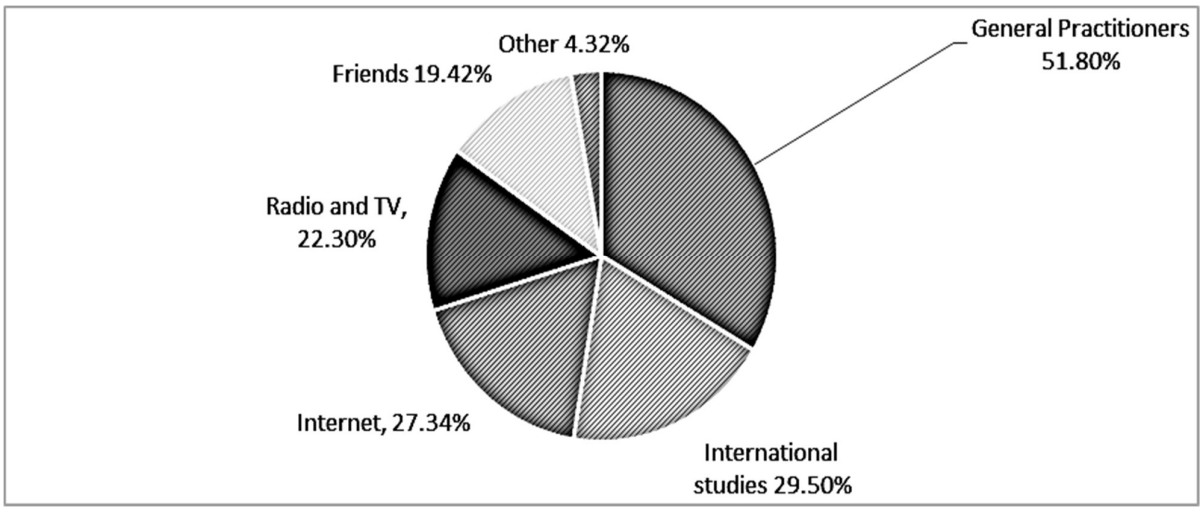

Fig. 2: Structure of the main sources of information about the benefits of vaccination

4. Why GP are Important for the Vaccination Process?

86 people who participated at the survey considered that vaccination is better if managed under general practitioners (GP) responsibility; 2 respondents did not provide any explanation for their choice. However, 28 individuals considered that the family doctor knows better both the child and family's medical history; so the vaccination should be done at his office. Another relevant reason, supported by 13 of the respondents, is the fact that the GP offers informed advice, shows the possible side effects and especially the benefits of vaccination, thus increasing parental compliance. 8 people raised the issue of the different age of children in the same class, or the fact that they may be deliberately absent to avoid vaccination, and thus highlighted the importance of observing the vaccination program that can only be done by the family doctor. Another reason was that the family doctor is also attending parents who can supervise the vaccination, support and help the child. When asked about alternatives to vaccination to prevent childhood illness, 77 questioned people said they did not know other alternatives. Increased importance was given to proper hygiene. 16 people considered important the information of the population through campaigns, through medical education courses made in primary classes or through governmental notification programs. A balanced and fixed program of sleep and nutrition based on fruits and vegetables was considered by 13 interviewees to be an effective prevention option.

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5. Conclusion

As a result of the data analysis, it appears that the female population was more interested in the subject of vaccination, as it responded to more questionnaires, although male subjects had equal access to completing the questionnaire. Fortunately, most of the respondents with children have a positive attitude towards vaccination. Except for one respondent, all the parents surveyed vaccinated their children. Although most respondents claimed that they knew the benefits of vaccination, less than half knew all the complications of preventable diseases by simply vaccinating. The fact that the hepatitis B vaccine was last added to the list of mandatory vaccines in Romania was translated into a low number of respondents who knew this.

There is a good percentage of respondents' documentation from safe and informed sources about the details, information and benefits of child vaccination.

As for the main reason why some responders refuse to vaccinate their children was- "*the influence of other parents*" - it strikes that it has no scientific basis or eloquent explanation. This reason is found in a larger number among females compared to male gender. We tested the hypothesis that females are more inflexible than other males, but the difference between the two groups is not statistically significant ($p > 0.05$).

Higher educated people responded more correctly to general questions about vaccines than those without higher education. This result can also contribute to the fact that they are informed in a higher percentage than those without higher education, from well-known sources: specialist literature and family doctor. Most of the respondents want child vaccination to be done at the family doctor's office. There is no statistically significant difference between those with higher education and those without ($p > 0.05$), both of which give priority to the family doctor as regards the vaccination of children. Vaccination is considered safer when done by a family doctor because he / she better knows the patient's, family history and can provide real information and details about the possible adverse effects of vaccination. Nearly half of respondents consider appropriate to sanction parents who do not vaccinate their children, sanctions made up either in banning children from enrolling in educational institutions or fines. Unfortunately, an increasing number of respondents do not know how to distinguish between the myths and the truth and have erroneous information about vaccination, such as “it may cause autism” or that “it is pointless to vaccinate your child if the rest of the community is already vaccinated”. Analyzing the data, it is noted that those without higher education offered the majority of the wrong answers compared to those with higher education, the difference being statistically relevant ($p < 0.05$). Respondents are aware of multiple alternatives to vaccination against child illness: proper hygiene, information campaigns, or proper nutrition.

Beyond the programs for the promotion of pro-vaccination, through proximity medical facilities and family doctors, an essential role is played by the full capacity to adequately support the benefits for the individuals and for the community , alongside the efforts made by the Health Coalition to advocate respect for the rights and the freedoms of the person with regard to access to and application of various procedures, treatments or medical interventions of any nature, ensuring respect for the supreme principles

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of the prevalence of individual interest towards society, integrity and physical security of the person and informed consent.

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Rohingya-The Stateless Community Becoming the Lost Generation

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Abstract. *The Rohingya is a Muslim ethnic minority group in Rakhine State of Myanmar. It is now established but controversial fact that the Rohingya is a stateless population of the world who has found shelter across vast swathes of Asia mainly in Bangladesh, and also in India, Pakistan, Thailand and Malaysia. But a majority of Rohingyas are living in various camps of Bangladesh with statelessness identity. Recently, the UN warns that the Rohingya children who are living in various camps of Bangladesh would be the lost generations of the world. This article discusses the aspects of "stateless community" and "lost generation" of the world's most persecuted people-the Rohingya.*

Keywords: Statelessness, Lost Generation, Rohingya

JEL Codes: B30, B55.

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1. Introduction

Myanmar (The Republic of the Union of Myanmar) is an independent country in the Southeast Asia. Its official language is the Burmese. Naypyidaw (former Yangon) is its capital city. Its total area is 261,228 square miles with populations 60,584,650 (Demographics of Myanmar, 2018). In the 1947 Constitution, the name of the country was Burma, and in 1989, the country was renamed as Myanmar (Ullah, 2011).

Rakhine (formerly Arakan) is one of the poorest State of Myanmar with area 14,200 square miles where most of the Rohingyas live. It is situated at the border region of Myanmar's western coast (Islam, 1999). The Rohingyas are the most ill treated community of the world having lived in a realm of statelessness for generation to generation (Milton et al., 2017). The Rohingya Muslims are the ethnic people without a State.

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For years they have been living in the Northern Rakhine province of Myanmar but the Government of Myanmar (GoM) or any other country of the world does not identify the Rohingya as citizens. The 1982 Citizenship Law has been deprived the Rohingya from the citizenship of Myanmar (Abdelkader, 2014).

Being displaced over multiple generations increase the vulnerability of the Rohingya as statelessness. Again the Rohingya children born in abroad (Bangladesh or elsewhere) remain as stateless citizens. In one year anniversary of Myanmar military crackdown on Rohingya Muslims on 25 August 2018 the UNICEF warned that the Rohingya kids could become a "lost generation" (UN, 2018).

2. Literature Review

Many researchers argue that the present Rohingya crisis is based on the citizenship status of the Rohingya. The GoM does not recognize the Rohingya as citizens, and a majority of the Muslims living still in Rakhine State are de facto stateless and living with a deep uncertainty about their status though the Rohingya ancestors have been living in Rakhine State since the 8th century with full citizenship (Bellamy, 2016; Holliday, 2014; Ruland, 2017).

In postcolonial age the countries in South-East Asia used the concept of "indigeny" to distinguish the local inhabitants from outsiders (Parashar & Alam, 2018). Ardeth Maung Thawnghmung reveals how the Rakhine Buddhists and Muslims rely on the concept of "indigeneity" to assert their claims as citizens (Thawnghmung, 2016). Samuel Cheung observed that the Rohingyas were excluded from the list of ethnic minority group by Burmese 1982 Citizenship Law (Cheung, 2012). Mahbubul Haque stated that the Burmese 1982 Citizenship Law institutionalized the Rohingyas statelessness (Haque, 2017). Nyi Nyi Kyaw argues that policies and practices of successive GoMs (from the late 1970s) make the Rohingyas as chronic stateless (Kyaw, 2017).

Matteo Fumagalli pointed out that the silence of Myanmar State counselor Aung San Suu Kyi increases the plight of statelessness of the Rohingya (Fumagalli, 2018). With a different focus Benjamin Zawacki argues that the GoM allowed the Rohingya from Bangladesh through repatriation in 1991, allowing them to vote in 1990, 2008, and 2010 which proved some of the status of citizenship of the Rohingya (Zawacki, 2013). Samak Kosem and Amjad Saleem agree that Rohingya citizenship is a state-societal and ethno-territorial issue that requires a comprehensive study (Kosem & Saleem, 2016).

Haradhan Kumar Mohajan has discussed the origin of the Rohingya Muslims and the history of Rakhine State. He has stressed that Rohingyas are deprived from their fundamental human rights and they are victim of genocide in Myanmar (Mohajan, 2018a, b; 2019). Adrian Ştefan Ene indicates the state aid in the current national and international economic context which can be applied for the aid of the Rohingya (Ene, 2016).

3. Methodology of the Study

The methodology of a research indicates the logic of development of the process used to generate theory that is procedural framework within which the research is conducted (Remenyi et al., 1998). The data are collected to achieve the result for the purpose and scope of this study. The methodology of this article is to discuss the sufferings of the stateless Rohingya. In the study we have observed that the

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Rohingya is becoming lost generation due to the deprivation of the nation from education and other human rights.

For this article we have reviewed various documents pertaining to the Rohingya crisis. Mainly secondary data have been used to prepare this article. For the collection of secondary data we have used both published and unpublished data sources. The published data are collected from books of various authors, hand books, theses, magazines, newspapers, journals, websites, historical documents, and research reports. The unpublished data are collected from many sources, such as diaries, letters, unpublished biographies and autobiographies, and also from the documents of scholars and research workers (Mohajan, 2018c).

In the study we have analyzed aspects of Rohingya migration problems, such as origin and the historical background of the Rohingya, inhuman torture to them by the GoM and carelessness from the Governments of the migrated countries, why they become stateless, etc. In the study we have observed that due to political oppressions Rohingyas are becoming lost generation.

4. Objective of the Study

In this study we try to discuss the history of statelessness of the Rohingya and also the danger of becoming a lost generation of Rohingya children. Some other objectives of the study are:

- to define the scenario how statelessness changing into lost generation,
- to provide the historical evidences of statelessness of Rohingyas, and
- to highlight the stages of statelessness.

5. The Word "Rohingya" Ignored by GoM

"Rohingya" is a generic term used for the Muslim inhabitants of Arakan State of Myanmar. Though the term "Rohingya" is used by the world community but the GoM does not even use the term 'Rohingya' instead call the community as Bengalis, immigrants, foreigners or terrorists. The present de facto leader of Myanmar Aung San Suu Kyi also refused to use the term 'Rohingya' (Gibson, 2016).

During the Asia tour of Pope Francis in Myanmar in December 2017, the religious leader Pope was asked by the GoM not to use the term 'Rohingya' and Pope did not use the term 'Rohingya' in his Myanmar visit. Pope came from Myanmar to Bangladesh and at that time he for the first time used the term 'Rohingya' (Rahman, 2017).

Rohingyas described as distinctive due to their religion, customs and physical features. They practice a "Sufi-inflected" version of Sunni Islam and the "Rohingya" is the only their spoken language (Holliday, 2014). The word "Rohingya", also known as Rwangya, is derived from the ancient name for Arakan 'Rohang', while some believe that it is the corrupt form of an Arabic term 'Raham' meaning 'sympathy'. According to Khin Maung Yin, "*It is said that an Arab ship was wrecked near the coast of Arakan and the ill-fated people took refuge in Arakan by uttering the word 'Raham' meaning 'compassion'. The locals pronounced it as Rohang; since then the people living there are known as the Rohingyas*" (Yin, 2005).

Experts say the label of Rohingya provides the group with a collective, political identity. Even though the etymological root of the word is disputed, the mostly accepted origin is that the "Rohang" that is a

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derivation of the word "Arakan" in the Rohingya dialect and the "ga" or "gya" means "from". By identifying themselves as Rohingya, the ethnic Muslim minority group asserts its ties to the land that was once under the control of the Arakan kingdom (Tennery, 2015).

6. Historical Background of the Rohingya

The history of the Rohingya can be described in three categories as: pre-colonial, colonial, and postcolonial.

Pre-Colonial: As early as the 4th century, an independent kingdom Arakan, led both by Muslim and Buddhist rulers, was established. Arakan was invaded by Mogul first and later by the Portuguese. In pre-colonial times, the independent kingdom of Arakan was populated by Muslim Arabic sailors from 788 to 810, and afterwards by Bengalis from the 15th to the 17th centuries (Ahmad, 2014).

Allies of the Rohingya believe that they settled in Myanmar during the 7th, 8th, or 9th century and mixed with Bengalis, Persians, Moguls, Turks, and Pathans. During pre-colonial times, the Rohingyas and the remainder of the population in Arakan lived in harmony (Ullah, 2015; Thawnghmung, 2016).

Colonial: In 1784, the kingdom of Arakan was conquered by the Burmese and later by the British following the first Anglo-Burmese war of 1824–1826. The rift between the Rohingya and the Buddhist majority started date back to the beginning of British rule in 1824. The British under their "divide and rule" policy favored the Rohingya. In 1942, Japan invaded Burma and as a result of the British retreat communal violence erupted. Attacks were made against those groups that had benefited from British colonial rule. The region remained under Japanese control until British drove them out in 1945 (Tennery, 2015).

Prior to the Japanese invasion, the British, seeking to bolster support for their forces, promised the Rohingya for a separate land. During the World War II the Rohingyas sided with British but the Buddhists supported the Japan (Ullah, 2011). Following this war, the British government never fulfilled its promise to create a separate Muslim national area (Irish Centre for Human Rights, 2010).

Postcolonial: Burma got its independence in 1948 and the newly formed Government predominantly with the Buddhists denied citizenship to the Rohingyas and subjective discrimination invaded on the Rohingya community. Between the period of 1940 to 1947, Buddhist fundamentalist extremism was on the rise (HRW, 2012).

In 1962, just after a decade of Myanmar independence, a military coup turned the country into military State where democratic governance was woefully lacking. During the next 60 years of military rule, situation worsens for the Rohingya. The military authorities saw the Rohingya minority group as a threat to the national identity and the army started to commit numerous human rights violation to the Rohingyas (Devi, 2014).

