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# Management strategies to counteract the barriers to social innovation in public health companies

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## Abstract

Social innovation drives social transformations through sustainable and novel solutions, providing the necessary tools to address inequality and injustice while generating significant positive societal impacts. This research is grounded in the theories of Jareh (2025), OECD/Eurostat (2018), and Zaar (2022), among others. The study aimed to determine management strategies to counteract barriers to social innovation within public health enterprises. Methodologically, the research employs a quantitative approach, characterized as descriptive with a non-experimental, cross-sectional, and field-based design. The sample consisted of thirty (30) board members from public health companies in Magdalena, Colombia. The findings reveal a mean of 3.58 with a standard deviation of 0.67, placing social innovation barriers in the “moderate” category according to the interpretation scale (range: 3.40–4.19). Notably, the “social challenges” indicator received the highest score at 3.67. The study concludes that the presence of these barriers highlights the urgent need to mitigate obstacles through participatory, adaptive, and inclusive management strategies. Such multidimensional and intersectional responses are essential to foster sustainable transformations and co-create accessible, resilient health systems capable of navigating the complex dynamics of the 21st century.

**Keywords:** barriers to social innovation; social innovation; social demand; social challenges; systemic change.

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# ***Estrategias de gestión para contrarrestar las barreras de la innovación social en empresas de salud pública***

## **Resumen**

La innovación social impulsa transformaciones sociales asociadas a soluciones sostenibles y novedosas, proporcionando herramientas para enfrentar desigualdades e injusticias, generando efectos positivos y significativos en la sociedad. La investigación se sustentó en la teoría de Jareh (2025), OCDE/Eurostat, (2018), Zaar (2022) entre otros. El estudio tuvo como propósito determinar estrategias de gestión para contrarrestar las barreras de la innovación social en empresas de salud pública. Metodológicamente presenta un enfoque cuantitativo, de tipo descriptiva, diseño no experimental, transeccional y de campo. Se encuestaron a treinta (30) sujetos, pertenecientes a la junta directiva, de las empresas de salud pública de Magdalena Colombia. Los hallazgos muestran una media de 3,58 con una desviación estándar de 0,67, situando las barreras de la innovación social en la categoría moderada según la escala de interpretación (rango 3,40-4,19), siendo el indicador desafíos sociales el de mayor puntuación con 3,67. Concluyendo que las barreras de la innovación social en empresas de salud pública evidencian la necesidad de contrarrestar los obstáculos a través de estrategias de gestión participativas, adaptables e inclusivas con respuestas multidimensionales e intersectoriales que generen transformaciones sostenibles que permitan co-crear sistemas de salud accesibles y resilientes frente a las complejas dinámicas del siglo XXI.

**Palabras clave:** barreras de la innovación social; innovación social; demanda social; desafíos sociales; cambio sistémico.

## **1. Introduction**

In an era defined by global uncertainty—marked by socioeconomic inequality, climate volatility, and geopolitical conflict—public health systems face unprecedented challenges that jeopardize human life, social cohesion, and long-term sustainability. Social Innovation (SI) has emerged as a critical response to these systemic issues, offering novel solutions for challenges ranging from deep-seated poverty to healthcare inequities. Within this context, the Sustainable

Development Goals (SDGs) of the 2030 Agenda provide the essential framework for navigating these global crises and systematically improving population well-being (ONU, 2015).

Likewise, the European Union, through disruptive policies and programs such as Horizon Europe and the Social Innovation Initiative, has adopted strategies to promote Social Innovation Models (SIMs) aligned with the SDGs. In turn, the Organization for Economic Cooperation and Development (OECD) emphasizes the importance of researching, generating,

and disseminating guidelines to promote entrepreneurship and social innovation as tools that drive inclusive growth and social transformation, highlighting their positive impact on communities (OECD/Eurostat, 2018).

However, social dynamics, along with economic and cultural realities, have led the Economic Commission for Latin America and the Caribbean (ECLAC) to promote systemic change through sustainable and inclusive solutions. In this context, social innovation offers resources to address social needs, reduce gaps in healthcare, and generate collaboration and community participation in the co-creation of innovative strategies that favor the formation of healthier societies (*Comision Economica para América Latina y el Caribe.*, 2024; Morgan et al., 2025).

