

Health Systems Resilience: Lessons from COVID for future shocks

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Content

- What we did during Covid
- What we learned
- Lessons from COVID for future shocks



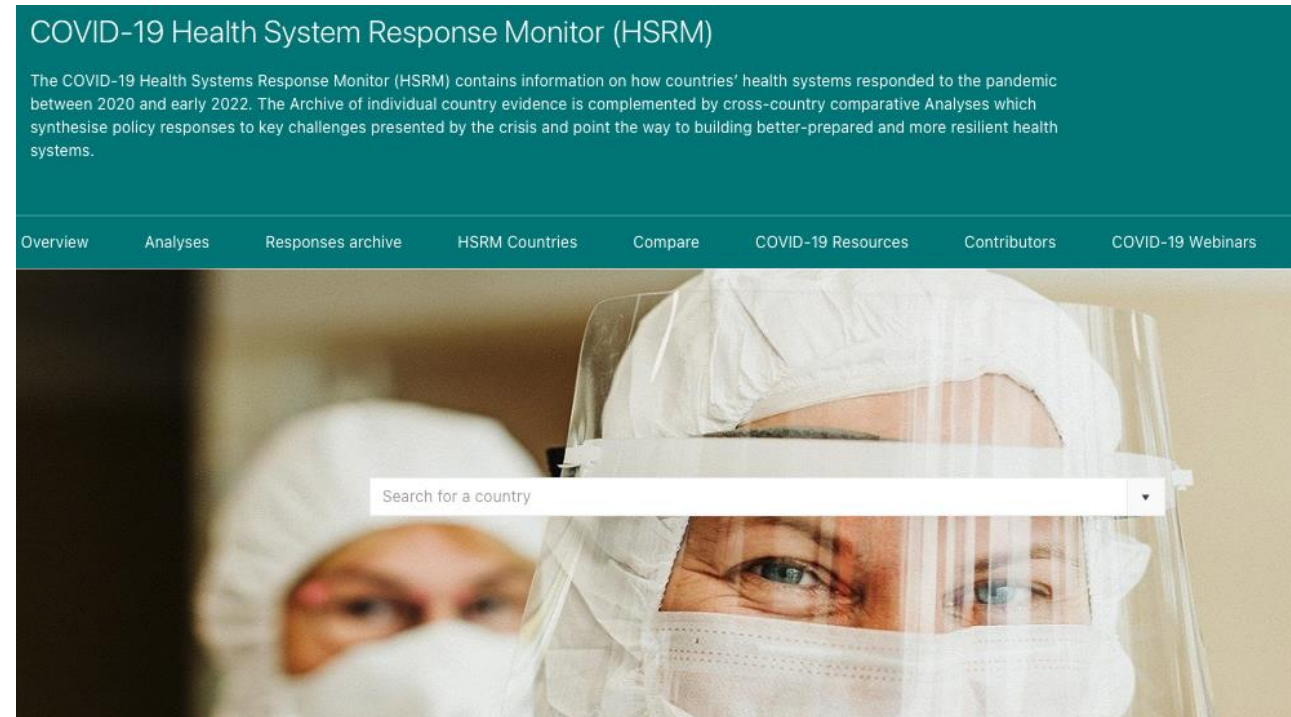
When Covid-19 first struck it caused a scramble for knowledge

- Policy makers were looking for **evidence** and suggestions on how to **mitigate** its impact.
- **Early focus on databases** to track cases, hospitalizations, deaths, and policies directly combating the pandemic, which mostly focused on travel restrictions, fiscal measures, and lockdowns
- There was a **lack of information** how the **health systems** were affected and changing as a result.
- This includes not just policies to contain COVID-19, but also **how to maintain essential health services** and routine care



The Health Systems Response Monitor was established to address this gap

- **collect, check, organize and update country information**
 - to capture what 50+ country health systems are doing to tackle Covid-19.
 - ...and mitigate its impact on the health system
- **Support comparisons across countries** across a range of topics
- **Create a database for future research**
- **Operational until mid 2022**



The HSRM produced 70 policy “snapshots”

How do measures for isolation, quarantine, and contact tracing differ among countries?