In 1974, all the citizens of Burma got the national registration cards but the Rohingyas were allowed to get foreign registration cards. In 1978, the anti-Rohingya sentiment by the military ruler resulted in crackdown operation on Rohingyas which led to up to 250,000 Rohingyas flee to Bangladesh. Most of them returned to Myanmar with the repatriation agreement of 1978 (HRW, 2000). However, just after three years, Burma passed the 1982 Citizenship Law that denied citizenship to Rohingyas, as a result in an

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estimated 800,000 Rohingyas in the north Rakhine become stateless (Tennery, 2015). In 1988, during the military rule, the State Law and Order Restoration Council (SLORC) established a number of new military cantonments at Rakhine State. At that time land was taken from the Rohingya without giving any compensation. As a result, the Rohingyas became 'homeless' in addition to 'stateless'. From 1982 the ongoing anti-Rohingya campaign and extreme circumstances resulted in a persistent exodus of the Rohingya to safer neighboring countries, where they reside as stateless people (Irish Centre for Human Rights, 2010; UNHCR & WFP, 2012).

7. Exodus of Rohingya

First exodus of the Rohingya towards Bangladesh happened in 1978 but maximum of them repatriated to Myanmar (Amnesty International [AI], 2004). In 1990 general election, the Rohingya gave their support to Aung San Suu Kyi's National League for Democracy (NLD). Though NLD won the election but could not take the power due to the intervention of military junta and this also stepped up the crackdown on the Rohingyas. Between 1990 and 1991 military crackdown, additional rapes, forced labor caused another 250,000 Rohingyas to flee from Myanmar to Bangladesh. With the help of UNHCR a MOU was signed between Bangladesh and Myanmar in April 1992 under which Myanmar agreed to the return of those Rohingya refugees who could prove residency in Myanmar prior to their departure for Bangladesh. Under this deal only 50,000 Rohingyas could be repatriated and the rest took shelter at the camps of Cox's Bazar (UNHCR, 2007).

In 1996 and 1997, thousands of Rohingyas arrived in Cox's Bazar driven by high food prices in Myanmar and intensified forced labor imposed by Burmese security forces on the Rohingyas (Rohingya Influx since 1978, 2017). In 2012, renewed religious violence in Rakhine State resulted in another more than 100,000 Rohingya influx to Bangladesh (Australia Parliament Report, 2013). After 2012, some Rohingyas also attempted to reach Indonesia, Malaysia, and Thailand tragically, by boat (CNN, 2015). The displacement of Rohingyas from Myanmar continued in 2013, 2014, and 2015. The year 2015 is marked by UNHCR as "boat crisis" (UNHCR, 2017).

In October 2016, after attack at the army outposts by the Arakan Rohingya Salvation Army (ARSA) state-enforced violence took on the Rohingya even with greater ferocity. A brutal crackdown by the Burmese army caused many deaths and forced more than 75,000 Rohingya migrants to cross over to Bangladesh (HRW, 2018).

The largest, latest and shocking mass exodus of the Rohingya took place in the late August 2017. Within a month more than half a million Rohingyas fled to Bangladesh and took shelter in camps at Cox's Bazar. The influx gradually slowed down but did not stop (Reuters, 2018; UN, 2019). The UN has described the Myanmar military operations of 2017 against the Rohingya as a "textbook example of ethnic cleansing". The USA also declares the Myanmar moves against Rohingyas in August 2017 as 'ethnic cleansing'. Describing the atrocities against Rohingyas as 'genocide' a UN report calls for tribunal over Rohingya crisis (UN, 2017; Mohajan, 2018a).

8. Defining Statelessness

A stateless person means a person who is not recognized as a citizen by any State. A stateless person does not have any nationality. The 1954 Convention relating to the Status of Stateless Persons is the only

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international treaty aimed specifically at regulating the standard of treatment for stateless persons. According to the Article 1 of the 1954 Convention "a stateless person" means a person who is not considered as a national by any State under the operation of its law. In simple terms, this means that a stateless person does not have a nationality of any country. Some people are born stateless, but others become stateless (UNHCR, 1954).

There are two international conventions relating to the statelessness. One is 1954 Convention relating to the status of stateless persons and another one is 1961 Convention relating to the reduction of statelessness. Neither Myanmar nor Bangladesh is the signatory of these two conventions (The Daily Star, 2017).

9. Rohingya Statelessness

Article 15 of the Universal Declaration of Human Rights (UDHR) states that everyone has the right to a nationality and that none shall be arbitrarily deprived of his nationality nor denied the right to change his nationality. So, it can be said that Article 15 of the UDHR establishes the bedrock legal relationship between individuals and States. But it is not followed with the Rohingya community of Myanmar (UDHR, 1948).

There are three groups of stateless people originating from Rakhine State of Myanmar as; i) the native born Rohingyas in Myanmar but considered as indigenous without citizenship, ii) the Rohingyas living in abroad (Bangladesh, India, Pakistan, etc.), and iii) the Rohingya children born in camps (The International Observatory on Statelessness, 2019).

Since Burma's independence in 1948 the Rohingyas are gradually been excluded from the right to the citizenship. After independence the new Government passed the Historic Union Citizenship Act having 135 official ethnic groups. But the Rohingyas were not considered as ethnic group (Fortify Rights, 2015). The act, however, did allow those whose families had lived in Myanmar for at least two generations to apply for identity cards. At that time some Rohingyas got citizenship and their ethnicity was included in 1961 census (Gibson, 2016). But situation changes dramatically when the military junta came to power in 1962 and attacks the Rohingya by depriving them from their rights. The military government dissolved all the political and social organizations of Rohingyas (Council on Foreign Relations, 2018). The Emergency Immigration Act-1974 stripped the Rohigyas from the Burmese nationality. In 1974, all citizens in Burma were required to get national registration cards, but the Rohingyas were only allowed to obtain foreign registration cards (Cheung, 2012).

In 1977, the military Government initiated an identification card check census program titled Nagamin (King of Dragons) in which all citizens of Burma were required to register but the Rohingyas were barred from doing so (Fortify Rights, 2015). By 1982, a new citizenship law was passed that prevented the Rohingya from easily accessing full citizenship, rendering many of them stateless. Under the 1982 Citizenship Law, the Rohingya were declared "non-national" or "foreign residents." This law designated three categories of citizens: 1) full citizens, 2) associate citizens, and 3) naturalized citizens. None of the categories applies to the Rohingya, as they are not recognized as one of the 135 ethnic groups by the GoM (Refworld, 2009).

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In 1989, color-coded Citizens Scrutiny Cards (CRCs) were introduced in Burma: pink cards for full citizens, blue for associate citizens, and green for naturalized citizens. None of these cards were issued to the Rohingyas (Islam, 2012). In 1995, in response to UNHCR's intensive advocacy efforts to document the Rohingyas, the Burmese authorities started issuing the Rohingyas with a Temporary Registration Card (TRC), a white card, pursuant to the 1949 Residents of Burma Registration Act. But the TRC does not mention the bearer's place of birth and cannot be used to claim citizenship (Ullah, 2015).

In 2014 census of Myanmar, the Rohingyas were referred as 'Bengali migrants' and excluded from the counting. In that census, GoM initially tried to identify the Rohingya, but Buddhist nationalists threatened to boycott the census. Then the government decided to register the Rohingya as Bengali (Green et al., 2015). The white cards are given to Rohingyas in 1995 for the right to vote in the 2010 general election and the 2012 bi-election. But these white cards were subsequently revoked in early 2015, barring card holders from voting or standing for parliament in the 2015 election (Green et al., 2015).

The transition to civilian government in Myanmar in 2012 and then in 2016 has further wrinkled the rights of the Rohingya. More rounds of citizenship verification were initiated, starting with President Thein Sein from 2012–2015 and continuing with Aung San Suu Kyi in 2016. Both have largely failed due to restrictions on self-identifying as Rohingya, distrust from affected populations, unclear processes and opposition from anti-Rohingya Buddhist nationalist groups (Refworld, 2016).

The issue of statelessness was also included in the final report from The Advisory Commission on Rakhine State, which formed on August 2016 as an independent body chaired by former UN chief Kofi Annan with the objective of providing recommendations on the troubled region to the GoM (Amnesty International, 2017).

In 2012, the Myanmar de facto leader Aung San Suu Kyi said that she does not know that the Rohingya could be regarded as citizen of Myanmar. In October 2013, she was interviewed by BBC Journalist Mishal Husain about the plight of the Rohingya in Myanmar. After a tense exchange with British-Pakistani news presenter Mishal Husain, she reportedly said off air, "No one told me I was going to be interviewed by a Muslim."

As a stateless people, Rohingyas are in a sense outlawed of the Myanmar laws. It may be said that, policies and politics of Myanmar are dynamic, and different generals and presidents of Myanmar have taken the politics concerning minorities and stateless in Myanmar. But no person of power has tried to give citizenship back to the Rohingyas, and they have remained stateless. From after the independence of Myanmar in 1948 or from starting of junta Government in 1962 or from the inauguration of civilian Government led by Aung San Suu Kyi in 2016. The statelessness of the Rohingya is going on and till today the Rohingyas have no nationality, no passports, and no valid papers (Rahman, 2018).

10.The Lost Generation

The term 'lost generation' was introduced by a modernist American writer Gertrude Stein (1874–1946) to refer to a group of American literary notables who came from America lived in Paris in the 1920s and 1930s. The term is used more generally to the generation of men and women who came of age during or

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immediately after the World War I. The generation was "lost" in the sense that its inherited values were no longer relevant in the post War World I (Britannica, 2019).

The term 'lost generation' was made popular by Nobel laureate writer Ernest Hemingway (1899–1961) who included the term as an epigraph in his classic 1926 novel *The Sun Also Rises*. In literature, the term also refers to a group of well-known American authors and poets including Ernest Hemingway, Gertrude Stein, F. Scott Fitzgerald, and T. S. Elliot, who left the USA to take part in the literary culture of Europe after World War I. Though they are known as lost generation writers but they have prominent presence in the 20th century literature (Hemingway, 1926).

11. Rohingya Children-the Lost Generation

The right to a nationality is addressed in a number of international law/act, including the International Covenant on Civil and Political Rights-1966 in which the right of a child is established. Article 24(3) of the International Covenant on Civil and Political Rights 1966 states, "Every child has the right to acquire a nationality" (International Covenant on Civil and Political Rights, 1966).

A child's right to a nationality is also recognized by the UN Convention on the Rights of the Child-1989. Articles 7 and 8 of this Convention states (Convention on the Rights of the Child, 1989):

Article 7.1: The child shall be registered immediately after birth and shall have the right from birth to a name, the right to acquire a nationality...

Article 7.2: States parties shall ensure the implementation of these rights in accordance with their national law and their obligations under the relevant international instruments in this field, in particular where the child would otherwise be stateless.

Article 8.1: States parties undertake to respect the right of the child to preserve his or her identity, including nationality...

Article 8.2: Where a child is illegally deprived of some or all of the elements of its identity. States parties shall provide appropriate assistance and protection, with a view to re-establishing speedily its identity.

Myanmar ratified both International Covenant on Civil and Political Rights 1966 and the UN Convention on Rights of the Child 1989 but the GoM deprived the Rohingya children of that right (Amnesty International, 2004).

Again the GoM refuses to give citizenship to children born outside the country to Burmese parents who left or fled persecution. Children born in Bangladesh, India or in other countries of Burmese descent do not have birth certificates and the parents do not have citizenship papers. Neither recognized by the GoM nor wanted by the Government, who gave them shelter the Rohingya children become effectively stateless as like their parents (Lewa, 2009).

The Rohingya children both in Myanmar and in the camps of Bangladesh are lack of proper education as reported by UNICEF. The Rohingya youth who remain in Rakhine State of Myanmar faced restriction to go to school, and in Bangladesh the children who lived in camps also do not have proper education facilities. The UNICEF report on 23 August 2018 warned that the new generation of the Rohingya may become 'lost

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generation' due to the lack of the life skills they need to grow up. The UNICEF report released in New York on 23 August 2018 revealed that the international community needs to do more to prevent some half a million youngsters "falling prey to despair and frustration". The UNICEF report marking one year of the huge influx of the Rohingya coming to Bangladesh warned that the Rohingya children living in the camps of Cox's Bazar face a bleak future with denial of chance of proper education. As a result the report said, "The world may face the very real danger of seeing a 'lost generation' of Rohingya children" (UNICEF, 2018).

Again in a report of the Burmese Rohingya Organization UK (BROUK) stated that a generation of the Rohingya may be lost due to a lack of education for children and the youth at camps for the displaced in Bangladesh and Myanmar. The BROUK report said that while aid groups had made "heroic efforts" to overcome the Rohingya crisis but there had in fact been little long-term planning in relation to the education of Rohingya youths. The report also said that international and local NGOs as well as community-based organizations have already set up educations centers in the 27 refugee camps of the Rohingya but the quality of these educational centers depend on who is running them (BROUK, 2018).

The president of the BROUK, Tun Khin said that, "Now, more than ever, we need educated Rohingya who can act as leaders for the community, but as long as education remains severely restricted this will be impossible, and so we are facing the prospect of a lost generation" (Al Jazeera, 2018).

12.Conclusion

The Rohingyas are not recognized as citizen by the GoM though they lived for generations there. Living in Myanmar or other countries Rohingyas are now living with stateless status. The international community are now aware of the 'statelessness' status of the Rohingya. At present the number of Rohingyas living outside of the Myanmar State is more than the numbers living inside the Myanmar. The present position is like that the Rohingyas are on the face of extinction in Myanmar. The new generation of the Rohingya living in various camps is now facing the danger of 'lost generation' as they are not getting proper education and other living facilities. The international community should come forward to save the ethnic Rohingya community. We should tune up with the words of UN Chief Antonio Guterres-"Rohingya cannot become forgotten victims."

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Another Acknowledgement on the American Strategy on the War in Iraq

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Abstract. *The main objective of this article is to describe and evaluate some of the central elements of the US strategy in Iraq, from the beginning of the war to the present. In this case, the term "strategy" refers mainly to the political-military actions directly related to the wider context of the war on terrorism. But the American strategy also involves secondary concerns: those that force the US, as a world power, to have constant commitments and implications in the evolution of the international system.*
As a result, the US strategy is not just about how the US manages military, anti-terrorist, regional stabilization and nation-building operations in Iraq, but also about how Washington defines its priorities, its political and military actions, and allocates resources not just to achieve the central objectives, but also to solve various side problems of the international scene.
When talking about the current situation in Iraq, the starting point of the discussion must be the legitimacy of the US military intervention in 2003. From a strictly legal perspective, as from a strictly moral perspective, the US intervention in Iraq seems not to be legitimate enough. In order to establish a theoretical basis for the US intervention in Iraq, we must analyze the situation through the perspective of realism, as a theory of international relations, and we must recall some of Morgenthau's basic ideas.

Keywords: Iraq-war, US strategy, realism theory, terrorism theory, political interest, international relations, economic power, democracy, American phobia

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1. Introduction

The Region of Middle East is characterized by conflicts over the past decades. To a large extent, this is caused by the problems associated with nuclear weapons, terrorism and natural resources. On March 20, 2003, the war on terror took shape, with the Bush administration announcing the start of a war against Iraq. The war was allowed in order to kill the Iraqi dictator Saddam Hussein, believed to be linked to al-Qaeda, and to destroy the alleged mass destruction weapons identified on the Iraqi territory (Murray, 2003). The eight-year war between the United States and Iraq from 2003 to 2011 has become one of the biggest conflicts in the past twenty years in this region. For the founder of the realistic school, the main pillar of any discussion of international relations is "*the concept of interest defined in terms of power*" (Morgenthau,

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1964). Power, that is defined in the context of international relations as "*the control exercised by man on the minds and actions of other people*" (Morgenthau, 1964; Rolfsen, 2002). So far, Morgenthau's references to the concepts of interest and power are unclear. But things get clearer if we take into account his following statement: "*Whatever the material objectives of an external policy, such as the procurement of new sources of raw materials, the control of maritime routes or territorial changes, they always assume control of the actions of others by influencing their minds*" (Morgenthau, 1964). This fragment refers to raw materials, territories, and trade routes. All those three elements are present, directly or indirectly, in the third part of Morgenthau's work, entitled "*National Power*" (Morgenthau, 1964).