Researching Social Innovation Barriers (SIBs) within public health enterprises reveals a significant lack of conceptual and analytical systematization, largely due to the diverse contexts and domains in which these obstacles arise. To address this gap, this study examines the theoretical frameworks that both support and intersect with these barriers. Consequently, this article aims to propose management strategies to mitigate barriers to social innovation in public health organizations, while detailing their impact on relevant disciplines and identifying the systemic gaps that jeopardize effective problem-solving.

In alignment with the aforementioned objectives, a systematic review of high-impact journal articles was conducted. This process served to synthesize existing intellectual output and construct a theoretical framework with a systemic approach. The resulting framework is intended to guide future

research and provide a strategic roadmap for organizations to rethink and redesign their Social Innovation (SI) processes and methodologies. Considering the problems revealed during the research process and all the situations presented, the following question is posed: What are the barriers to social innovation in public health organizations?

## **2. Social innovation: Historical context, intervening disciplines, authors' contributions and barriers**

Social innovation has evolved significantly, driven by emerging management strategies that integrate diverse tools to address growing social and cultural needs. These strategies reflect the unique realities, aspirations, and values of the communities they serve (OECD, 2019). By nature, Social Innovation (SI) is both transcendent and interdisciplinary (Moulaert et al., 2013). According to ECLAC, it encompasses novel models and approaches that serve as dynamic, adaptable responses to social challenges. Furthermore, SI is shaped by a variety of disciplines—including management, politics, sociology, economics, education, and technology—each offering unique perspectives that converge in a transdisciplinary manner to provide holistic solutions.

Today, this collaboration allows for the identification of problems and the creation of sustainable and innovative solutions for well-being and systemic social change (Jareh, 2025). These are used to address inequality, climate change, unemployment, and lack of access to services, reflecting the need for holistic approaches that involve

the entire community (Renn et al., 2020). From a managerial perspective, researchers infer that social innovation is understood as a process aimed at offering new solutions to social problems that have not yet been addressed and resolved in companies. This approach focuses on organizational innovation and the continuous advancement of its integration into institutional structures, based on the principles of effectiveness, efficiency, and profitability.

Regarding the intersecting disciplines, management provides the framework for developing strategic initiatives and executing projects centered on change management (Salim Saji & Ellingstad, 2016; Sukier et al., 2020). Conversely, politics plays a decisive role by establishing the regulatory environment, which can either catalyze or constrain the growth of social innovation (Gomes, Tunes & de Oliveira, 2020; Villalobos y Ramírez, 2019; Villalobos-Antúnez et al., 2022). Furthermore, sociology and social studies are essential for contextualizing cultural and social dynamics, ensuring that initiatives align with the specific challenges and value systems of each community (Bautista-Gómez & van Niekerk, 2022).

One of the key disciplines in the creation, development, implementation, and evaluation of social innovation is inclusive education, which empowers communities and trains them in social skills. Furthermore, technology, to systematize processes and/or services, and the integration of social elements, technology, and innovation generate what is known as inclusive digital innovation to reduce technological and accessibility gaps (Zaar, 2022; Ockwell et al., 2019; Abdolhosseinzade et al., 2023).

From an economic perspective, business strategies and the impacts of social innovation are evaluated through cost-benefit analyses. These tools measure the efficacy of social spending and determine its capacity to enhance quality of life, thereby ensuring long-term sustainability, economic growth, and collective well-being (ECLAC, 2024; Ramírez et al., 2021; Rondón, 2024). The integration of these diverse disciplines facilitates the creation of robust solutions that improve community welfare. By adopting a comprehensive approach that accounts for various social dimensions, this synthesized knowledge strengthens social innovation and allows it to adapt to evolving population needs. However, despite this transformative potential, these disciplines are often hindered by systemic barriers—such as fluctuating social demands and structural resistance—that threaten the continuity of innovation, particularly within public health enterprises.

### **3. Barriers to social innovation**

According to Therace, Hubert & Dro (2011) and Ramírez (2025), barriers to social innovation are diverse and complex obstacles that impede or limit the progress and implementation of novel solutions aimed at addressing social problems. Similarly, Murray, Caulier-Grice & Mulgan (2010) express that they can arise at different levels, hindering the scalability and sustainability of innovative strategies. Some of these barriers are briefly described below.