COVID-19 spreads through inhalation of small droplets from the coughing or sneezing of people who are infected, as well as through touching contaminated surfaces.

Giada Scarpetti, Erin Webb, Cristina Hernández Quevedo

7 May 2020

How will governments know when to lift and impose restrictions?

In order to know when to lift or impose restrictions, governments need good data and the ability to interpret it.

Holly Jarman, Sarah Rozenblum, Scott Greer, Matthias Wismar

7 May 2020

What do governments need to consider as they implement transition plans?

Creating a strategic plan to manage coronavirus is only part of the battle. A number of mediating factors govern the extent to which strategic plans will actually be effective.

Holly Jarman, Sarah Rozenblum, Scott Greer, Matthias Wismar

7 May 2020

How much additional money are countries allocating to health from their domestic resources?

To combat the COVID-19 pandemic, countries are mobilizing additional domestic resources for their health systems, not to mention for other forms of social protection and economic stimuli. But how much extra money are we really talking about when it comes to health?

Jonathan Cylus

7 May 2020

How are countries getting out of lockdown?

Many countries around the world are currently planning measures for re-opening their economies in the wake of the first wave of coronavirus, or for that matter taking them. There is little sign of coordination or a common approach to this difficult problem.

Holly Jarman, Sarah Rozenblum, Scott Greer, Matthias Wismar

5 May 2020

How are countries reorganizing non-COVID-19 health care service delivery?

Policy-makers are currently facing the challenge of striking the right balance between two competing goals: ensuring adequate capacities to treat those affected by COVID-19 and providing services that are necessary to maintain the health of the population.

Dimitra Panteli

27 April 2020

How are countries using digital health tools in responding to COVID-19?

Digital health tools are playing a central role in responding to COVID-19; some are established tools, some are existing tools being used in new ways, and increasingly there is attention to developing specific new digital health tools to respond to the pandemic.

Nick Fahy

COVID-19 Health System Response Monitor (HSRM)

The COVID-19 Health Systems Response Monitor (HSRM) contains information on how countries' health systems responded to the pandemic between 2020 and early 2022. The Archive of individual country evidence is complemented by cross-country comparative Analyses which synthesise policy responses to key challenges presented by the crisis and point the way to building better-prepared and more resilient health systems.