The central elements of this part of Morgenthau's work are the enumeration and discussion of the relevance of the constituent elements of national power, as well as the interactions between these elements. If we carefully assemble all these observations, we have the opportunity to understand what the interest means, defined in terms of power within the reference system of international relations.

There is, however, in Morgenthau's work another element that is an important ingredient for an analysis such as this one. This is the fourth principle of political realism. In presenting this principle, Morgenthau (1964) states that "*political realism is aware of the moral significance of the political action*". But the founder of the realistic school asserts that the same school of thought "*is also aware of the ineluctable tension between the moral precept and the requirements of successful political action*". Moreover, Morgenthau states that, according to the elemental logic of political realism, "*universal moral principles cannot be applied to the actions of some states in their universal abstract formulation, but must be filtered through the concrete circumstances of time and place*" (Morgenthau, 1964).

In other words, the political actors should take into account the universal moral principles; it must also be stressed out that often, the good, as a central element of the most important moral precepts is openly contradictory to the logic of successful political action. In other words, it is clear that the success of political action can also mean that you have to do what from a strictly moral perspective is condemnable and bad. It should also be stressed that if we accept the existence of a universal principle stating that you should do good and avoid doing harm, that does not mean that this good is always the same thing and does not always produce the same concrete political and strategic consequences.

All these references to the issue of the relationship between good and bad political action can be assembled into another pair of complementary formulations:

1. the success of political action sometimes means doing what, from a strictly moral perspective, is bad or even awful;

2. in order to be able to obtain what politically and morally can be a meaningful and undeniable good result, you can be forced to commit acts that, from a strictly moral perspective, can sometimes be bad or even awful.

Morgenthau also discusses in a very detailed and much nuanced manner the issue of the huge difference in status, responsibility and behavior among actors with different ranks of power on the international arena. For the international system as a whole, peace, condemnation of aggression, avoidance of intervention, placement of sovereignty at the very top of a conceptually structured pyramid universe represent the supreme positive values. But it should not be forgotten that the international system is always made up of a multitude of small actors, who are the overwhelming majority and who, through the pressure of their large

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number, impose certain values or behaviors as desirable or even mandatory, and from a small number of great powers. These great powers are actors of the international system that act, according to a different logic from that which animates the international activity of the small and medium world powers.

Martin Wight (1998) states in his work "Power Politics" that "*the most frequently mentioned theme in international history is not the development of internationalism*", but "*is the series of efforts made by the great powers to win the supremacy of the state system*"(Wight, 1998).

As in previous times of the universal history, superpowers can develop imperialist behaviors, with objectives aimed at "*dominating the entire politically-organized globe*", that is, creating and operating a true "*world empire*" (Morgenthau, 1964). A gigantic task, that involves a type of political action that is different from the actions that lie within the reach of small powers.

It is equally improper to try to understand the current US behavior, in relation to the behavior of small or medium-sized powers, such as Belgium, Romania or Japan. It would be like trying to compare the metabolism and the behavior of an elephant to those of a mouse. And that's because mice do not resemble elephants, just as superpowers do not resemble in their actions, to the much less powerful states and therefore secondary to the international scene.

1. Applying the Theoretical Premises to the Situation from Iraq

After reviewing some of the ideas found in the works of important authors of the realistic school of international relations, we are going to apply these ideas and the conclusions that we have drawn to

the concrete reality of the US intervention in Iraq. Thus, we obtain several assertions that can be considered as simple working hypotheses:

Hypothesis 1. If we accept that the understanding of international relations is centered on studying the behavior of interest-bearing actors, that are defined in terms of power, and that the natural purpose of any actor from the international scene is to maximize its power, we can say that the military intervention of the US in Iraq is in line with the geostrategic component of the US national interests, and that, in the current context, the US, with significant forces in the Middle East, is stronger, better positioned and more influential than before the spring of 2003.

This does not mean, however, that the mere American military presence can stabilize and bring peace to the entire region. On the contrary, there are opinions that argue that throughout the Middle East, things have taken a much more dangerous turn than by the time of the American intervention.

Hypothesis 2. Returning to the perspective of the realistic theory for a better understanding of the current developments from Iraq, we can assert that if we accept that there is an "ineluctable tension" between moral precepts and political efficiency, it results that the analysis of the Iraq war and the prolongation of the US military presence in the area, with the help of conceptual instruments of a moral nature, cannot lead to scientific knowledge, on the contrary, we have to discuss the real efficiency of the US actions. On the other hand, if we are talking about the efficiency of the US military-political action, it is very likely that we will encounter many episodes that, viewed from a strictly moral perspective, are characterized as an absolutely bad thing. For example, in early 2006, there was an episode in Iraq that allows highlighting

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the enormous amount of errors and horrors that the contemporary warfare contains, despite the modern equipment and weapons used. An unmanned US plane has identified three men digging a pit near a road close to Baiji, situated on the north side of Tikrit. I have to mention that Saddam Hussein originates in Tikrit and as a result the US military has every reason to be concerned about the special monitoring of a region where anti-Western feelings and armed resistance could be significantly stronger than in the rest of the country. The Iraqi group seemed to be involved in an activity that, according to a US military force release, "respects the usual pattern of bombing in the vicinity of the road". The men were carefully monitored until they entered a building that was immediately hit by the multinational coalition forces with guided munitions launched by a combat aircraft. Local authorities briefly informed that this bombing mission resulted in at least six victims, including women and children. These events gave birth to a lot of negative feelings and repulsion from the local community. Such episodes lead to the alienation of an increasing number of military operations theater inhabitants. For such human communities, the liberators are quickly becoming slanderous criminals. And such individual and collective beliefs can only enormously complicate the task of political actors and armed forces that fight against entities that generate instability, tensions and terrorism.

The aforementioned episode highlights some important characteristics of the chronological conflict in Iraq, which has as protagonists the Americans and their allies, and in the opposite camp, the Muslim local radicals or the Muslim radicals coming from other regions of the Islamic world, with the purpose of killing the unbelievers. The same episode also radiographs the limits and constraints faced by US and the Allied forces in the Middle East. The same episode may also lead to prospecting the future of the Middle East conflicts; or, more specifically, to explore alternative scenarios for the future of this area.

One of the important features of the events occurring amidst the US intervention in Iraq is the very strong American phobia that is seriously worsened by any big or small error committed even

involuntarily by Americans and their allies. For some radical Islamists, the Western-style market economy, the modern capitalism represents what Muslims call jahiliyya, that is, an age of ignorance, barbarity. For such thinkers "*it is the sacred duty*" of all "*Muslims to push back the expansionary march of capitalism*"(Sayeed, 1995).

Another obvious feature of the US involvement in Iraq is the insufficiency of forces used by the US and the Allied countries to control and restore peace in the region. It is not to be forgotten that Iraq is a country with a total area of 438,320 square kilometers, and a total population of 23,600,000 (in 2002), a 75% urbanization rate (in 1997), and a capital city with 4,336,000 inhabitants (Gamblin, 2004). To control this vast area, the US forces, allies and partners have a total of about 250,000 troops. Apparently, the figure is more than enough and it appears that there would be more than one military for every two square kilometers of the Iraqi territory. In reality, things are totally different because an important part of any modern military force is made up of uncompetitive elements such as officials, drivers, maintenance workers, chefs, construction and logistics support units, medical units, etc. The share of non-combatant military personnel may, in some cases, amount to up to 90% of total staff. Let's assume that in Iraq the non-combatant military personnel is much lower - say only 30% of the total American and Allied forces. This means that, in reality, out of about 250,000 soldiers, only 175,000 can be used in patrol, surveillance, and battle missions. Apparently, even this diminished figure compared to the initial one is sufficient; this would result in a responsibility area of only about 2,502 square kilometers for each American or ally military man. However,

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such a calculation is actually a trap, a seemingly valid procedure that seriously distorts the reality. And this is because the military service resembles to any other human activity that takes place in three shifts: about one third of the military personnel is at any moment on the mission, a third is resting, and the last third is ready to intervene if necessary, in a relatively short time. This simple calculation suddenly leads to the understanding that the actual number of US, allied and partner military men participating at any given time in patrol and combat missions is rather close to just 60,000 people. Of which perhaps half are destined for missions such as guarding targets and escorting convoys carrying live force, ammunition, armaments or supplies. This means that there are only about 30,000 - or no more than 40,000 - of soldiers who can be used simultaneously to actively maintain control over a country with a total area of nearly 438,000 square kilometers.

According to this calculation, each American, ally or partner soldier is therefore responsible for ensuring the peace and security on an area of nearly 11 square kilometers. If we talk about desert or semi-desert regions of Iraq, a soldier every 11 square kilometers might be enough. However, when it comes to urban areas that, as mentioned above, concentrate 75% of the country's population, then the situation is quite different. A soldier cannot control an area of 11 square kilometers of a city, whether it is made up of traditional or modern buildings. In order to keep an urban area under control, it would be required a minimum of two or three hundred soldiers in key locations or patrol missions, as well as at least one or two intervention teams. If we sum up the figures, we reach 260-360 needed troops for every 11 km of urban space. That's 260 to 360 times more than the US military men that where meant to keep the Iraqi neighborhoods and cities under control. But the allocation of an additional number of soldiers, which was absolutely necessary for the control of urban areas, meant the diminution of military personnel usable to control the rest of Iraqi territory; and as the situation in Iraqi cities was more unstable and required more personnel, the less patrolled and controlled the desert and semi-desert regions would remain. As a result, supervision through technical means, although it may lead to regrettable accidents, such as the one mentioned above, remains virtually the only method that can replace the lack of military personnel.

2. American Presence in Iraq and the Public Perception of War

At the beginning of the war, the Americans were perceived as liberators by the Iraqi population, because they removed Saddam Hussein from power. Soon the local population's perception changed into a bad reputation being supported by some well-documented cases, such as the famous torture cases of prisoners from Abu Ghraib and other places of detention Hersh, 2004). The latest evidence clearly shows that these acts of torture were not accidentally practiced but that they took place as a result of the US Department of Defense policy. The abominable acts committed by some American soldiers, such as rapes followed by killing the whole family to clear the traces or the massacres among civilian populations as a result of the killing of some American comrades; disregarding the local customs and religion: there have been cases in which the Qur'an, the holy book of Islam, has been burned, many sexually taboos imposed by Islam have been laughed at, etc. Amongst a population that is mostly religiously fundamentalist, these acts could only lead to a state of anti-American revolt.

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In Iraq almost no one believes in Bush's reasons for the war; the people rather believe that the country's economic interests are being ignored and that foreign companies especially the American ones, are seeking to put their hands on the resources of the country. And the politicians who facilitate these changes are considered to be the puppets of the Americans.

On the other hand, the Western public opinion is becoming increasingly more intolerant of what we often call collateral losses. When a precision air strike, executed with guided ammunition destined to kill terrorists, accidentally kills some civilians, the entire Western world is shaken by protests, criticism, pamphlets, parliamentary interrogations and devastating acidic press articles.

Such reactions can only lead to the paralysis of the reactionary capacity of US and Allied military personnel, not only in Iraq, but anywhere in the world. If the accidental killing of a civilian automatically leads to the fact that the military man who committed that error is endlessly criticized by a whole world, who condemns him with vehemence for the error committed, the ultimate effect will be devastating for the interests of the civilized world. Finally, the soldiers that the Western world and its allies send to fight against terrorists will prefer not to act when it is necessary, in order to avoid a possible mistake and the criticism that would follow it. But we must mention that in the war against terrorism there were registered regrettable losses on the part of both parties. Since the invasion on March 20, the US-led multinational force lost about 4,300 people in Iraq; most of them American citizens. This is all the more strange since in the West until recently didn't have any trouble accepting the regrettable but inevitable collateral losses. A good example issues from General Dwight D. Eisenhower's memoirs; he became President of the United States precisely because the people rightly appreciated him for the strategic thinking and the strength of character that he showed during the war time.

Within the context of the liberation of France from the German's occupation, one of the strategic objectives that the forces commanded by Eisenhower had to fulfill was to paralyze the displacement and maneuverability of the German reserve forces. But, according to Eisenhower, it was very clear that, although tactically, operationally and strategically necessary, "*the destruction of the main bridges, freight stations and the most important railways of France would lead to inevitable losses in the ranks of the civilian population*" (Eisenhower, 1975). Statisticians calculated that "*the air strike will cost at least 80,000 lives*" (Eisenhower, 1975). What can be understood from this is that no one puts first the need to completely eliminate the collateral losses; the British Prime Minister Winston Churchill was frightened when he learned about the statistics, but not because of the total number of victims, but rather because of the political consequences of the collateral losses. Churchill said about the air strikes on the French railway system that "*post-war France must become our friend*", and in this case avoiding the killing of too many civilians "*is not only a matter of humanitarianism but also of a high state policy*" (Eisenhower, 1975). Linked to the strategic bombing dispute, Eisenhower stated that "*the losses suffered by the civilian population only reached a fraction of the figures predicted by the statisticians, but the entire French people accepted them calmly as a necessity, without showing any animosity against the Allied forces because of them* " (Eisenhower, 1975).

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Once Eisenhower's memoirs analyzed, we noticed that he was detached to the problem of collateral losses. And this was normal, as long as "*the subsequent events would clearly show how important the contribution of the aerial bombardments was to the success*" (Eisenhower, 1975) against the military forces of Nazi Germany. In other words, Eisenhower thought that if the final result of aerial bombardment is the defeat of the German armed forces and the liberation of France, a few hundred or even a few thousand dead French civilians do not represent an exaggerated price. According to Eisenhower's memoirs, it is important that collateral losses do not prove to be too big or unnecessary. Most likely, if Eisenhower was still alive and ordering the armed forces of the US today, he would have been described by the ultra-liberal commentators as an abject monster, thirsty with blood.

Returning to the situation in Iraq (Rayburn,2019), we see first of all that such commentators primarily ignore the fact that the mission of the US and allied military commanders in Iraq is, among other things, to save the blood of US and Allied troops, and not that of the Iraqi terrorists and their accomplices, and secondly that, although regrettable, collateral losses must be viewed in wartime as inevitable and, thus, perfectly justified from the point of view of the strategic interests, especially if they prove to be really useful (Keir, 2019).

3. Conclusions

The Iraq war is one of the most significant conflicts from the Middle East region, with both economic and social consequences on a long run. Possessing significant resources, Iraq plays a particular role in the international relations system. The war determined the development of Iraq according to a certain scenario; unfortunately this happened in a not too attractive way; today the country is defined by political and economic instability and is unlikely to be able too soon to get out of it.

This paper tried to explain the causes of this war; now it is more clear why the US Government decided to act and promote its own interests in this region. The paper outlines different points of view to describe, evaluate the central elements of the US strategy and assess also the impact of the American strategy on the outcome of the war. The USA policy in this region was examined with the help of various `pursued in this war, and which were merely proclaimed. In addition, it was analyzed how the lack of military capacity influenced the results of the military operations.

The declarative goals of the American strategy were connected with the accusation of Saddam Hussein and with the fact that he was keeping weapons of mass destruction on the territory of Iraq (Ashok, 2016), and also cooperates with the Al Qaeda terrorist group. Concluding that Saddam Hussein representing a threat to the national security of Iraq, the United States decided to invade the country and a lengthy conflict began.