**Social demands:** they must be interpreted within the framework of social justice and equality, aimed at meeting the needs of society (Fraser, 2020)

**Social challenges:** refer to problems that directly affect society,

such as inequality, poverty, public health, discrimination, among others (Therace, Hubert & Dro (2011).

**Systemic change:** is characterized by Hernández-Ascanio, Tirado-Valencia, and Ariza-Montes (2016) as a transformative process that generates emerging solutions through the interaction of diverse stakeholders. Grounded in a transdisciplinary approach, this change aims to achieve established objectives by addressing imbalances within social, cultural, economic, and political contexts. Ultimately, these elements function in an articulated manner to ensure that innovation is not an isolated event, but a cohesive shift

across the entire organizational or social ecosystem.

Chart 1 provides a detailed analysis of the barriers to social innovation within public health enterprises. These obstacles are categorized into three primary dimensions—social demand, social challenges, and systemic change—which are recognized as fundamental pillars within the Europe 2020 strategy. By detailing the specific descriptors for each category, this section offers a precise, operationalized understanding of the critical points and structural impediments currently hindering the management of social innovation within the healthcare system.

**Chart 1**  
**Operationalization of barriers to social innovation in public health companies**

Variable	Dimension	Indicators	Descriptors
Social innovation.	Barriers to social innovation.	Social demand.	Social phenomena.
			Community needs.
			Social justice.
			Equality.
		Social well-being.	
		Social challenges.	Public health issues.
			Community issues.
			Economic inequalities.
			Climate change.
	Migration.		
	Systemic change.	Social transformation.	
		Societal problems.	
		Social restructuring.	
		Social entrepreneurship.	
		Social well-being.	

Social demand is a term that refers to the interest of communities in expressing the need for creative and avant-garde proposals to address social phenomena (such as poverty, limited access to healthcare, unemployment, and discrimination) through innovative

solutions (Therace, Hubert & Dro, 2011). Gaitán Muñoz (2020) states that this must be understood within the context of social justice and equality, with the purpose of addressing community needs to achieve stability in society and improve the quality of life. However, Vega

(2005) proposes a different perspective, focusing on the social and political order and deserving profound transformations that arise in the public environment.

Regarding social challenges, these include complex situations such as public health and community problems, economic inequalities, climate change, violence, and migration that merit transdisciplinary approaches to generate significant changes in the social structure. In contrast, Ramadani et al. (2020) state that these constitute obstacles in the sector.

Public sector challenges include financial difficulties, governance issues, and an absence of measurement of progress in innovation. In addition to social demands and challenges, other types of SIBs are highlighted, such as legal recognition, organizational cultures, and a lack of social and organizational capital. Authors such as Mendes et al. (2012) and Dhondt, Oeij, and Schröder (2018) address these SIBs from a theoretical perspective in the public, business, and civil sectors.

Regarding the systemic change indicator, this approach distinguishes itself by looking beyond the immediate manifestations of social problems to identify and transform their underlying structural causes. Achieving this shift necessitates a holistic, participatory framework for social restructuring. Such an approach fosters meaningful dialogue, encourages continuous organizational learning, and promotes social entrepreneurship—all of which serve as essential drivers for long-term social well-being (Therace, Hubert & Dro, 2011).

In agreement with Zaar (2022), transdisciplinarity is necessary to facilitate processes in diverse sectors, from multiple perspectives and with

the design of integrated solutions. Likewise, Hernández-Ascanio et al. (2023) agree that systemic change is a dynamic process that generates emerging solutions through collaboration between diverse actors who interact in a coordinated manner.

Finally, SIBs significantly impact the management of social innovation in public health companies due to the inadequate identification and articulation of social demand, limiting community participation and creating difficulties in generating innovative solutions that respond to real needs. All of these affect their acceptance and effectiveness. Furthermore, social challenges act as obstacles that slow or impede the implementation and sustainability of innovations, requiring comprehensive approaches that promote inclusion and adaptation to diverse contexts.

Systemic change implies reforms to existing structures and policies. Institutional resistance hinders the incorporation of new ideas and models into the public health system. Therefore, overcoming these barriers is essential to promote effective management of social innovation, which allows for the transformation and improvement of health services in a sustainable and participatory manner.