Overview

Analyses

Responses archive

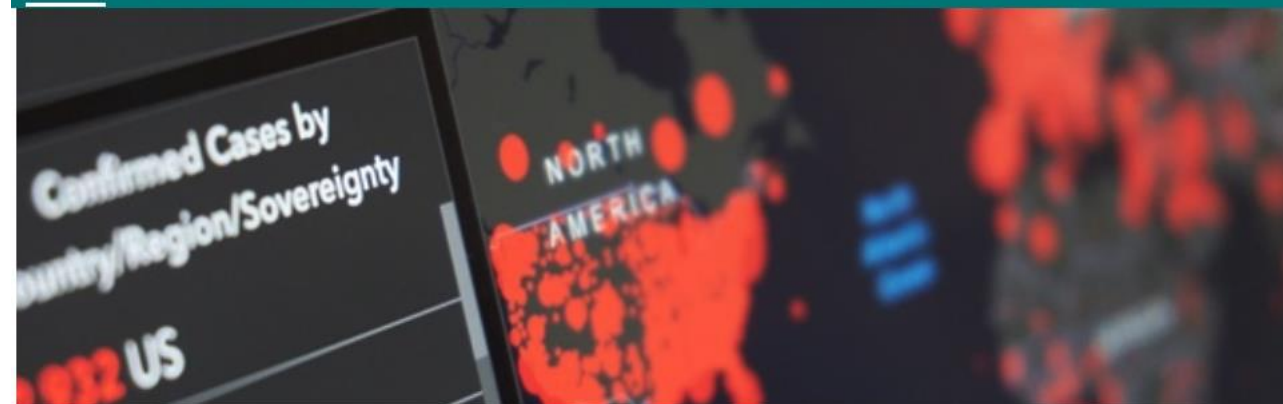
HSRM Countries

Compare

COVID-19 Resources

Contributors

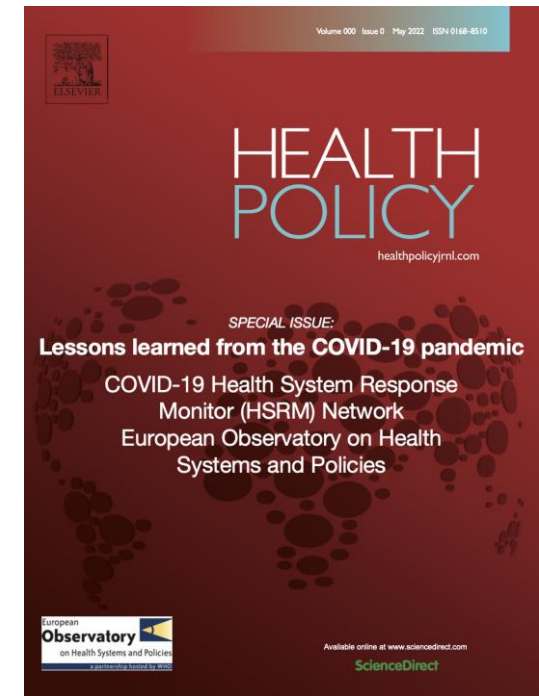
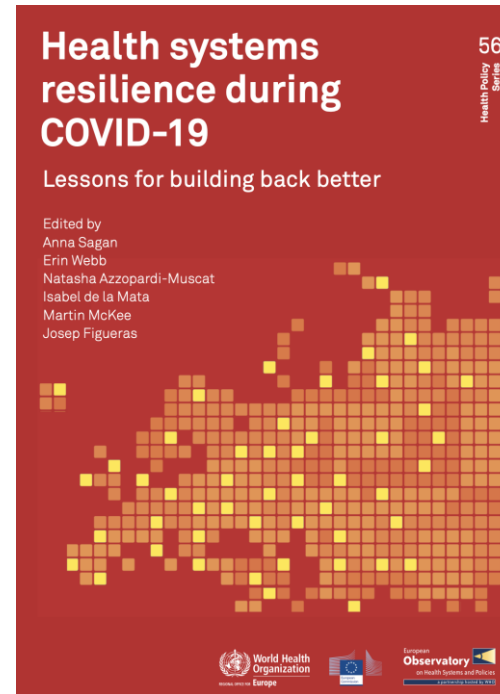
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Cross country analyses



These were then turned into several publications



Twenty lessons and strategies for more resilient health systems

LEADING AND GOVERNING THE COVID-19 RESPONSE

Strategy 1	Steering the response through effective political leadership
Strategy 2	Delivering a clear and timely COVID-19 response strategy
Strategy 3	Strengthening monitoring, surveillance and early warning systems
Strategy 4	Transferring the best available evidence from research to policy
Strategy 5	Coordinating effectively within (horizontally) and across (vertically) levels of government
Strategy 6	Ensuring transparency, legitimacy and accountability
Strategy 7	Communicating clearly and transparently with the population and stakeholders

- COVID laid bare (**known!**) health system **vulnerabilities**
- Reflect **failures on implementation** of needed reforms

MOBILIZING AND SUPPORTING THE HEALTH WORKFORCE

Strategy 13	Ensuring an adequate health workforce by scaling-up existing capacity and recruiting additional health workers
Strategy 14	Implementing flexible and effective approaches to using the workforce
Strategy 15	Ensuring physical, mental health and financial support for health workers

STRENGTHENING PUBLIC HEALTH INTERVENTIONS

Strategy 16	Implementing appropriate nonpharmaceutical interventions and Find, Test, Trace, Isolate and Support (FTTIS) services to control or mitigate transmission
Strategy 17	Implementing effective COVID-19 vaccination programmes
Strategy 18	Maintaining routine public health services