The real priority of the United States was to create a democratic Middle East, where Americans could act in their own interests, and an Iraq that would be open to the Eastern politics and culture. In addition, the Iraq war is a unique example where one state tried to "*redraw*" another in accordance with its own interests. And though this experiment has failed, it is an interesting phenomenon which deserves to be studied. Since the war ended, every day new materials, opinions and documents appear that can become the basis for the

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further development of this topic. This is due to the fact that, despite the formal end of the war, the United States still intervenes in Iraq's domestic politics. This article can be used to understand Iraq's point of view from the perspective of the American invasion, but it can also serve to understand the strategic position the US that caused it to act in order to assure its global hegemony and power in the international system. From the realistic perspective it is easier to understand the American strategy in the Iraq war as it has put into practice "*the concept of interest defined in terms of power*" (Morgenthau,1993).

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The Sustainable Links of Development between Leadership and Organizational Cultures

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Abstract. *Leadership performances develops closely connected to the institutional behaviour and societal culture given the permanent trends to implement changes to update standards according to existing norms and rigors existing in any company. The styles adopted in managing or leading the activities influences the tasks' achievement, the future path to take and the way success is understood, accepted, shared and disseminated. Nowadays, companies face compulsory the influences of more cultures, given the temptation of delocalisation, the curiosity of working with immigrants, the advantages provided in different situations of accepting a higher exposure of leader to different sides of performance, different dimensions of market and financial profits, new behaviours in managing the employees. Starting from this idea, the purpose of this study is to identify and enquire into the hidden dimensions of organizational culture and how the leadership style impacts the strategic developing and let effective relations spring out.*
The research is built on a survey based on designed questioner applied to ***550 leaders and employees, members of the operation and Maintenance Company of MAPNA (Q&M) in Iran. Data collected refers to*** *MLQ leadership style and Denison's Organizational Culture Questionnaire, and the responses received were analysed with SPSS and Smart Plus software. The findings reveal that the relationship between the leadership style and the organizational culture are strongly linked to each other. Therefore, those leaders able to change and accept to use a transformational style will assist the company to move forward faster that those who adopt and keep the transactional style as the single one to prove important.*

Keywords: Transformational Leadership, Interactive Leadership, Organizational Culture, Transactional Leadership

JEL Codes:: *M100, L100, Z190*

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1. Introduction

Today, changes in organizations and systems are inevitable. For achievement the success and development the system, creating the useful changes is imperative and an organization that fails to make these changes in the right and correct way, in accordance with his aims, will inevitably fail in this

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competitive world. (John P. Potter). The issues of culture and leadership behaviours in the organizations have grown in recent years; it is because of the synchronization with the development and due to keeping up with the changes and updating of the organizations. And with regard to the time of establishment, the genesis and organization' life, the culture that governed it should be examined with other variables. (Umeda, 2012)

As we know the human resources plays a key role in shaping the organization culture and among them the leaders have a direct impact on the behaviours of employees, so those leaders who are not able to play a role and perform according to the circumstances exist of the organization, and they can't use their influence in guiding people with using the proper leadership styles accordance with organization type, soon on will be in trouble of leading the employees and cause the organization to collapse and fail. But the leaders who attention to the organization's culture and choose an appropriate leadership style accordance with the organization and move forward in this direction will move towards integrating and streamlining the organization's processes and leading the organization and employees to progress and excellence result. The proper recognition of the organizational culture affects the organization's fate (Rhodes & McGuire, 2013), If leaders and managers of the organization prepare themselves their plans on short, medium and long term, in close connection to the local institutional culture are also ready to confront the change and new directions of development; giving to them a supplementary chance, they can be closer to the probability of a higher success and a more sustainable position on the market.

As this research looks for the relations between leadership style and specific organizational cultures that might exist in a different type of establishments and their leaders' capacity to influence the institutional culture. As Edgar H. Schein states, directing and leading the organization's culture is one of the most important features of leaders in the organization. In the form and way that the talent and unique ability of leaders such as her/ his ability to understand the employee's culture and organizational culture and work in it and sometimes destruction, rebuilding, changing and synergistic subcultures at organization and help the organization's activity and its performance continues as a living and active organism, can say these are the most unique and important effect of leader performance in an organization with a different culture (Kumaraswamy *et al*, 2015). After describing the issues that are relevant to the culture of organizations and leader's performance, between numerous ways of measuring the leadership style, the common MLQ model of Mr Denison's, multi-factor leadership style assessment Bass and Avolio (1993), selected to analysis the main and important objectives of this research.

The scientific focus on this paper emphasizes the relationship between transformational leadership and organizational culture adaptability and the possible ways to investigate it together with the correlations between transformational leadership and institutional culture of employee's engagement. Another important aspect refers to review and assessment of the status quo of the transformational/transactional dimensions of leadership and cultural power inside the organization.

2. Research Methodologies

To assess and examine the main objective of this research after using the descriptive method, with the purpose of the survey to describe the circumstances or phenomena examined and for review and explain,

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the distribution of characteristics of the statistical community, the interview and designed questioner papers used to gather the information. In brief all the research methodologies are: library studies, field method, leadership scaling, and determination of the validity and reliability of questionnaire used.

The main sources were used in order to data gathering, in this section, in the fields of theoretical principles and the literature of the research included library resources, papers, books and the Internet. A designed questionnaire used and distributed. 60 questions Denison model was used to measure organizational culture. The verses of this questionnaire were evaluated based on the five-value Likert's scale.

To measure the leadership, style a multi-factor questionnaire (1994 MLQ) was used. The questionnaire was prepared by Bass and Avolio has been edited several times. By interweaving the questions of 36 multi-factor questionnaires, about the transactional leadership and transformational, place the respondents in a position to choosing the answer which is closer to reality. The questioner contained two-part first part started with the General Questions have been tried to collect adequate and demographic information about the respondents. This section includes 4 questions (age, sex, education and work experience of respondents). And second part specific questions between 1400 people, Samples were collected by random sampling and 550 people were selected as samples.

To assess and determine the validity and reliability of the questionnaire there are several statistic science methods and formulas which they can apply such as Cronbach's alpha, the Spearman-Brown and Kuder – Richardson to better assess the result. In this study for evaluating the reliability of a questionnaire, the *Cronbach's alpha* approach was used for the organizational culture 92% and for the multi-factor leadership questionnaire, the coefficient has been 87% reached.

3. Organization's Grounds of Culture and Leadership's Styles

Many experts agree that the meaning of an organization culture is a system of common inference on an organization, between the organizations 'member and it's the same thing which separates the two organizations from each other. The founders or originators of an organization have played a major role in creating the primary and basis culture of the organization. To understand the organization's effectiveness, there is a common set of cultural features which can be used, but these common traits in different positions are described completely different. Organizational culture affects the behaviour of the organization's members and consequently affects the organizational performance too.

Denison's *organizational cultures' model* is based on four dimensions of adaptability, mission, consistency and work involvement. Basically, it's for applying in organizations that have a culture of adaptability, they take risks and learn from their mistake. They have the ability and experience make a change and are constantly improving and empowered, with the aim of respect and value to the client and their customers. The mission of an organization is to provide and describe the goals and meanings that are realized by defining the social role and defining the goals of the organization.

Effective organizations are stable and integrated, and employees' behaviour is valued, in such organizations, the leaders and followers are well-versed in agreement in work process performance, even when they have conflicting views, and organizational activities have been well-coordinated. According to

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Denison, organizational culture is related to fundamental values, beliefs and so on the principles that relate to the organization's management system, and serves at the organization as a solid foundation.

According to Bass (1985), *transformational leadership* defines as a process in which a leader tries to increase the consciousness of his followers, (in the case of what is important and valuable) to motivate them for performing, beyond expectation. The behaviours related with the transformational leadership from the perspective view of the bass, are categorized into the four groups of ideal influences, Inspirational motivation, intellectual stimulation, and individual consideration. Transformational leaders are respected by their subordinates and have a tremendous influence on their followers (Learmonth, 2018). They have an idealistic influence on leadership, they have a strong vision of the future and they can inspire their followers as motivating inspiration (Belcher, 1996). The leaders persuaded their followers to question the hypotheses and to use mental stimulation style. An individual's leadership style is defined for leaders who encounter employees as individuals and not as members of the group.

In 1978, Burns introduced *transactional leaders* as individuals who, through the rewarding to followers, making relation with them and lead them to work better. Transactional leadership involves the exchanging incentives and rewards by the leader in order to attract the support of his followers. The purpose of such leadership is to agree on a set of activities that will meet the separate and immediate goals of the leader and followers, unlike the transactional leadership, transformational leadership style is more than just satisfy immediate needs of employees and followers. Bass (1985) considered the behaviour's related to transactional leadership are also contingent rewards, management based on the expected (active); management is based on the expected (passive), and leadership non-interrupted. The management based on the expected (active) is responsible for monitoring and correcting the behaviours and performance of employees (Nguyen et al, 2019) in case of diversion of roles and standards and correcting them (Aydiner *et al,* 2019). The management is based on the expected (passive), doesn't do involvement in the affairs of the leaders, except when the standards are not met, and finally, the non-interventional leadership is applicable for the leaders who tend to dismiss their responsibility and do not have tend to make decisions.

4. Experimental Grounds of the Study

One of the most famous and classic studies in 1939 done by Lewin, Lippit, and White, of three leadership styles and the resulting different social climates, that is, autocratic, democratic, and laissez-faire. In the *autocratic leadership style*, the leader is only the responsible and decision maker, the *democratic style* there is fair participation between leaders and employees and punished and criticized are less than other styles (Namazie & Frame, 2007). The third style, *laissez fair* l*eadership* show few of the activity of the leader. In fact, the original concept and definition of transformational leadership and transactional leadership style introduced by Burns, 1978, and then it was completed in further research by Bass and Avolio (1994).

Conceptual Model: In a discussion of the transformational leadership style and transactional leadership style, Bass and Avolio 1994, It is believed that a particular leadership style is not suitable for all situations and all type of organizations, hence, the leader can choose different styles for leading his staff in different situations, according to the governing culture of the organization and the organizational maturity of its

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employees. In this context, Fideller defined the contingency leadership style, as the desire style is a degree that leader is able to influence the group of employees in the organization. According to the leadership style definitions presented and the historical review of organizational culture, the conceptual model designed and depicted (Figure 1) for showing the impact and illustrate of the dimensions of organizational culture and leadership style in an organization. This model includes the culture of adaptability, mission, consistency and work involvement is based on transformational leadership styles and transactional leadership styles.

Fig.1: Conceptual model of the relationship between dimensions of organizational culture and leadership style

This conceptual model, it is in the form of culture The Denison organizational culture and it has considered two dimensions in the top for organizational culture. In this model described the dimensions of mission culture and adaptability. Subsequently, the focus of the organization's culture in this section is on the external focus of the organization, which is in the same direction with the characteristics of the transformational leaders, above of the model. one of the characteristics of transformational leadership is their ability to influence the followers. These leaders have a strong vision for the future and are able to influence the employees and align them with the organizations' mission, in this way the employees will analyse the environs in relation to the external environment of the organization and adapting themselves to the changes (Austin, 2011). In the bottom section of Denison's conceptual organizational culture model, the dimensions of consistency and work engagement (involvement) are located and follow the internal focus. According to the features of transactional leaders are included in this section. Due to the organizational maturity and its current culture (Masoomzadeh, 2013), transactional leaders can use the transaction culture for their followers, in addition to increasing their internal consistency, and align the employee's goals with the organization's strategy and aims.

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5. Research findings and results

According to the analysis of the main objectives of this research, the following results were obtained: tables and charts are listed below.

Table.1: Result of main dimensions of leadership

Main Dimensions	%	SD	MEAN
Transformational Leadership	68.54	1.18	3.43
Transactional Leadership	58.54	1.24	2.93

Table 1, sets out the sub-objectives of this research analysed on the main dimensions of leadership (transformation and transactional leadership style). The amount of mean, standard deviation, and rates are listed in the table. The average rate of the mean for transformational leadership is higher than the transactional leadership style. Numbers of percentage result is shown in chart1.

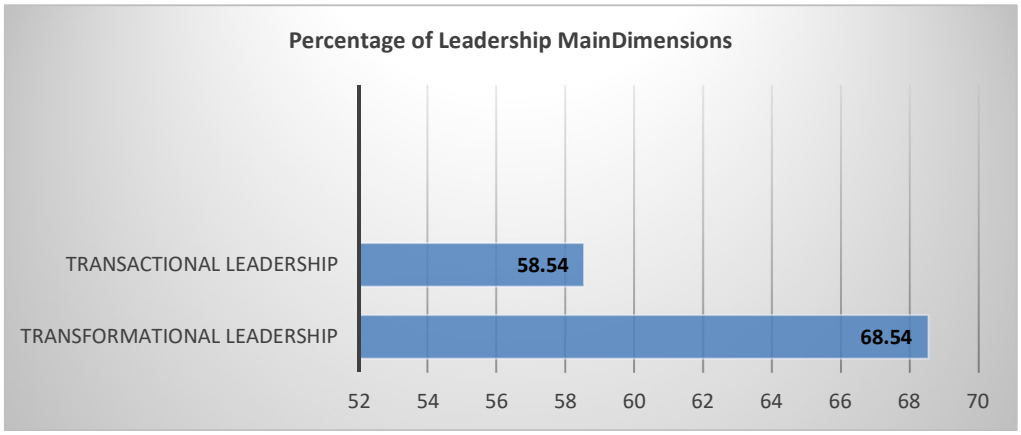

Fig. 1: Main Dimensions Leadership Percentage

Table 2 lists the sections of the two leadership styles and the amount of the mean, standard deviation, and its percentage. According to the result that showed in the table, transformational leadership, there are two dimensions of inspirational motivation and intellectual stimulation have the highest score, in chart No. 2 shows the percentage of these points.

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Table. 2: Sub Dimensions of Leadership Style

SUB DIMENSION		MEAN	SD	PERCENTAG
Transactional leadership	Conditional Rewards	3.29	1.18	65.83
	Management based on expected(passive)	2.72	1.23	54.37
	Management based on expected (active)	3.39	1.27	67.71
	Non-intervention Leadership	2.31	1.29	46.26
Transformational leadership	Inspirational Motivation	3.56	1.16	71.22
	Individualized Consideration	3.36	1.21	67.19
	Intellectual Stimulation	3.51	1.11	70.22
	Idealized Influence	3.35	1.21	67.03

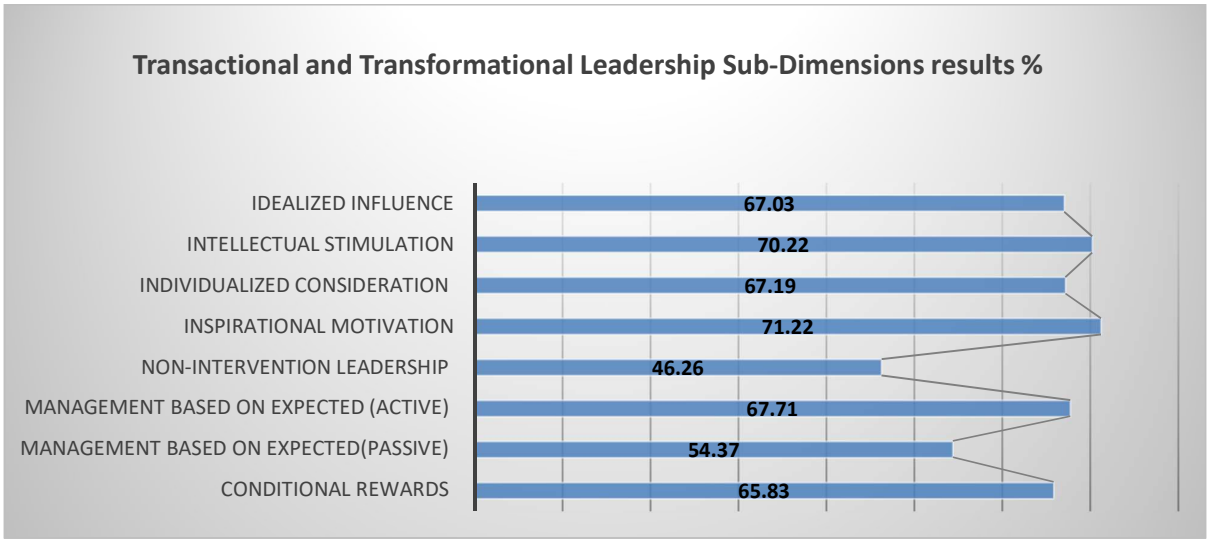

Fig. 2: Leadership Sub-Dimensions percentage result

Table.3: Results of the main dimensions of organizational culture

	MEAN	SD	PERCENTAGE
ADAPTABILITY	3.09	1.02	61.71
MISSION	3.05	1.09	61.05
INVOLVEMENT	2.99	1.1	59.87
CONSISTENCY	3.01	1.06	60.17

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Table 3 presents the status quo of the main dimensions of the organizational culture, including the Mean, Standard deviation and Percentage. The results of the four dimensions of culture in the table show the difference of culture adaptability with other dimensions although there is no high differ between these four dimensions. Also, chart 3, shows the earned percentage for these styles.