It is important to note that social demand is often not articulated in a clear or unified manner. This makes it difficult for health organizations to identify exactly where and how their innovation efforts can have the greatest impact. Furthermore, this lack of clarity is directly connected to the social challenges of public health, such as equity in access to care or gaps in prevention. This problem requires, in addition to innovative solutions, a systemic attack on the root cause.

In line with the above, the barriers to social innovation, consisting of poorly defined social demand, resistance to change, and the complexity of the challenges, create a cycle that hinders the adoption of innovative solutions and limits the potential of public health to adapt to the new scenarios currently emerging.

The barriers to social innovation in Europe, Latin America, and in the specific case of Colombia are perceived with different characteristics depending on the region and country, reflecting very diverse health contexts and structures. In the United States and Europe, health systems and research initiatives are generally at the forefront, driving progress and adopting innovative technologies and approaches. In contrast, Latin America and the Caribbean face more pronounced challenges that affect the capacity to innovate in health, including a growing burden of morbidity and expenditure, which puts pressure on public services and generates higher out-of-pocket costs.

These situations result in a fragmented system, with traditional models lacking cohesion and coordination in care. Therefore, the challenges encompass epidemiological, financial, and technological aspects, including digital health and pharmaceuticals, in addition to issues of coverage and equity, especially in rural areas and among vulnerable populations. In countries like Colombia, a marked disparity persists between the quantity and quality of care, as well as in access to services for the Colombian community, including indigenous people, migrants, and those affected by armed conflict.

#### **4. Methodological approach**

This study is framed within

a positivist paradigm, adopting a quantitative approach with an inductive empirical method, as indicated by Hernández, Fernández & Baptista, (2014). The research type is propositional and explanatory, following Fontaine's (2022) classifications. The selected design is non-experimental, cross-sectional, and field-based, as established by Hernández, Fernández & Baptista, (2014). Thirty (30) members of the board of directors participated in data collection, including the manager, head of administration, political/administrative representative, community representative, mission area representative, and representative of the health science sector. These representatives belong to the State Social Enterprises (SSE) of the Department of Magdalena, Municipality of Santa Marta, Colombia.

For this research, the target population of the study includes the State Social Enterprises (SSE) of public health in Colombia, those located in the Department of Magdalena, Municipality of Santa Marta. Five (5) SSEs were selected based on inclusion criteria that considered their legal nature, corporate name, community participation, administrative autonomy, and geographic characteristics, to ensure the representativeness and viability of the study.

These institutions are classified according to their three (3) levels of care, and by their degree of complexity (low, medium, and high) (Prada-Ríos, Pérez-Castaño & Rivera-Triviño, 2017). The selected SSEs were Alejandro Próspero Reverend SSE (level 3), Julio Méndez Barreneche University Hospital SSE (level 3), Bastidas Health Center SSE (level 1), La Candelaria Health Center SSE (level 1), and Mamatoco

Health Center SSE (level 1). SSEs that did not meet these inclusion criteria, such as those located outside the municipality, with distinct administrative characteristics, or logistical difficulties that impede access, were excluded from the study.

Data were collected using a survey technique featuring a structured questionnaire composed of sixty-nine (69) items. In accordance with the methodological framework of Hernández, Fernández, and Baptista (2014), the instrument was validated through the expert judgment of five (5) specialists in management and innovation before its application in April 2025. The instrument's internal consistency was confirmed via Cronbach's alpha coefficient, yielding a value of 0.86. According to the criteria established by Bernal (2016), this score indicates "very high" reliability. Subsequent data analysis involved systematic coding and tabulation using IBM SPSS Statistics (Version 29).

The study was developed through five distinct phases designed to address the research objectives systematically. The first phase, topic selection, involved identifying the critical needs of State Social Enterprises (SSE) in the Department of Magdalena, specifically in Santa Marta; this allowed for a comprehensive mapping of the problem, from its underlying causes to its resultant effects. In the second phase, an extensive literature review was conducted to

provide a theoretical foundation, addressing research backgrounds, core variables, and their respective dimensions. The third phase focused on the methodological framework, adopting a positivist paradigm with a quantitative approach and a non-experimental, cross-sectional, field-based design. This stage was instrumental in defining the study population and developing the data collection instrument.

In the fourth phase, the instrument underwent validation through expert judgment to ensure its reliability and internal validity before being administered to participants who met the inclusion criteria. Finally, the collected data were processed using IBM SPSS software, facilitating a statistical interpretation of the results concerning social innovation. This process culminated in the formulation of strategic recommendations and conclusions aimed at strengthening management frameworks to mitigate barriers to social innovation within public health organizations.