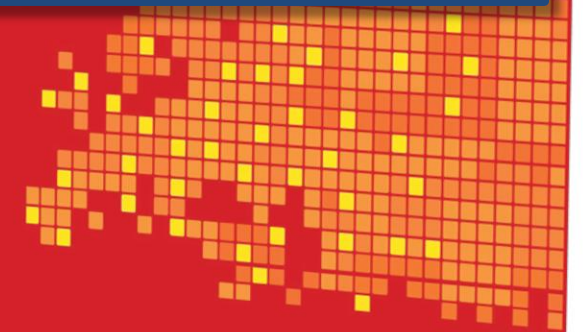
TRANSFORMING DELIVERY OF HEALTH SERVICES TO ADDRESS COVID-19 AND OTHER NEEDS

Strategy 19	Scaling-up, repurposing and (re)distributing existing capacity to cope with sudden surges in COVID-19 demand
Strategy 20	Adapting or transforming service delivery by implementing alternative and flexible patient care pathways and interventions and recognizing the key role of primary health care

Health systems resilience during COVID-19

Lessons for building back better

55
Health Policy Series



There is an essential role for leadership and governance

1. Steering the response through effective **political leadership**

2. Delivering a clear and timely COVID-19 **response strategy**

3. Strengthening monitoring, surveillance, and **early warning systems**

4. Transferring the best available **evidence from research and policy**

5. **Coordinating effectively** within (horizontally) and across (vertically) levels of government

6. Ensuring **transparency, legitimacy and accountability**

7. **Communicating** clearly and transparently with the population and relevant stakeholders

8. Involving non-governmental **stakeholders** including the health workforce, civil society, and communities

9. **Coordinating** the COVID-19 response beyond the national borders



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Effective political leadership and communicating clearly and transparently

- Diversity in political choices and communication
- Science, Policy and Politics often becomes one in crisis

1. Respond to socio-economic, political & cultural values and contexts
2. Take decisions informed by evidence
3. **Make trade-offs**... but explicitly and transparently
4. **Communicate** uncertainty effectively creates **trust**



Fighting fake news about COVID-19 became a key challenge (and could be again in a future crisis!)