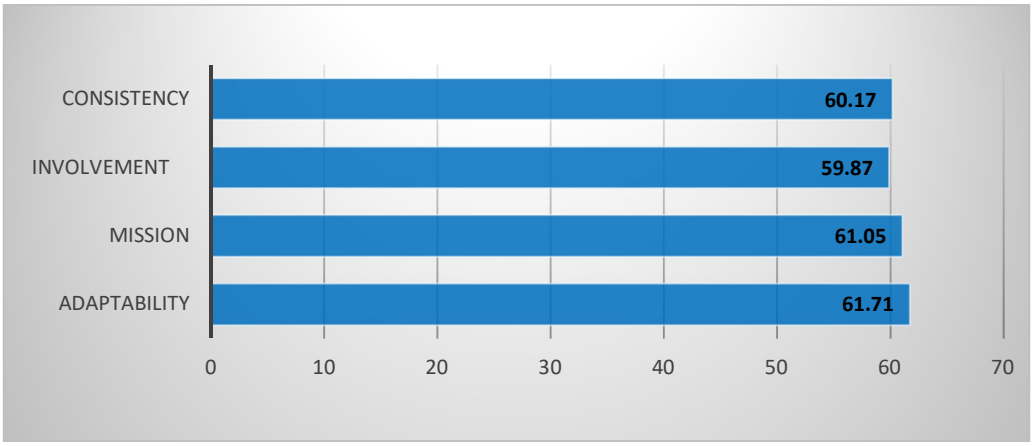

Fig.3: Main Dimensions of Organizational Culture percentage result

Table 4 lists the scores of cultural dimensions in 3 terms of mean, standard deviations and percentages, the chart 4, shows the percentage of culture dimensions in terms of adaptability, Mission, consistency and work involvement, and an average result for dimensions of Adaptability and mission are more than the other variables.

Table.4: Sub dimensions of organizational culture

	Sub Dimension	MEAN	SD	&
ADAPTABILITY	Change	3	1.03	60.41
	Customer Orientation	3.13	0.94	63.52
	Organizational Learning	3.08	1.13	61.58
MISSION	Strategic intention and Direction	3.11	1.11	61.93
	Goals and objectives	3.02	1.07	60.31
	Vision	3.05	1.11	60.91
INVOLVEMENT	Empowerment	3.11	1.13	62.06
	Team-Oriented	3	1.12	60.02
	Capabilities development	2.87	1.17	57.39
CONSISTENCY	Coordination and Coherence	3.03	1.07	60.58
	Accordance	2.95	1.07	58.15
	Fundamental values	3.07	1.03	61.78

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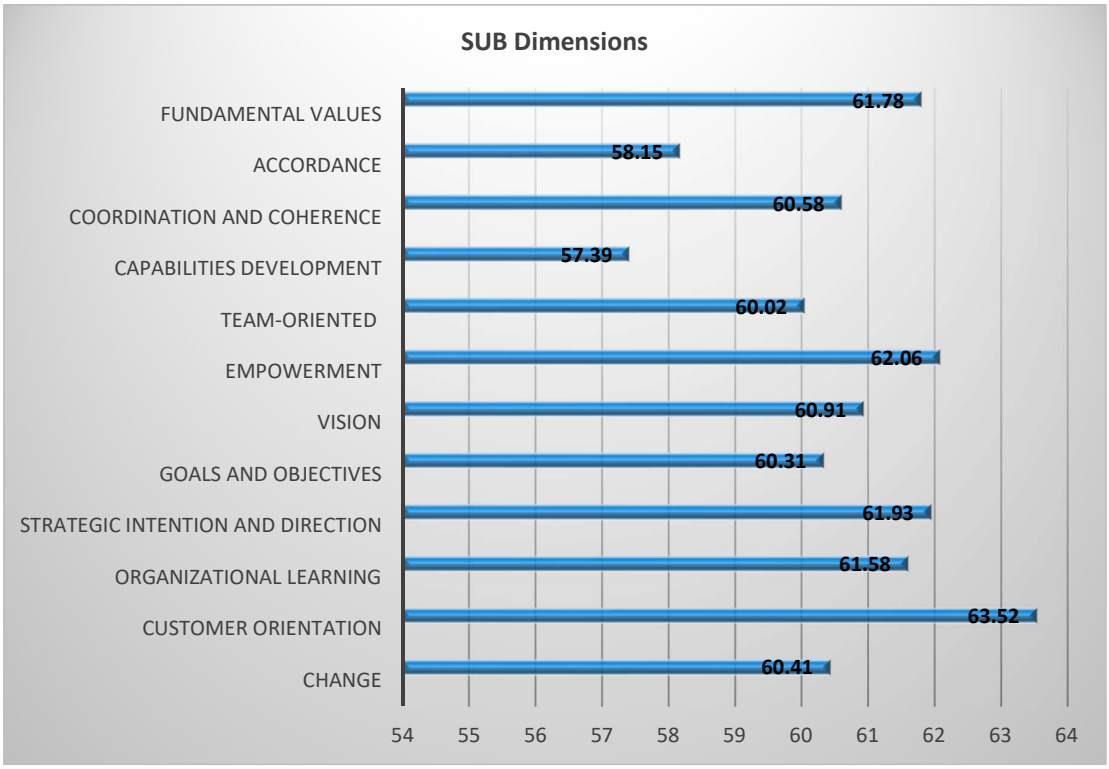

Fig. 4: SUB dimensions' organizational culture

Table. 5: Results of Relationship between Transformational Leadership and Organizational Culture Dimensions

Leadership variables and organizational culture	Correlation coefficient	Relation	Sample size
Transformational leadership and adaptability	0.0008	Positive	550
Transformational leadership and mission	0.022	Positive	550
Transformational leadership and involvement	0.011	Negative	550
Transformational leadership and consistency	0.025	Negative	550

The results obtained in Table 5, show the transformational leadership style has a positive and significant relationship with dimensions of adaptability and mission of organizational culture if the leaders in organization use the transformational leadership style and according to the conceptual model presented the focus consistent in the top part of the model, which is consistent with external focus. Also, transformational leadership with consistency and work involvement has a negative correlation relationship, in other words, by increasing the transformational leadership style, these two-dimension effects will decrease in the organization.

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6. Conclusion

According to the results of research and the effective and positive relation between transformational Leadership style and the dimensions of adaptability culture and the mission, it is believed that the transformational leadership style is more appropriate for the leaders, in the MAPNA Company. Suggestions for the leaders and organization is, in accordance with the performance of transformational leadership and also for the need and importance of internal focus in organization, the leaders try to use the transactional style too, according to existing circumstances in an organization, they will benefit more for achieving organizational goals and developing the organizational culture. Although many studies in this area selecting the leadership styles with consideration of the organization's requirements and appropriate with the organizational environment, culture and also accordance with the mission and organizational goals, but in this research, it is suggested that to leaders adapt their styles in accordance with the organization need and culture, and a combination of two styles in different situations. Due to the harmony between all the organizational culture dimensions, it is expecting that organization moves along with all the dimensions and along with the adaptability and mission dimensionality at the external focus of the designed model, and so the leaders needs to focus on the internal dimensions as well as external focus and make a coordination between all the dimension, then organizations and employees can be targeted, which will make it easier to succeed and achieve the organizations aim. According to the result of table 5, obtaining the high percentage in the component of change for adaptability dimension in the organization, has indicates that, the organizational learning issues is in the central attention for a leader in between all his activities and responsibilities. Therefore, the leaders must do in order to set up a knowledge management project in organization and for this purpose, help employees with the compatibility and adaptability their organization's role for the optimal use of knowledge created in the organization. Adaptive organizations are supporting the leadership behavioural, that they can be recognizing and discovering environmental change warnings to create new behaviours in accordance and adapt within the external and internal environment change, this is especially true for matching the staff and processes, the organization is very much concerned with changes in society, at the right time and when facing changes, the new plans will react quickly and promptly. This is a very special issue for the leader and also the organization, to adopt staff and organizational processes in the face with community changes. The leader has to behave and perform at the right time, when faced with changes or any new plans in the organization, and respond to the organization decision, promptly and on time, and steer the staff and the organization seamlessly toward growth and progress their goals.

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The Health Sector - From Desideratum to Real Reform

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Abstract. *The paper states the necessity to implement a new model of management in the health sector, based on a new concept, of synergetic satisfaction having an institutional relation between patient and medical entity in its centre.*
The present doctoral research finds its roots in the interdisciplinary approach linked to Health industry and market, as profitable businesses. The purpose encounters the anchor into a new concept, of synergetic satisfaction having the patient in its centre. The measurement centre resides in the societal performances' rules linked to the real needs of a health status afterthought.
Several constituents of the classical healthcare principles receive, exquisitely, shaped clarifications under the state, public and private health of public recognition.
As the principles of humanism depict the governments' obligation to guarantee their citizens fundamental rights to access health services, the international dimension of activities seed new designed health objectives. Hence the research maps a new model sustaining that the health management systems, differently recognized, can assume regular nudgers to better drive the understanding of the reality, close to financial interests and realistic resources. The implementation of the innovative and realistic reform would diminish the national burden, make people embrace the responsibility of active citizenship letting them to get involved in any process that protect the right development of a country and its citizens, far from partisan interests, only for their own future and comfort in life.

Keywords: health serviceable delivery, innovation, integrative partnering, medical business, policy-modelling, reform, reputation, resilience, returned added value, synergistic management.

JEL: E29, E61, G18, H50, H53, H59,

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1. Arguments for an Integrative Health Sector System

Before entering upon the considerations of the medicine, health and care resources, roots and development trends and into their manifold particularities and needs, a general interest may lead people to want to know more about the new excogitation related to the health sector and the medical knowledge as

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presented in this research entitled: "*Empowering the Structural Reform in the Health Sector: An Innovative, Synergistic and Business Masterminded Approach*". The coming after ideas represents an introduction into the spirit of the research and an assertion making the dreams, the objectives and purposes, more comprehensible in order to be applied. The activities run in the field of medical and health sector are considered historically, as the most originative in their becoming development and approach of the simplest habits of the humankind.

The mere free inhalation of the air of which constituents sustain the life's vitality, the proper exposure to the stimulating agency of light upon the surface are essential to the preservation of all beings' health and shouldn't undergo impaired, by the insufficiency of all the natural preservatives, by an insensible return to the natural conditions of living and by the denial of the need for a natural, authentic and respectful behaviour of *Natural Law* at individual level in aim for a good societal functioning.

At societal level, Health and Education are the most essential cells of the system; they are highly responsible with preserving and transmitting to the generations to come, the legacy received from ancestors and providing people with the right information allowing them not only to survive but also to evolve. Hence the topic of the present research springs from the core state-of-the-art of the Health and Care systems and develops around its connections with the other elements of Medical Science, Socio-Economics and Business fundamentals. The subject is more than essential, especially nowadays; it is on the top fields, worldwide, for the acute necessity of scientific research development and implementation and the managerial assessment and innovative changes requisite.

The evolutionary study of the Health and Care Management naturally motivates the identification and presentation of sometimes sophisticated Medical, Economic, Mathematical models, as solid contributions to the study of the so-called European Health Management. It starts with the idea that while health care represents the "*large number of services rendered to individuals or communities*" (WHO, 2013) by the agents of health services or professionals "*for the purpose of promoting, restoring and maintaining health*" (WHO, 2013), the taking up of all the goods and services designed for "*prevention, promotion and rehabilitation interventions*" includes the medical care (WHO, 2013).

According to the WHO global strategy (2007) as emerged in its annual reports (WHO), countries and governments affiliated to United Nations bodies are strongly recommended to integrate "*the concept of Health*" in their national Constitution as "*a universal right*" and dispose, at central and local administration levels, adequate policies and management to distinguish and discern, to accept and incorporate, in their national budget, the necessary conditions related to inhabitants' Good Health. The right to a good health is part of the principles of humanism for citizens of every country that also draws the governments' obligation to assure "*their citizens' fundamental rights to food, shelter and health*" (WHO, 2013). Therefore, the human right to health may be achieved differently, in different parts of the world, in different political regimes. In conformity with each country's own specific justice values, law system, ethics and morality code, the access to health is the result of a negotiation process between the one government and its citizens. The process may be sustained by different international bodies, agencies, nongovernmental organizations or various religious bodies (for example: Amnesty International, patients' associations, HIV/AIDS societies, Red, Yellow or Blue Crosses, and Save the Children and many others) acting in the health sector and representing the rights for different categories of people. This multilevel collaboration and partnerships provide the size of the international dimension of activities and actors involved, which

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entitles them to seed and implement the international designed health objectives in a faster and better, simpler and cheaper, transparently and profitably manner. In this respect, the goals are oriented are to: a) sustain the global security and avoid all sorts of disaster and pandemics; b) encourage the social justice to reinforce the social value and humans' rights; c) empower the patients to create a participatory, procreative, aware and committed behaviour, for sustaining both the universal rights and the care in using public money; d) develop a new generation of partnerships *to make prevention fundamental and long life integrated together with a profitable medical education*. It is true that efforts scarcely touch the good finality of their suitable purposes. Often they are disproportioned and not quite visible when the wish to do well is present. Despite the fact that the great and continual effort of social energy is directed to supply and sustain the organic structure of central and local authorities, the recurrence of perturbations, instead of sustain an adaptive changing process, is frequent enough and continue to damage the development of good ideas and the implementation of decisions. Thus the administrative and managerial disturbances cause more dysfunctions within the entire system with unimaginable consequences for the future. Often, the damage is even worse when manipulative activities jeopardize the system as a whole.

Our highly dynamic society is dominated by multilevel distributive channelled structures, complicated and complex logistics of protocols, treatments and drugs, of medical devices and therapies, of producers and distributors, merchandisers and managers, medical and administrative units, central, local and collateral nongovernmental establishments, staffs, patients, agencies and authorities; their bad functioning react upon the vigour of the *bona fide management* and *cautionary governing* of health. Any languidness, inactivity, disorder, inadequate exposure affects not only the whole logistics but also each systemic component and result into economic and financial exhaustion, loss of profits, efficiency deprivation, development of turbulences. Recovery will always require even more resources (time, funds, staffs and energy). A total recovery may never be complete, if the proper timing and opportunities are disregarded or lost.

The governments may have their own vision and strategies about how to apply the health principles and achieve their related duties, but the implementation of the health principles is meant to happen openly, at different rhythms and intensities, depending on the stage of socio-economic development, political regime, culture, traditions, customs specific to each country. There are governments and authorities that reject the idea of health and care financed through taxpayer funds, while other intentions concern the increase of the state contribution at about one-fifth of GDP. Some figures remained only on the paper.