## 5. Strategies for overcoming barriers to innovation: Results and discussions

In this section the barriers to social innovation in public health companies will be examined through indicators such as social demand, social challenges and systemic change (Table 1).

**Table 1**  
**Barriers to social innovation in public health companies**

Alternative answers	S		CS		AV		CN		N		Total	Average	$\sigma$	
	ni	%	ni	%	ni	%	ni	%	ni	%				
Social Demand	0	0,00	15	50,00	15	50,00	0	0,00	0	0,00	30	100	3,50	0,51
Social Challenges	3	11,11	13	44,44	13	44,44	0	0,00	0	0,00	30	100	3,67	0,68
Systemic Change	7	22,22	12	38,89	12	38,89	0	0,00	0	0,00	30	100	3,58	0,82
Average	<b>3</b>	<b>11,11</b>	<b>13</b>	<b>44,44</b>	<b>13</b>	<b>44,44</b>	<b>0</b>	<b>0,00</b>	<b>0</b>	<b>0,00</b>	<b>30</b>	<b>100</b>	<b>3,58</b>	<b>0,67</b>

Cont... Table 1

Scales for the interpretation of the average			
ALTERNATIVES	RANGES	VALUE	Total average of the dimension
Always (5)	4,20 - 5,00	Present.	3,58
Almost always (4)	3,40 - 4,19	Moderate.	
Sometimes (3)	2,60 - 3,39		
Almost never (2)	1,80 - 2,59	Absent.	
Never (1)	1,00 - 1,79	<b>"Moderate" Category</b>	

S: always, CS: almost always, AV: sometimes, CN: almost never, N: never.

This section reflects a mean of 3.58 with a standard deviation of 0.67, placing it in the moderate category according to the interpretation scale (range 3.40–4.19). Furthermore, it is evident that barriers to social innovation are present to a moderate degree in the public health companies studied. This suggests that, while they face significant obstacles, these may be manageable, data that aligns with the United Nations (UN) report, which indicates the existence of health gaps and vulnerable communities even when health and innovation are prioritized in its goals 3 and 9 (ONU, 2015).

Regarding the social demand indicator, it presented an average of 3.50 (SD=0.51), showing that half of the respondents (50%) answered sometimes, while the other half (50%) responded almost always. This finding indicates that the demands and expectations of communities regarding novel solutions constitute a moderate barrier to solving complex social phenomena. These results are in line with Moulaert et al. (2013) and Michael (2021), who argue that these demands can be influenced by cultural, political, and geographical factors, limiting the expression of real or prioritized social needs and making resolution actions more complex.

With respect to the social

challenges indicator, the average score reached 3.67 (SD=0.68), consolidating the highest rating within that dimension. The data indicates that 11.11% of respondents answered always, 44.44% sometimes, and 44.44% almost always. This shows that conditions of economic inequality, labor crises, and social exclusion emerge as barriers that hinder the advancement of social innovation in these companies. These findings are consistent with those proposed by Cajaiba-Santana (2014) and OECD/Eurostat (2018), who consider that these barriers, in addition to being technical or organizational in nature, are also rooted in structural inequalities that require multidimensional solutions and cross-sector approaches.

The systemic change indicator reached a mean of 3.58 (SD=0.82), with 22.22% of respondents who answered always, 38.89% almost always, and 38.89% sometimes, indicating that the metamorphosis of social processes and patterns represents a moderate barrier to social innovation. The data show that social innovation in public health remains a challenging process, where resistance to change, a lack of shared vision, and coordinated actions limit the depth and scope of profound transformations (Álvarez et al., 2023; Puertas et al., 2020).

Based on the aforementioned

analysis, it was observed that the moderate presence of social innovation suggests that these organizations are adopting innovative strategies to address social challenges, which could contribute to improving the quality of life of the communities they serve. However, this presence also indicates the need to implement actions to minimize them and thus enhance social innovation (Parrá-Henao, 2022).

The results of this research agree with previous studies, such as that of Herrero de Egaña (2021), which highlights the importance of social innovation in addressing relevant social challenges. In line with López-Fernández et al., (2022), these authors argue that “the development of management strategies

that incorporate elements of social innovation represents an opportunity to transform traditional health systems into more resilient, inclusive and adaptable structures to the changing needs of the population” (p. 45).