A need to work across borders

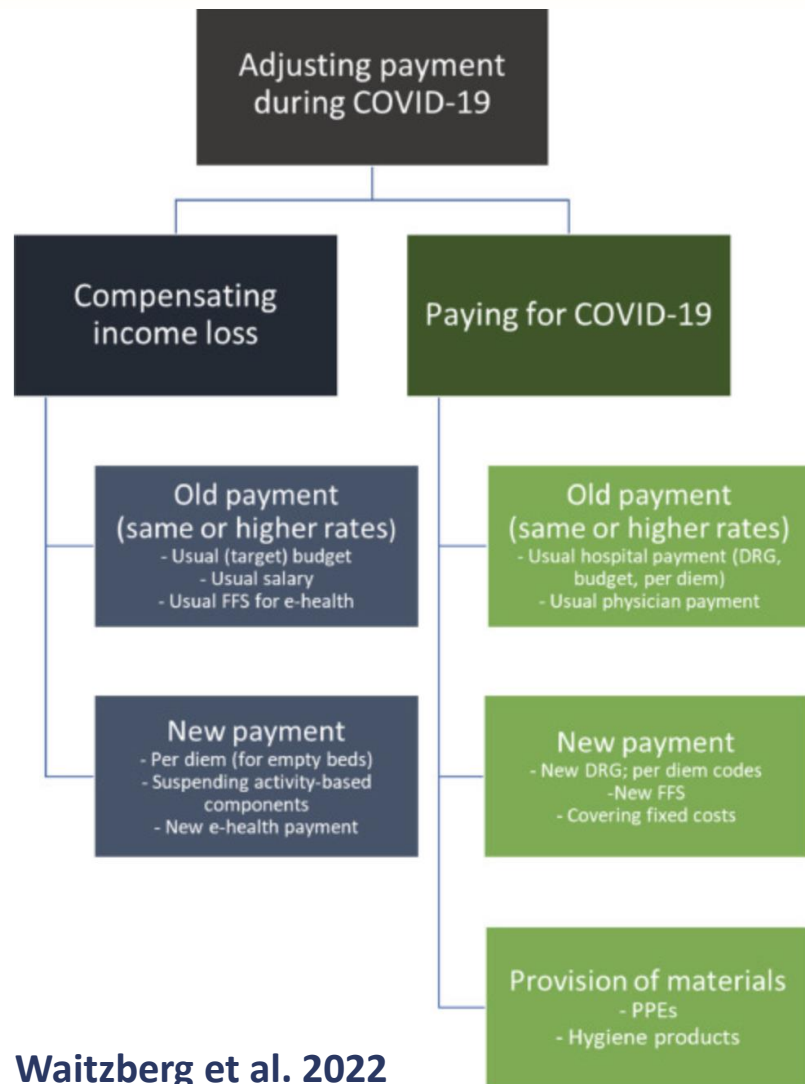


- *The welfare of EU Health Systems is interlinked and connected: Improving governance at **pan-European and Global level is key***
 - **Limits to subsidiarity** Governments must pool some degree of sovereignty to supranational bodies
- Monti Commission**

- Plans for a stronger **European Health Union**: extend mandates (ECDC, EMA) new HERA
- WHO led International Pandemic Treaty



Financing is key and has to become more resilient



Waitzberg et al. 2022



ELSEVIER

Health Policy

Volume 126, Issue 5, May 2022, Pages 398-407



Balancing financial incentives during COVID-19: A comparison of provider payment adjustments across 20 countries

Ruth Waitzberg ^{a, b}, Sophie Gerkens ^c, Antoniya Dimova ^d, Lucie Bryndová ^e, Karsten Vrangbæk ^f, Signe Smith Jervelund ^f, Hans Okkels Birk ^f, Selina Rajan ^g, Triin Habicht ^h, Liina-Kaisa Tynkkynen ⁱ, Ilmo Keskimäki ^j, Zeynep Or ^k, Coralie Gandré ^k, Juliane Winkelmann ^a, Walter Ricciardi ^l, Antonio Giulio de Belvis ^l, Andrea Poscia ^m, Alisha Morsella ^l ... Wilm Quentin ^{a, v}

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We did not learn enough from the 2008 financial crisis



Health Policy

Volume 126, Issue 1, January 2022, Pages 7-15



How resilient is health financing policy in Europe to economic shocks? Evidence from the first year of the COVID-19 pandemic and the 2008 global financial crisis ☆

Sarah Thomson ^a , Jorge Alejandro García-Ramírez ^a, Baktygul Akkazieva ^a, Triin Habicht ^a, Jonathan Cylus ^b, Tamás Evetovits ^a

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<https://doi.org/10.1016/j.healthpol.2021.11.002>

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Highlights

- Health systems were weakened by policy responses to the 2008 crisis.
- Responses to COVID-19 reveal persistent weaknesses in health financing policy, particularly in countries with social health insurance schemes.
- To strengthen resilience, countries can reduce cyclicity in coverage and revenue-raising policy; increase public spending on health; and ensure that resources are used to meet equity and efficiency goals.
- Austerity is not an appropriate response to budgetary pressure because it undermines resilience.



Health Policy

Volume 126, Issue 5, May 2022, Pages 476-484



Tackling the COVID-19 pandemic: Initial responses in 2020 in selected social health insurance countries in Europe[☆]

Andrea E. Schmidt ^a , Sherry Merkur ^b , Anita Haindl ^a , Sophie Gerkens ^c , Coralie Gandré ^d , Zeynep Or ^d , Peter Groenewegen ^e , Madelon Kroneman ^e , Judith de Jong ^{e, i} , Tit Albrecht ^{f, j} , Pia Vracco ^f , Sarah Mantwill ^g , Cristina Hernández-Quevedo ^b , Wilm Quentin ^h , Erin Webb ^h , Juliane Winkelmann ^h