The classical European standards occur with the study of the role of central and local administrations, in parallel with the general attributions of the non-governmental charity and religious bodies, is also considered challenging, when issues are related to: a) the private insurers and their competition against the public national health insurance system (Canada), b) the public effort and costs in comparison with the individual responsibility (Australia and New Zeeland).

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2. Methodological Development of the Research

The research, developed in English, with care for style and concern for grammar, follows all the highly scientific rigors of an enlightened structure and contains all the postulated components - from the summarization of topics to be developed to this prolepsis followed by two main parts composed of three big chapters each, split up in subchapters and outlined by summaries and ending in brief, intuitive assumptions related to the next stage of the paper. The work is designed according to the today tremendous challenges for to reshaping the reality under "*sustainable development goals and rigor*" (Drysdale, 2017) and follows specific highly scientific criteria to make visible the author's vision. Thus advanced researches have been identified and examined researches in interdisciplinary fields and publications closely interconnected with the doctoral topic together with the leading critical and provocative key stones while their review have been mentioned as cohesive and supportive sources of the doctoral research sustainability. The search runs over existing concepts (as established and recognized), points out local problems and political errors and gives new drives for future interpretations, political decisions in targeting allied fields, inter-operational structuring, featuring provocative preventative horizons and goals for a new social integrative contract that may turn into a synergistic global one. The doctoral research ends with conclusions followed by appendices and navigation aids: list of acronyms and abbreviations, list of tables and figures, annexes, glossary, index, and list of referential notes and bibliographic sources of documentation mentioned and ranked according to the Harvard references regulations.

Consequently, based on specific concerns like above, the doctoral research evolves in two keen directions, one more important than the other, in order to:

a) analyse of the state-of-the-art starting from punctual relevant objectives, targets and the way they relate practical results already obtained and the path to follow to bring innovation and good governance in our daily life;

b) map the road towards a less clouded but innovative model generating new types of relations and partnering, where the unique centre of support (disease, treatment, patient, clinic) is replaced by an agile, complex and synergetic, modular model related to other different systems (not items) like operational policy making, interrelated health clusters and networks, patients and caregivers. Such model can spring only through on committed acceptance and profitable outcomes with the honest purpose to benefit at the greatest possible degree of existing assets and opportunities to improve the rest of life to live. In the research's design, each of the two directions gets similar importance and care following a given structure:

The first part (Acknowledge, Inspire, and Colligate) is dedicated to the medical and socio-economic environment and fundamental concepts linked to the necessity of introducing the complex systems and creative innovation contribution in the economic patterns development of health sector. Although there is a growing and rich literature concerning the description of "*linked diversity*" (Barabási, Newman, and Watts, 2006) thanks to the genealogies arising in this new given shape of real situation, new results come along on the scene, by considering the moral force of actors involved in that network of systems, inside a kinetic interoperability. Disclosing the advanced introductory assumptive building blocks behind different theories covering the selected field of research, the focus remains cantered on reaching a more complex

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and better view and understanding of facts and actions, allowing the driving of a compact approach linked to the societal side, as coverage in force of both social and institutional constituents.

Following that direction, the aims of the healthcare system entail to: a) get it acknowledged, to check, monitor and improve the health status of population and the clinical outcomes of care; b) improve social justice equity in the health status of each individual; c) take care of public money and spend it wisely, by reducing encumbrances and economic burden of health and care; d) raise and pool the resources accessible to deliver health care services. The goals are to be achieved through a wide functional logistics put in movement by the useable functions of the care system: promote prevention, boost health education, nudge the health services towards the real quality; raise the life standards and expectancy; assure maternal and child health, family planning, adolescent health; hold and control the local endemic diseases; supply immunization services recognized as valuable and desired as necessary; prevent, assess and manage the common diseases and injuries. The present research will consider their limited review.

Chapter one makes up a vademecum of the empirical literature providing specific information about the fundamental concepts, the ways they operate in medicine, care and managerial business, giving a rise to a universal image of a system of systems in health care sector. The research takes on shape based on Lancaster and Stanhope definition of health care delivery system referring to the "*totality of resources that a population or society distributes in the organization and delivery of health services*" (2011). It also let in all personal and public services performed by individuals or institutions, for the purpose of maintaining or restoring health.

The need for healthcare services is considered, from economic, social and human points of view, a gained demand educed from the general demand for health, in order to recover or get closer to the initial health capital. Part of the universal capital of human beings, health is also part of the society physical and intellectual working capital of which requires the maintaining of a permanent allocation of resources to keep the health stock ready engaged for the regeneration and future consumption and the genetic transfer towards the next generations. Outstanding scientific researches address to the various aspects of innovation in different fields like: technology services management, quality management, operations and operational management, logistic operations, corporate behaviour, product development strategic management, marketing, economics, with "*incomplete linkages in evidence across all those areas*" (Hauser, Tellis and Griffin, 2006). This contends that research efforts require the carrying on to determine the contingencies between various theories in the field: Brian McKenzie (2009), Abrahamson (1991), Eveland (1990), Tomatzky Fleischer (1990), Van de Ven, Rogers (1988), Mohr (1977), to identify the lack of the concept of added value management analysis and to move the research on, in the medical and health domain. As Wolfe suggested (1994), an innovative research is developed into "*three main directions*": 1) diffusion of innovation, 2) organizational innovativeness, and 3) process theory, each of them being explored and explained in different ways, from classical perspectives, to new and modern dimensions. From this position, the concepts of medical, health and care landscape have been mapped, here, under the multidimensional innovation influence to broaden the horizon by transcending the boundaries of scientific and technical development of research and embracing as many sides as possible - economic, technological, social, societal and institutional including the complex dimensions of human, nature, organizational and operational factors.

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The second chapter provides a retrospective and prospective analysis of the needs for innovation and creativity application in the health systems outlining the specific characteristics of the health care system as an integrative supplying logistics for market potential and services administration, system of which we all are part of our entire lives. Given the highly technological and creative approach of both medical and healthcare domains - including corresponding management and policies, - innovation brings into alignment and develops a combined construction as: a) concept and manner of acting - based on mixed perception, statistical issues and real facts, and b) organizational mainspring earning competitive advantage, enhancing performance and building the future in a fulfilling and successful way. This implies a complex and agile organization of different flows of assets - people, institutional entities, resources serviceable to delivering care, to offer the satisfaction of achievement by meeting peoples health needs by different health categories and social-demographic classes. It is important to stipulate that one of the medical act approaches refers to the patient-centricity, as the main donee, having the benefactive role of a consumer of health services, as a client and not as a customer. Inside the health environment the customer could be any other medical and non-medical member or entity together with any component of the community having a related serviceable request. Customers may be less informed about health services than anything else they have the right for or they purchase.

Chapter three reflects a plain explanation on the way concepts and processes are linked to diseases' empathize and they serve both health and society as one system. The classical approach of the health care system is unique, given the universal right of health of each individual. Accepting this approach there are no doubts that the healthcare has been primely understood and developed as a non-competitive market. There are, of course, well defined restricted entries into the health care system. At present, the relations inside the health and care markets require new understandings and behavioural adjustments. A deeper attention is yielded to the natural structures of the health care system, to the new medical players and their objectives, to the business oriented operational functioning, to the interoperability with the entire society. And for this reason the thesis commits in understanding and exploring those forces that realistically drive the power of a nation in the field of educative health management, assuming the chances for better assessing the costs versus benefits with all advantages, burdens and consequences, in order to generalize an added value analysis as collateral service in the Medicare environment and performing indicator in the managerial systems and standards. It becomes obvious the necessity to embrace a new concept - serviceable health delivery - rather than rendering health services as the first concept is closer to health meaning as a business competitive industry and market.

The second part (Connect, Empower and Change) appoints farther the study of creative models to be applied to the health domain as an innovative contribution. In particular, the contribution is drafted for presenting the first possibility of real-time full administrative carrying into health services actions as a competitive business on a competitive market cantered on a new concept of total active satisfaction. Therefore the research has been delineated following the basic premises regarding the interdisciplinary researches in the field of: medical sciences and pharmacology, health and care management and services, and medical business administration. The multi-dimensional-based research (Pässilä *et al*, 2013) has been introduced as an innovative technique of intervention – aiming to develop public health care services, in an acceptive and committed way, as a qualitative research method for interpretative user-driven innovation processes. Multivariate analyses of facts, experiences and data on the motivating factors generate

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multidimensional perceptions of the costs/benefits realities as stated by international and national establishments along the years.

According to Rosamond Hutt (2016), the "*international challenges tackling the actual multi crisis are complex*" and shape the future development: hunger, malnutrition, food security, societal inclusion, employment demeanour, climate changes. They touch on all levels of the medical, health and care serviced sectors. Hence the repositioning of health concepts requires deeper understandings of the real cases and their managerial limits from the evidence-based practices.

The fourth chapter is cantered on the health fortification through innovation whiled explores the potential advantages of an innovative model of integrated management for the health sector as a whole, not only for Medicare system, in order to diminish the national burden and make people aware of the importance and benefits of the self-engagement and education, for their own future and comfort in life. The assets scarcity compels governments, establishments, staffs, and people to behave proactively and to bring into existence more added values for the society and for their own benefit. The constant of the new system is the aggregate synergy as shouted from processes' interoperability, through acceptance of the whole context, self-presence activation, returned added values' use and general commitment. A good general mental and physical condition remains fundamental not only for the future of any individual, but also for the future of nations, in their continuous struggle to handle specific interests.

Chapter five is consecrated to the embedded health rewards and Medicare management. Taking the real path of profit and mindful commitment - recommended to be total, credible, and highly motivated, - the analysis prompts the medical relation with patients as the core of the embedded network driven approach of all activities as related to those creative clinical or administrative experiences to develop into new needs, opportunities, inspirational knowledge and viable practices to enhancing the hidden performing of the social capital and consolidating the innovatory services. Thus, since the very beginning, the research presents the necessity of such a demarche, outlines the major challenges at international level, and tackles the critical multi approach understandings and the new repositioning of health concepts and issues as ascertained, recognized and accepted by the European and Global bodies', in their policies and recommendations.

Towards the end of the dissertation, in chapter six, decisive guidelines are outlined for policy makers, as issued from the successful lessons learned elsewhere. The outcomes from different models and systems are here analysed within the context they were implemented in. Pillars of a robust reform in health are ramp up and a model is also proposed to better serve the strategic use of international entities' funds, to feed the innovation both into new cures and treatments and equally in punctual serviceable health and care dispensation as true competitive businesses. The skeletal frame analyse of the medical and health management and policies bounces on the fundamental pillars of the dynamics in the fields, dwell a personal approach of facts, events, and perspectives. The static approach based on individual units (treatment, patient, and clinic) is replaced with a dynamic relational perspective where the social, institutional and societal relations integrate and consolidate the added value return, based on total serviceable satisfaction and generate a mindful and committed attitude and behaviour. Hence, this approach wants to be original, dynamic and innovative, extending far inward with inscrutable accents on the need of European Union standardized views and the Romanian particularities.

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The last chapter is dedicated to conclusions where a revision of the presentation is followed by other detailed elements limned in the master presentation of the thesis. Important scientific elements are to be outlined for a correct assessment of this paper: the introduction of a competitive, business correlated approach of the medical and health activities that, through the palliative tasks could be traditionally considered as business administration of medicine and serviceable care delivery; innovative correlations with different sides of the management activities (medical management, administrative management, operational and risk management, time management, sanitary management, hospital management, healthcare management, palliative management, claims management, pharmaceutical management, all synergistically linked for the first time together, by integration, with innovative management, signal management, relational management and health technologies assessments management. This helps proving the switch from health delivery to serviceable medical and care delivery, underlining the returned added value incorporated by good competences, the performing and committed attitude and the highly qualitative deliverance of any activity. The fact that not an item but a relation is now the core of the relational-based net management will move the facts straightforward as it will be easier to identify and analyse pairs of assessed behaviours and data to reach the best of answers and new target to take.

The research purpose scrutinizes collateral sides as well, to emphasizing the business and profit orientation of the sector: a) looking for alternative answers, by applying complex scientific procedures in order to discover hidden truths or understandings; b) gaining new exploratory considerations, deep perceptions and understandings of the present situation; c) tracing new interdisciplinary and inter-linked sectors/domains/sciences and d) generating later associative diagnostics, prior to give examples of hypothesis' insights. The research acknowledges that Health Management, a domain of recognized authority and pedigree, classically describes the leadership and the general management of hospitals, their networks and/or health care systems and retains the international dimension and use of those terms at all levels: management of a single health institution providing medical or care services. Thus, the health systems management terminology is partially recognized and accepted whether any administration or health facility attained the medical and care specific goals, running smoothly and performing their jobs so that patients understand that they are together to accomplish common goals.

During the medical collaboration between medical staffs and patients, the first ones sustain any other societal preventive and preventative or collateral needs (reports, medical letters, treatment results and the relations between their issue and patients), and avoid any supplementary burdens or encumbrances provoked by patients' body damage and illness. Once these clarifications solved, the conditions of elaborating the research hold up beyond the time homogeneity and the scientific substance linearity of the environmental situation in medicine and healthcare around the world. Actually, economy and society are too complex to be analysed and administrated only via classical, traditional concepts. According to most references and dictionaries, the word medical represents the branches of medical science dealing with nonsurgical techniques, while medicine includes surgery. A medical corpus is formed by graduates of health schools and universities (physicians, specialist doctors, charge, specialist, staff nurses and midwives and nursery nurses), trained for different types of medical schools, looking highly devoted to their jobs, treating, preventing and alleviating the symptoms of any disease together with other non-medical administrative staffs. They are supposed to be totally engaged in their dialogue with patients, supporting their wishes for living at high standards both physically and mentally. They are also supposed to be assisted

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by the rest of the health workforce - the non-medical staffs: healthcare support workers, registrars, statisticians, and so on, to diminish the administrative burden on doctors' shoulders and liberate them so they could spend more time with the patients instead of hampering them with administrative burdens.

The healthcare is mainly focused on keeping the mental and physical health, between the touchstones, standards or norms of the good conditions, and treating the people who are sick and their illnesses. Usually this happens by providing complete therapeutic schemes or treatment algorithms under wide examination and monitoring services, by highly trained medical professionals. As several constituents, exquisitely, require some shaped clarifications, the present research is directed to explore public health and care delivery, comprising the state of being healthy, the concept of health, the public and the private health of public recognition. General references are directed to social insurances for the ill and injured people including the two kinds of schemes for public and private health and care delivery, while the Medicare activities are part of the national public health system, financed by taxation.

The realistic added value (less returned than needed) of the medical and healthcare activities is rather ambiguous, coming from subjective interpretations, rather than eco-lighthouse certification of integrated, permanently assessed activities. Since the research construction has considered data from various official and internationally recognized databases where countries like Romania are, often, let aside or incompletely represented with proper data in long series, the paper reached some implications and its own limitations. Missing or reported incorrectly data encumbrance the dynamic cross-sectional analysis and their full assessment. The stipulation, in different documents of unlike versions of the same indicators, emerged in limited, non-representative decisions of relevant respects. The technique is usually used in gerrymandering management with the obvious purpose to manipulate assets and people and speculate personal advantages as a political position. Therefore, active readings around the topic, taking notes and mapping out where personal arguments settle, make up outstanding steps taken along the research.

The theoretical part of the research went on with perusal of the most outstanding published works links to the topic, through reliable data sources such as (World Bank, United Nations, OECD, EUROSTAT, national statistical offices), archives of public libraries and print and electronic versions of published academic papers quoted ISI Web of Science and Web of Knowledge, allowing also an enlargement of the debate and designing the personal contribution to give for the thesis.