## 6. Management strategies to counteract barriers to social innovation in public health companies

To counter the barriers to social innovation in public health companies, it is essential to adopt strategies targeting the three indicators mentioned above: social demand, social challenges, and systemic change. Some key strategies are detailed in chart 2, below.

**Chart 2**

### Management strategies to counteract barriers to social innovation in public health companies

Social demand	Social challenges	Systemic change
Lack of access to all health services. Through priority appointments, home healthcare, telehealth, and digital triage. Discrimination. Through the affected communities, healthcare pathways are established according to ethnicity, migrant status, and disability.	Violence. Training component in Actions for the prevention and management of gender violence. A network of medical, psychological, community, and reporting support exists to restore the rights of victims of violence. Funding. Subsidies are available for vulnerable groups; however, medical audits reveal inadequate financial management.	Lack of transdisciplinarity. Lack of transdisciplinarity. In the SSEs there is a board of directors where there are different representatives, community members, workers, political/administrative, health scientist, a manager and head of administration, in addition to a social welfare committee, however, they lack integration of multiple sectors to manage profound changes.
<b>Global strategies</b>		
Community participation, fostering intersectoral collaboration and creating synergies between different actors to achieve inclusive and accessible healthcare for all.		
Continuing education in innovative leadership and strategic management, this strategy focuses on training healthcare and administrative staff with a focus on systems thinking and emotional intelligence.		
Promoting inclusive policies to achieve collective participation and ensure that the actions taken are aligned with community needs, are beneficial, produce social impact, and ensure that strategies can be scaled to other contexts.		
Universal coverage policies: strengthening regulatory, political, and operational anchoring within the healthcare system in a responsible manner, ensuring its stability beyond administrative or political changes, and fostering cohesion between government, business, and communities.		
Support and knowledge networks: creating change and innovation management units, assigning transdisciplinary teams responsible for promoting and coordinating the implementation of strategies.		

## 7. Conclusions

Considering the problems raised, the theoretical and methodological

approaches, the results, and the discussion, the following conclusions are drawn:

The barriers to social innovation

in public health companies highlight the need to counteract obstacles through participatory, adaptable, and inclusive management strategies with multidimensional and intersectoral responses that generate sustainable transformations and allow co-creating accessible and resilient health systems in the face of social challenges and the complex dynamics of the 21st century. Management strategies in public health institutions should be conceived as an evolutionary process that articulates tradition with social innovation, integrating novel management models with the opportunities offered by global health technology, to mitigate institutional disruptions and social demands.

By overcoming the structural barriers that constrain social innovation, public management transcends traditional administration, reimagining healthcare as a foundational pillar for social cohesion and collective well-being. From this perspective, public health is no longer viewed merely as a clinical service; it evolves into a platform for social transformation, where equity and innovation converge to mitigate complex societal disparities. This shift catalyzes systemic change that goes beyond the optimization of management models to redefine the interactions between social, technological, and human dimensions. Consequently, social innovation is positioned as the essential cornerstone guiding the comprehensive evolution of resilient and adaptive health systems.

It should be noted that, in order to promote innovation, healthcare entities must consolidate the necessary elements to ensure sustainable, effective solutions focused on collective well-being. Based on this, the following recommendations are highlighted:

Establish and maintain two-way

communication channels with patients, caregivers, and healthcare workers to co-create solutions.

- Develop strategic alliances with non-governmental organizations, universities, and technology companies. Collaboration provides access to new knowledge, resources, and perspectives, which is vital for addressing public health challenges comprehensively.
- Create safe spaces for developing pilot projects.
- Provide training for executives on the importance of social innovation and transformational leadership.
- Implement a formal recognition system designed to incentivize and celebrate individuals and multidisciplinary teams who successfully propose and execute innovative solutions. By acknowledging these contributions, organizations can foster a culture of creative problem-solving and proactive engagement, ultimately driving the internal momentum necessary to sustain social innovation within the public health sector.
- Design an interactive platform for the board of directors to provide a dynamic, accessible, real-time tool for monitoring, evaluating, and analyzing the performance of public health companies, with management indicators, for decision-making and strategic actions. Provide online update programs on innovative topics in the health sector.

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