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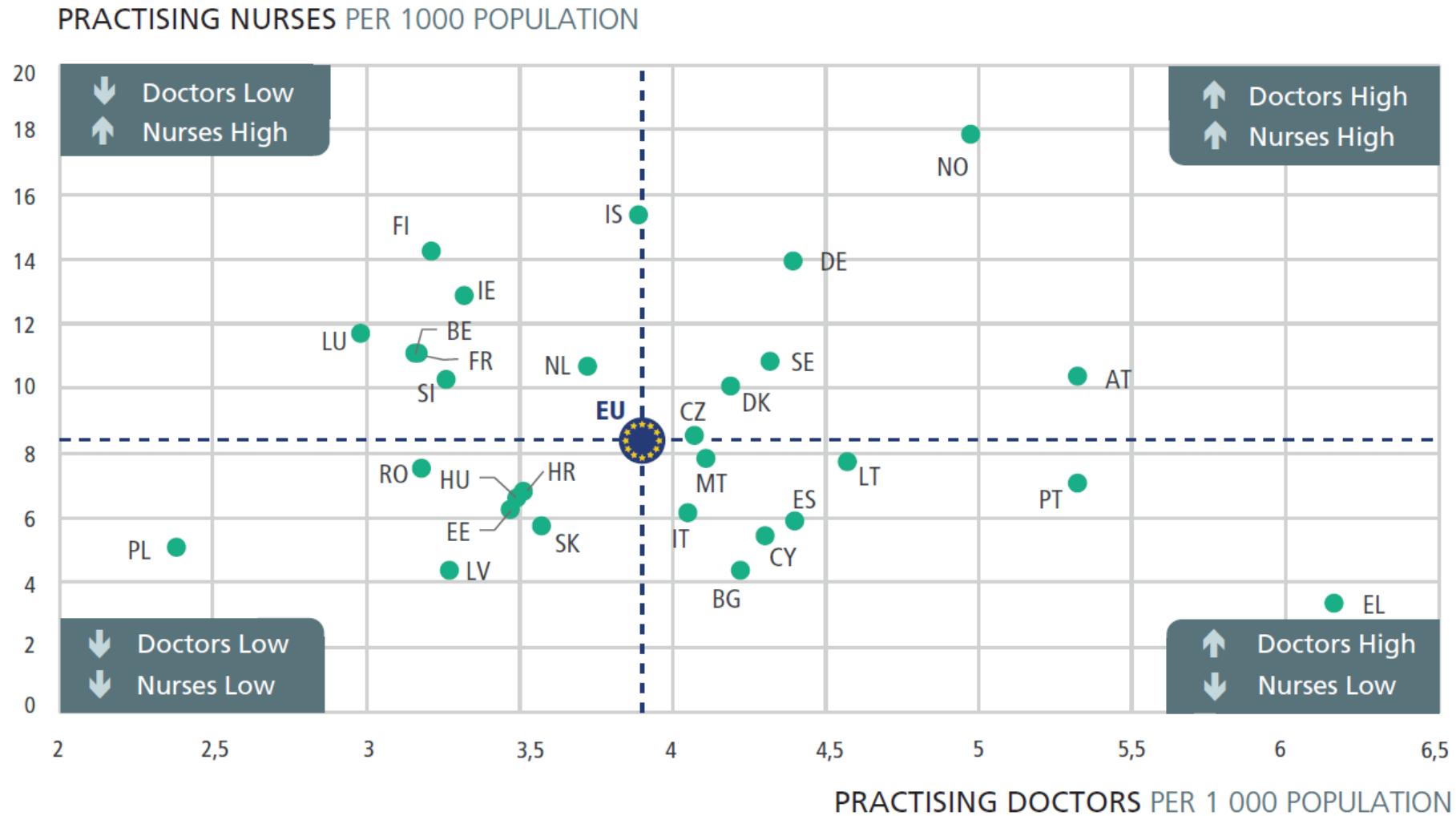
Highlights

- Social health insurance funds had no major role in managing COVID-19.
- Responsibility shifted towards central government and away from SHI funds.
- Decentralised pandemic management may cause coordination costs
- Coordinated ambulatory care often helped avoid overburdening hospitals.
- Providers increasingly used teleconsultations, which may remain part of standard practice.