As the research corroborates results of different international studies, the novelty consists in the way the health service is analysed: as an aggregate of national security and safety importance, and a facilitator of learning from the multidimensional experiences to bridge the gaps between the patients, medical staffs' and decision makers' perspectives, for a better service delivery, cost reductions, and collateral benefit effects.

Analysts like Fletcher and Brannigan-Smith mentioned (2004), that the novelty and the success of any research are reached once "*new tools are identified and used*" in rationalization and social desirability bias to "*reintegrate the added values, as significant contributions*" (Monkerud and Ytterhus, 2013). In a period of time when all governments put a hard political pressure on their citizens' health outlining the national financial burden, the public expectations shape new calls for implementing a proactive behaviour in creating a real and integrated added value system to satisfy people's necessities, to spend less, and impose governments to do a better job for citizens, society and their nation.

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The health is more complex than people and decision makers could imagine. Similar to a galaxy, the system responsible with maintaining health is composed by central and local authorities and decision makers' entities, medical and non-medical staff, non-governmental associative collectives, religious communities, former, actual and potential patients, each of them highly interconnected and part of a bigger entity. From this perspective, the patient is the last on the list. Establishments and other entities have not only their own dynamics and laws, movement and rhythm, interests and motivations, but are linked and influenced by the general movement and rhythm too. The performing tracks brought out from the huge network-driven considerations remain a good lesson to take if translated in sustainable recommendations and policies.

The time to ignore the complexity of the societal postulates gone for good; now it is the high time to alter the classical approach with a neural driven coming near high satisfaction services dressed in innovative dispenses. Therefore, the current thinking, based on pioneering examples and work, shed light onto acceptance committed to opportunity recognition, performance identification and decision making that could become referential, if embedded.

The strategic use of European funds gives a new hint for integrating the concept of serviceable innovation into new trusted cures and treatments, health policies flexibility, healthcare services trust delivery, in medicines and protocols regulatory principles used and implemented as agile entrepreneurial, profitable business leading all actors involved. Given the high technological and creative approach of both medical and healthcare domains, including corresponding policies and management, innovation focalizes and develops a combined construction - concept and manner of acting – based on mingled perception, statistical issues and real facts, as an organizational mainspring for gaining competitive advantage, enhancing performance and building the future in a fulfilling and successful way. From the large variety of research typologies, the followings were retained and used:

- Ex post facto research for more descriptive than analytical situations as they exist today. Under the impossibility to take over the variables evolution because of interruptions of data series, an accurate presentation of them is used to present a picture as a whole.
- Outline the fundamental facts to sustain the lack of applicative innovation. The present paper bounces on general formulations of a health management theory looking for new innovative shoots for immediate solutions of acute problems that society is facing. The studies referring to organizational and human behaviour carry out the fundamentals affecting the social, economic or political nature of facts aiming to discover solutions of practical problems.
- For the good of the paper both quantitative and qualitative analyses are considered to outline organizational reasons of decision-making and management, to understand policies motivations and results obtained, to identify limits and constraints, to explain the reasons of under development. Thus, various factors may be expressed, analysed and put before (Young, 1960) being stated; however, the application of qualitative research remains relatively difficult.
- The conceptual approach of the research is related to international dates, acts and facts, based both on classical and modern scientific theories and results, as start points of new conjoint analysis and interpretations.
- Some assumptions and judgments spring from observation, documentation and field research, at their source. The experimental design, of which the personal thinking is developed, has been provided by

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working hypothesis or judged from desired information. All other variations of research are approaches based on the same initial purpose, outlining facts as a one-time research (vertical research), touching several levels or dimensions.

- The study departs into the causes of things being exploratory prior to be formalized. Sometimes, the historical approach is used when the medicine and health care evolution is described, based on historical sources and documents, denotatively mentioned.

The doctoral thesis is also conclusion and outcomes-oriented as some proposals and solutions are presented to improve the health and care services activities as an integrated system, once the main issue identified enquiries redesigned and coming conclusions conceptualized. The efforts made to emphasize appropriately the health situation and the needs to realistic reforms are more interferential than qualitative or quantitative as facts express characteristics and relationships in different administrative domains. Pragmatic solutions, already in force, are given by the vivid examples of ***European Reference Networks*** (ERH) – as interconnecting operational systems and by the ***health technology assessment*** (HTA) as a highly technical multidisciplinary tool of operational management.

3. Reverberation on How to increase locally the benefit induced by ERN

The new ERN concept is to build an embedded applied science, issued from all the old European existing networks and nongovernmental bodies working in this field, in a domain generally classified under the classical typology of diseases (cancer, kidney, endocrinological diseases, etc.) to cover the full spectrum of congenital and acquired conditions and provide modern treatments to as much as possible patients and treat those not identified as sick people yet.

The ERNs has started to contribute at boosting the general economy of rare diseases, use more efficiently the health resources, contribute to the national knowledge increment and regional solidarity to cure all patients in need, under similar conditions of approach and treatment. Sharing the knowledge on different diseases in a framed way will enable the use of the most modern medical, care, and managerial platforms to unable the skills and treatments development - eHealth and telemedicine - will give a practical effect of experimental and working visits consequences, will transcend the training activities to its more pragmatic side, increasing the medical dialogue, give more accuracy to communication and dissemination and reduce the diagnosis timing under less tests. Each European state member could get involved bringing knowledge, specialists, resources and treatment cases, if initial conditions are respected.

The ERN keeps running since March 2017 and already have been described as identified about 8000 syndromes occurring at a rate of 1 person in 2000 potential patients.

The new networks are decided to work in the following directions: kidney diseases, bone disorders, craniofacial anomalies and ENT disorders, epilepsies, adult cancers (solid tumours), haematological diseases, urogenital diseases and conditions, neuromuscular diseases, eye diseases, genetic tumour risk syndromes, diseases of the heart, inherited and congenital anomalies, congenital malformations and rare intellectual disability, respiratory diseases, paediatric cancer (hemato-oncology), hepatic diseases, connective tissue and musculoskeletal diseases, immunodeficiency, auto inflammatory and autoimmune diseases, neurological diseases, skin disorders, transplantation in children, hereditary metabolic disorders, multisystem vascular diseases. As for the future treatments – the myoblast grafts consists of the injection

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of muscle cells in the undifferentiated state, in order to settle such muscles. Various gene therapy is to inject a portion of the DNA (DYS gene) thereby allowing the manufacture of the missing protein in following colonization affected muscle.

This technique can also correct mutated DNA of the patient. To bring the change in the rare diseases home, focus should also channel to:

- industry-wide shift towards rare diseases as potential scientifically tractable and commercially attractions,
- knowledge and data gaps step-down between regulatory assessing risks process and yielding the innovative drugs market authorization,
- development of the reimbursement process within a clinical effectiveness reported at cost-efficiency in national health and social care systems,
- sharing the science, treatment and care knowledge among all countries concerned as none is able to find general solutions in the rare and complex diseases chapter.

In all countries, rare diseases are and should be considered a public health priority in any country. Many of the rare diseases still remained undiagnosed or are too lately diagnosed because of very few knowledges of them, because of very few doctors acknowledged in these researches, because of the reduced number of specialists in genetics and the absence of specialized genetic diagnostic centres.

There is also insufficient information on an adequate scoreboard for both specialists and patients allowing for correct diagnosis and application of existing good practices and treatments, for adequate rehabilitation and societal integration. The few working networks of specialized centres are not affiliated to remarkable regional/international networks of specialized medical centres in force for detection, diagnose and track patients with rare diseases. Laboratories testing to confirm genetic diagnosis performed mainly in big cities, under very high costs, not always recognized and reimbursed by the smaller states where there are no protocols, procedures, guides to good practice in use and where the patients' identification is hardly and improperly monitored. Such situations come along, in blind, with confused statistical studies on the frequency of rare diseases. In countries like Romania there is a high need for a sustainable activity for early diagnosis and access to treatment, inside a strong network of specialized social services of which development be sustained by permanent monitoring, statistical data recording for a better detection of rare diseases and genetic counselling of both patients and their relatives.

In Romania, the non-governmental efforts of different associations involved in the rare diseases, succeeded to set up the National Council for Rare Diseases (in 2013) - by affiliating Romanian Society of Medical Genetics, about 30 organizations and groups of patients linked by those diseases, a large group of specialists and only few representatives of the central administration. The purpose laid the foundations of a Rare Disease Plan to implement a coherently mechanism to eliminate the scientific isolation and develop suitable treatments. Notwithstanding, the results achieved are discontinuous, uncorrelated with the daily efforts made by authorities, specialists, patients and their families, for a more consistent central policy in the field. Some improvements are already visible. Nevertheless the implemented results are still in suffering as the visibility is searched ore for the political reasons than the patients cure and satisfaction. Thus, the National Agency for Medicine and Medical Devices (ANMDM) is increasingly collaborating in the field of regulation with European Medicine Authority to set, and tune the national activities with the

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European recommendations within the medicines regulatory network, with those activities oriented towards the human medicines and medical devices. It handles applications for all medicines that are authorized nationally, conducts post-marketing surveillance and enforcement in their territories, authorizes clinical trials, provides national scientific advice, supports innovation and conducts inspections. ANMDM also coordinates the pricing policy and reimbursement for human medicines- outside EMA's role. The President of ANMDM is, de facto, part of Heads of Medicines Agencies (HMA). It should get acknowledged about EMA's role and apply it according to the European Union recommendations in the following directions:

- coordinate the scientific evaluation of those medicines that are authorized through the centralized procedure (the majority of the new ones),
- support for innovative products (including the provision of scientific advice and qualification of biomarkers),
- design orphan status or classification as Minor Use Minor Species (MUMS)/limited market, agreement to paediatric investigation plans (PIPSs),
- coordinate EU wide work, policies, recommendations on safety monitoring of medicines.

Under the strategic priority areas- four key themes - regarding the human health, veterinary medicines, operation of the network and global regulatory environment, authorities and Society - are called to understand better the fundamentals and new borders of modern medicine evolution (diseases, policies, technologies and treatments), to gather accurate and more reliable information about the new scientific basis of new diseases, to define them and to harmonize the knowledge for of the old ones.

The new major public health threats are linked to the eco-demographic changes - aging, migration, increasing costs of living, relative pauperization, complex development of the new medicines, antimicrobial resistance, new/old infectious diseases, and genetic diseases and dementia poly-pharmacy and co morbidity. Therefore, the 2015 European Strategy in the field of reinforcing innovative cooperation between science, regulatory agencies, decision makers and academia relies on: an increased integration of the mixed knowledge for its faster implementation and entrepreneurial bounce in their development through the European medicines regulatory network that facilitates the translation of their scientific discoveries into patient- focus treatments. Since then, achievements are more visible in technologies than in operational regulations.

The European Medicines Regulatory Network (EMRN) should be accepted and used as a unique model in the global regulatory environment, a network of all national medicines regulatory authorities for both human and veterinary medicines from Member States in the EU and EEA, united in the Heads of Medicines Agencies (HMA), and the European Medicine Authority (EMA). Serving a population of over 500 million, it has within the world's 3rd largest population after China and India. According to EMRN vision and mission, patients and animals have access in Europe to medicines that are safe, effective and of good quality. Patients, healthcare professionals and citizens are provided with adequate information about medicines. To be relevant and cover the future's needs, to accomplish efficiently and transparently its purposes, EMRN inquires a wider cooperation with other regulators in order to respond to the increasing globalization of the pharmaceutical industry calls for: concept "*One Health*" or "*Personalized Medicine*" a getting together approach based on human and veterinary medicines regulations; innovation, new technologies,

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personalized medicine covering unmet needs; monitoring benefit-risk balance of medicines throughout their life cycle, based on real world data especially in case of earlier access; maintain continuous access to existing medicine and build robust supply chains; supporting the development of generics and biosimilars (biologic medical product almost identical copies of original products manufactured by different companies) non-prescription medicines.

Acting according to the principle of doing, checking, acting should not be seen as a once-and-for-all actions; one may go round the cycle more than once, particularly when: starting out; developing a new process, product or service; or implementing different changes.

All the above will keep the door open to farther chances to rare diseases patients granting an easier access to health and social care services (identification of rare diseases nature and causes by studying the symptoms, medical check-up and monitoring, access at need to the appropriate drugs used in medical treatment, alternative and complementary health and social care) to patients no matter who they are or where they live.

The good network driven governance will help sharing and spreading expertise, will promote the good clinical results, will disseminate the best practices and transform them into recommended guidelines, will empower the patients, will improve knowledge, will give a new hint to basic research, will create a happier life for people ready to return to work and bring back the hope inside the society ready to embrace happier citizens.

More and more scientific studies depict higher concerns: (Murray and Lopez, 1996 a&b,) for defining the "*evidence-based health policies*" (Dobrow, 2004) to strengthen the global health as a core component of the world sustainable development. Important efforts are done to:

- determine countries to adhere to the international ware data to develop comparable and solid analysis basis in all healthcare sectors,
- find the right way to guarantee a sound, effective, efficient, profitable and equitable use of society's money (from public and communities sources) for all citizens' health,
- identify decent solutions to provide full access to high quality health services and sustain the care through different programs,
- promote and sustain the role of the health preventive education together with each individual's responsibility towards their own health and healthcare,
- reduce the bureaucracy and limit the burden of governmental expenses, considering also the need for aggregated gains at societal level,
- create the possibility of the free access to any medical services, if the society understands the principles and is ready to implement such a vision and strategy.

4. The Health Technology Assessment – An Innovative Tool to Fortify the Access to Health System

The today healthcare concepts compound core and side of the modern science and technology more than of the managerial one. This sends the links toward the non-discriminatory access to medical act and scientific information, the highly educated specialists, innovative adequate medication, revolutionary medical devices and equipment and improved services' delivery. As the care services consume large

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amounts from public and private sources, rules, monitoring and assessment for transparent and wise spending become more than necessary, for patients and entities' benefit. So the quality of the managerial activities increases in importance while the structural aspects of the health services sustain the skills and the strategies' redesign. To a greater extent, factors are identified as influencing decisions: integrated cost benefit analyses, need for remediation templates issuing, examination of possible choice based on different choices and scenarios' architecture.

The responsiveness of a health system and the patient's preferences undergo as important parts of the governing interests. Now, the doctors' engagement is cantered on a complex approach of the patients' health and related to value and importance. It is now noticed that their high professional-moral value denoting responsibility in saving lives doesn't account when material resources are missing, when patients' number and their diseases' severity exceeds resources, when they are hold back to access innovative treatments. Important diseases are taken apart because of lack of medical education and prevention, because of watery knowledge in understanding behaviours and treatments' fundamentals. It is pointed out that the quality of health services stays under the influence and sustainment of creative innovation application, of which influence dominates the health research, the Administration's management.

The strategies of the big corporate in pharmacology and biotechnology emphasize permanent pipelines of reverse revenues to cover the investments made in drug research and development. The ferocious competition looks their common interests and partnerships are invariably applicable and potent. This approach is melding with the development of Merchant Medicine, a new a very dynamic player on the medical market, tracking the growth of retail medical care services.

To promote the good goals of the medical and healthcare activity, important rigors are appealed to be considered: a) strategic purchasing directed on quality and financial parameters, b) health technology assessment (HTA) in setting priorities, c) monitored transparency in taking decisions, d) transparency and rationale in investments, e) price reductions for Pharma produces closely linked to proof regarding the relation cost/effectiveness, f) rational use of dispensing, g) wise step-down of all disbursements (administrative, medical, nonmedical).

Under the technology and science hold, new activities, professions and decision-making processes design the socio-economic boundary, based on new-fangled principles of management, acting out in the beneficial interest of the people; not harming humans; inducing autonomous decisions in full freedom and knowledge relating to the ecosystems interactions and contributing to an equitable distribution of the benefits associated with the accessibility of intelligent home's assistance delivering also healthcare.

There are plenty of situations when the patients confront the discontinuity in treatments and therapies, given the errors in therapy protocols, health management coverage assessments and supplementary reviews. To avoid negative outcomes of such situations is necessary the direct access of prescribing/ordering providers, at upper, associative level, for the same treatment management program.

The health reform suffers damages if: the cost for a medical visit increases, less people are covered by the public insurance, the coverage value and conditions are reduced, the waiting time for essential services is disturbed, the quality of medical act is perturbed by the medical staff diminishing salaries or increasing number of working hours imposed.

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A very technical and targeted field of the implementation of the scientific innovation, which is based on a day-to-day practice, newly introduced in the real life, in order to give a modern and efficient form to the regulation management in one of the many national agencies of Romania (National Agency of Medicines and Medical Devices - ANMDM). My collaboration with ANMDM represented months of observation of the dynamic behaviour of the regulation and assessment systems of medicine approvals under controlled conditions, weeks of verifications and comparisons between EMA network and their different procedures put at work, hour of discussions with the big international pharmaceutical representatives in business meeting or international conferences to decipher their objectives and interests and to identify ways to add it to the societal gain. The approach generated outstanding results seen in the structure organization and human resources adequate improvements, as subjects to rigorous formal controlling analysis.

Applied to the field of human medicines, HTA is the main used mechanism, to improve the access of patients to innovative medicines. Under the national authority with competencies in the field, the HTA may be the driving force of this process by which European recommendations could come closer to each nation citizens through reimbursing innovative treatments, making accessible to all people the most innovative results of medical scientific researches, treating better hundreds of thousands of people diagnosed with highly severe diseases: cancer, cardio-vascular diseases, rare diseases and so on. HTA is a young process in the field of scientific research, a dynamic mechanism of optimization and active implication of patients and health professionals, to support the political decision making to drive the health sector to its success. An aggregated but versatile strategy is required to build a nationwide health infrastructure allowing the data sharing between all health's players: providers, consumers, and payers, according to fundamental principles built on patients' interests, safety and security.

The health management information systems are, in fact, business information systems, providing competitive advantage based on document content, analysis within data base applications and business intelligence software's able to make technology uses a better support of the decision making to develop the medical and administrative acts also as profitable and performing businesses where all data recorded.

The current research addresses the necessity that the today HTA process be officially put under the executive lens - framework, mechanisms and actors involved, to emphasize the results already obtained and design its prioritized strategic path to obtain the maximum of benefits for both society and any patients in need. Principles and procedures of inquiry and investigation serve as centre of operations and engaging the most appropriate methodologies to look up for:

- the scoping review on the conceptual underpinnings of health activity;
- the critical analysis of health workforce data, indicators and register methodologies;
- the innovative methodologies (open innovation, business model innovation, lean start-up, social, e-innovation, reverse innovation) on the experiences and motivations of the mobile health professional;
- the literature analysis and experts points of view to capture the impact on different aspects of the medical life and health sector development, the need for new specific policy instruments and the role of innovation in using the signal management impact as a major suggestion of advancement (improvement, growth and robust development).

The different perspectives employed by medical specialists and management leaders enforced the multifaceted analyse of socio-eco-medical concepts. These days, innovation's definition goes far beyond

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the definitions given a decade ago: it is not only a "*tool of entrepreneurs*" (OECD, 2005), used to exploit opportunities; it contributes to the development of new liaisons, opens the research boundaries, links strongly different players of the medical act, create a new generation of partnerships conducting to new discoveries put at the humankind disposal. And this is the most important area for this study. Behind the concept of innovation, exists and develops an assembly of broad, complex, sometime chaotic processes, focused on renewal. Their approaches are often described by different characteristics: nature (incremental, radical), object (product, service, process, and concepts), and dimensional level (intra, inter, open). Hence, they represent a multidimensional developments' collection, as many venues within the field of open innovation, all founded on solid theoretical findings and investigations of new trends or specific niches providing new perspectives in addressing the growing and transformative complexity and sometimes the confusing nature of the innovation concept. Nevertheless, the resistance to such changes is always present, for various, specific reasons such as: the fear of moving forward to the unknown (including the loss of profits, earnings or benefits) or the lack of tolerance in undertaking action and assuming new responsibilities, the decision makers' inability to accept the change, their arrogance and disrespect towards others' capabilities, capacities and skills to design better patterns and projects.

The inherent irreversibility of those processes claims: a) intuitive knowledge and courage, b) manipulative management dismantling, c) decision making robustness definitely based on the reality show of facts than on isolated, inadequate statistical data, d) self-confidence, self-awareness and commitment related to individuals, idiosyncratic attributes and behaviours. However, the description of a dynamic sector such as the medical one requires a heavy real-time updated lectures, a huge data base of information analysed and processed using evolution equations for large quantities of information from many sectors of activity and from far more numerous economic and business agents. Usually, stochastic models are preferred to construct the global trends.

The complex processes of economic information are tremendously dynamic, and demand large interpretation based on nonlinear dissipative models. Recall the different attractors from economic cycles can only be explained as synergetic effects by non-linear actions of consumers and producers, different production and distribution policies. Even in management, the complex models are discussed in order to support creativity and innovation by nonlinear cooperation at all levels of management and production. Merely, the experience shows that the rationality of human decision making is bounded. Human cognitive capabilities are overwhelmed by dramatic challenges and the complexity and randomness of the nonlinear systems they are forced to manage.

Challenges are more and more present in the big loss of the pharmaceuticals' market capitalization, in the "*market versatility*", and ever "*new treatments findings*" (Douglas, 2012) for more complex disorders such as: cancer, obesity, diabetes, infectious and cardiovascular diseases, mental disorders or orphan conditions, - called rare and mainly unknown to the health care professionals, - many without a cure treatment (NHS Commissioning, 2012). Under these conditions, "*not easy to understand*" and manage (NSH Commissioning, 2012) more consideration is absolutely essential to avoid the unimaginable consequences. While deepening the research innovation in the medical and healthcare management fields comes into being the coordinate compound and solution and it necessitates a favourable environment endorsing the take-off of news ideas and their successful implementation; it is expected it will neither destabilize nor hinder the "*entrepreneurial energies*" (Douglas, 2010).

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Today's new challenges test the medical, health and care sectors, pressure the real time adaptation for better serving patients with needs and require open policies to diminishing the society costs' burden generating an integrated proactive behaviour as a sustainable support of the real decisions. Nevertheless, this does not let the system to ignore the health care principles: cohere all medical and health care services, set into opposition with the "*fees for practice*" concept, defend the prepaid group practices. The spatial-temporal coordination of intra and inter flows and their relation with the stress and the speed of motivation in taking decision necessitate a particular attention.

According to this research, the identification of a synergistic model of motile small unit serving as part of a larger decision making and a policy system may strengthen the coordination activities' development and their consistency with living technical and social experiments while demonstrate that the added value bounces from multivalent aggregate coordination, vectorial flow and adhesion based on speed of motive and power of implementation.

The international beneficial experiences show the good results from some developed countries both healthcare research and in field implementation (Australia, Scandinavia, Israel, and Canada). However, commons issues beneath the national specificity touch are, also, present, on both the developed and the emerging countries agendas: a) the social and regional inequities and the stress caused by inequalities, increased poverty polarization and defective management in the healthcare field; b) aging population issues; c) cardiovascular diseases, traumas, depression, nutrition, diabetes, obesity and related conditions; d) micronutrient deficiency conditions – iron, iodine, vitamins B, C, D, Ca, Zn, Se; e) managerial standards performances and costs' assessment, monitoring and control; f) signal management referring to absorbing and implement new business techniques and new technology, deals with the last pharmaceuticals; g) human resources for the future generation of health labour force. Those countries deal with similar ever changing needs and demanding situations too: health targets and priorities (Benisheva-Dimitrova *et al*., 2008): a) make out the costs, benefits and losses and profits as an analysis of effectuality; b) reform in structure and content; c) health educative promotion, population-based health approach; d) migration flow consequences; e) "*switch from norms*" and good standards to "*performance indicators*" (Kalinichenko *et al*., 2013).

Challenges come also from the emerging markets pointing gaps in responsible awareness, managerial and medical education and big needs of investment in their health care infrastructure and complex logistics (human, equipment, ICT, methods of implementation). Other challenges relate to both new treatments' understanding and application under specific conditions and the lack of appropriate management and public policies implementation in the field.

The course of the society is sustained by information and communication technologies (ITC) that can't be left out as a result per se. ICT represent the cornerstone of improvement and nurture the living conditions, holding the socio-economic aspects and the lifestyle adopted. This is the reason why the concept of health related to the quality of life remains a progressive indicator within the set of measures regarding the efficiency in health care. Despite the sensitive and caution recovery in specific part of the world, the main problem faced by the medicine science and care services remain the same.

The health quality management requires sound periodic assessments for added value returns and integrated satisfaction, to designate the robust prestige of a system, along the societal life cycles. Its value

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is higher when associated with socio-economic markers, as statements of a good life (Smith, 1999); (Currie, 2009; Cutler, Lleras-Muney and Vogl, 2012). The investments in health and the central authorities' allotments remain disparate, in countries with low and middle incomes or sensitive political development. The absolute spending increases and relies heavily on out of pocket expenses, emergency and development assistance.

According to the European Union surveys run to assess the data quality (Bergdahl *et al.*, 2005), the dynamics of figures show that the typical and systemic problems act as the core of such a sore development almost everywhere: a) corruption, b) inadequate logistics and structures, c) volatile delocalization of both medical staff and patients who are looking for better care and services, d) increasing income inequality, e) lack of innovation. The health care expenditures remain variable, always in low-resource settings, even if is associated with the economic development and living standards. A general acceleration on the health change policy implementation could generate public health spending increase beyond the external indorsement through nongovernmental bodies' assistance. The analyses show that neither time nor economic development guarantee adequate prepaid health resources. Therefore, driving forces are required to improve the approach of health concepts prior to study the health state, the quality of life, and the legal protection of the population. It needs more than a revolution to implement the change; it needs revamped tools and it needs to build a robust attitude, a political allegiance for immediate decisions and sustainable reforms - politically agreed, financially sustained and markedly implemented.

An intelligent vision for smart times still remains vital: a performing business based on interactive analysis developed using intelligent tools of simulations are expected to pursue the universal health coverage. During the last two decades, the nature of the diseases changed towards more complex and with new conditions emerging; their incidence within a growing global population increased in such a way that what was unknown or rare once it is now recognized in high need of a targeted care and innovative treatments.

The advances are generally considered highly scientific, from various theoretical and applicative points of view: medical - as discoveries, treatments and therapies, applied care and organization, logistical structures, resources managing. Recently, at European level, more networks have been virtually created, comprising 900 highly specialized healthcare units located in 313 hospitals from 25 countries and involving health providers and high specialists to tackle the complexity of the rare diseases, to harness the intermediate and final results obtained and to apply, at a more general dimension, the specific results and special treatments based on a highly concentrated knowledge and resources. The main purpose resides in identify the ways to ameliorate the evaluation and diagnosis tracks to apply better and higher qualitative care according to measurable effects for both patients and the curing system.

The present interest in the potential of translational medicine to find the right drug for the right patient requires also the integration of several activities. These include: the search for biomarkers not only helps selecting the most specific compounds at a preclinical stage, but also serves predicting, stratifying and monitoring patients (subgroups) who will experience the requisite efficacy of the compound and an acceptable level of adverse events. The inherent sense of urgency, associated with the development stage, is driven by the competitive environment in which time to market with a differentiated product is an important determinant of success. Thus, the creation of special ware teams for individual efforts and for

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therapeutic franchises, which are called by development and commercial leaders, is more likely to foster the entrepreneurial behaviours identified within, such as ownership, outcome focus, passion and conviction, and the ability to recruit the best people. During the research stage, entrepreneurial behaviours are, often, compromised, by several characteristics that let in: a) increasing size and complexity of any research groups; b) larger portfolios and a focus on increasing the number of 'shots on goal'; c) insistency of focused middle managers on timelines and portfolios, instead of science, technology and leveraging external knowledge; d) influence on the business side of procurement department (too early in the process); e) evolving science and technology impact on organizational complexity; f) possibility of alignment between R&D heads and European Commission findings, decisions and recommendations.

The fundamental objective of the research as shown ex-ante in this prolepsis remains cantered on the study of needs, expertise, resources and limitations of the different actors (pharmaceutical industry, hospitals, patient associations, regulatory bodies in the health & medical care sector, academia), with the aim "*to identify and design a sustainable innovative model of leadership and management*" (Mihoreanu *et al*, 2013) that may act at the European level to "*ameliorating the feedback towards the today patients' needs*" (Mihoreanu *et al*, 2013). It emphasizes the need to expertise assets and limitations of different actors playing more or less important roles in the health industry and market: hospitals, clinics, diseases' and patients' associations, medical devices and pharmaceuticals corporate, regulatory bodies in the executive authorities and medical central and local administration, and offer an innovative and integrative model of leading and administrating the medical and health resources so that it will better answer the needs of today's patients.

The arguments for this demarche innate in the intricate role played by the medical, health and care sectors for all nations and the entire society at once, no matter the character of the activities: economic, social, political ones. The major job relies in taking out conspicuous errors from the trial-and-error process of drug discovery and management, so that the same level of expertise or resources that big companies have under their administration is put at a general disposal onto large models, portals, or platforms. Thus the model proposed here will insert a "flexible bridge *circuit*" (Bessant, 2015) over the clinical needs to the scientific discoveries from the public domain or industry within a new generation of Societal Integrative Partnering as the first step to build a new paradigm of total active satisfaction based on self-acceptance, capitalized returned added value and societal commitment. The technological configurations will induce an exponential impact if the assessment is condensed from social, economic, financial and societal points of view. Above all, the resources used in spatial and temporal manner could also be evaluated based on a theoretical conceptual framework, gathering the Compendium of Approaches for Impact Assessment of ICT-for-Development Projects (ICT4D) as Heeks and Molla (2009) or Gigler (2011) mention in their studies with regard at the "*perspectives of using the evaluation framework*" based on the capability approaches and on informational capabilities. Therefore, the multidisciplinary approach stays, compulsory on, at the borderline between different diseases, adequate pharmacology, entrepreneurial methods implemented, managerial theories and practices and ITC methods all covered in a new system of social education and societal benefit having multiple effects on the quality of life. Under such a frame, the wealth will not be considered as an issue, but the distribution of health is! Hence it will become reality the initial intention to dismantle the idea of going to the doctor for the last living chance and cure and transubstantiate the visit to the doctor into a perpetual form of awakened educational activity instead of a painful chore. This will show

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the path forward to both in science and in medical services providing. The new roadmap will go farther to show more efficient sides of health managerial administration; it will nest the synergistic relation between patient - medical staff - health bodies, inside the general practitioner's environment, and will help transforming it into an educational, social and cultural landmark legitimating gain of time and money on all sides. From the model cantered on treating a disease towards a patient-cantered and later on towards the team-based model transformed these days into the patients-centric model, a new approach is presented here, the P-GP centric, into a partnering performance-based activity, integrating the terzet to profit into the institution named Society (for patient, specialist and society as a whole institutional aggregated body). This way, the innovative process will translate through science into new commercial drugs, more accurate recommendations and adequate policies to sustain and implement a sustainable model which will add real value to the society by improving patients' health and most importantly by enriching the quality of their lives. The design and articulation of public policy working for the benefit of each individual will build the path toward prosperity and harmony between society and environment and will frame the collective gains into a new paradigm. Then the Hippocrates' Oath will be heartedly, plenary and richly fulfilled.

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