At the onset of the pandemic workforce numbers varied enormously

Doctors vs nurses, 2019



Lots of lessons to make the workforce more resilient

Strategies

13. **Scaling-up** existing capacity or recruiting additional health workers

- Expanding existing workforce **capacity**
- Bringing in **new or inactive** workers
- **Redeploy** to areas with greatest need

14. Implementing **flexible** and effective approaches

- Taking on **new tasks**
- **Task shifting**
- **Reskilling** to work in different roles
- Introducing **multiprofessional** teams
- Reskill to use **digital technologies**

15. Ensuring **physical, mental health and financial support**

- Protect **physical health**
- Protecting **mental health** and wellbeing
- Financial **compensation**
- Other **practical support**



Health Policy
Volume 126, Issue 5, May 2022, Pages 362-372



European countries' responses in ensuring sufficient physical infrastructure and workforce capacity during the first COVID-19 wave

Juliane Winkelmann ^a , Erin Webb ^a, Gemma A. Williams ^b, Cristina Hernández-Quevedo ^b, Claudia B. Maier ^{a, c}, Dimitra Panteli ^d

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Abstract

The COVID-19 pandemic triggered abrupt challenges for health care providers, requiring them to simultaneously plan for and manage a rise of COVID-19 cases while maintaining essential health services. Since March 2020, the COVID-19 Health System Response Monitor, a joint initiative of the European Observatory on Health Systems and Policies, the WHO Regional Office for Europe, and the European Commission, has documented country responses to COVID-19 using a structured template which includes a section on provision of care. Using the information available on the platform, this paper analyzes how countries planned services for potential surge capacity, designed patient flows ensuring separation between COVID-19 and non-COVID-19 patients, and maintained routine services in both hospital and ambulatory settings. Despite very real differences in the organization of health and care services, there were many similarities in country responses. These include



Primary care played a key role during COVID



Health Policy

Volume 126, Issue 5, May 2022, Pages 382-390



Providing health services effectively during the first wave of COVID-19: A cross-country comparison on planning services, managing cases, and maintaining essential services

Erin Webb ^{a, b}, Cristina Hernández-Quevedo ^c, Gemma Williams ^c, Giada Scarpetti ^{a, b}, Sarah Reed ^d, Dimitra Panteli ^e

Highlights

- Health care providers worldwide faced immediate challenges triggered by the COVID-19 pandemic.
- Despite substantial differences in health system provision, countries had many similar responses.
- Initially, many countries hospitalized COVID-19 patients, but increasingly transitioned to outpatient care.
- Remote consultations and cancelling or postponing non-urgent treatments were common adaptations.
- Service delivery modifications during COVID-19 may become permanent features of care provision.



Health Policy

Volume 126, Issue 5, May 2022, Pages 391-397



Transformations in the landscape of primary health care during COVID-19: Themes from the European region

Stephanie Kumpunen ^a, Erin Webb ^b, Govin Permanand ^c, Evgeny ZHELEZNYAKOV ^d, Nigel Edwards ^a, Ewout van Ginneken ^b, Melitta Jakob ^d

Highlights

- Multidisciplinary collaborations managed the frontline emergency response.
- Vulnerable people's needs were prioritised for PHC medical and social outreach.
- Digital solutions for remote triage, consultations, prescriptions and monitoring enhanced PHC's response.
- Learning from the agility and innovation in PHC transformation should continue.



A need for a transformation of delivery and new models of care

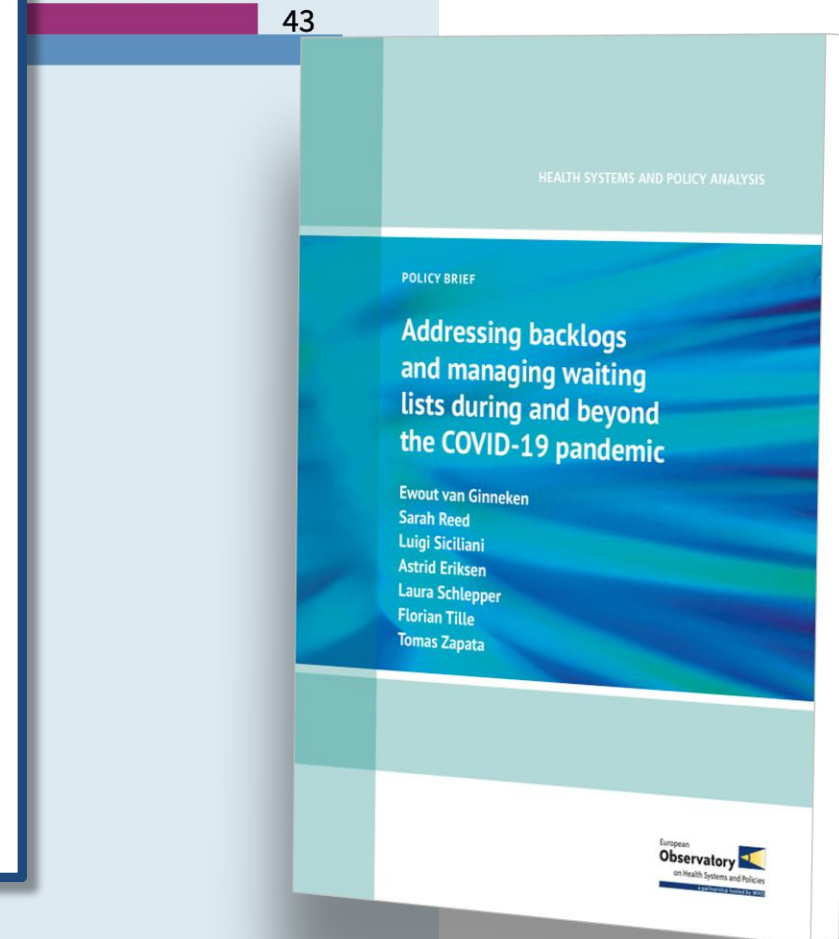


Addressing backlogs and managing waiting lists

Figure 10: Unmet needs for healthcare by type of healthcare, EU27 (%)

1. **Increasing the supply of workforce & staffing**
2. **Improving productivity, capacity management and demand management**, planned vs unplanned care; financial incentives, telehealth, demand side prioritisation, effective use of available capacity
3. **Investing in capital, infrastructure, and new community-based models of care**, upgrading health infrastructure; investing in PHC, digital infrastructure; home care and rehabilitative capacity.

Note: *Denotes a statistically significant difference ($p=0.05$) compared to spring 2021.



Source: Eurofound 2022



Using digital health tools, but beware of inequalities

Share of population that had a remote GP consultation

- Invest in **digital health infrastructure, literacy** and address **cultural** issues
- **Step up in (de)regulatory measures:** professional conduct & liability, data protection, types of care, scope and equity of access
- Increase (and tailor) **financial incentives** to increase volume and scope.
- Improve **quality and equity** of access through professional training, guidelines and access for vulnerable groups



Source: Eurofound (2021) Living, working and COVID-19 dataset. *Low reliability.

What does Covid teach us for future shocks?

- **Good governance** is key: effective communication, transparent, need to work across borders
- Financial systems, i.e., **purchasing, payment, procurement** will need adapting so that they are flexible enough to quickly adjust
- **Better workforce policy** is needed that consists of forecasting and planning, as well as effective support and protection policies
- **Transforming service delivery** by investing in capital, infrastructure and new community-based models of care, home care, rehabilitative beds and skill mix innovation
- Invest in **digital infrastructure** and **eHealth**, but with important caveats



FINAL REMARKS

- The Observatory will now focus more on the recovery challenges and building back better as well as resilience testing
- Immediate challenges include among others: workforce and mental health
- Focus on health system transformation and implementing new integrated models of care



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