



Partnership for  
**Health System  
Sustainability  
& Resilience**

George Wharton  
Department of Health Policy  
London School of Economics and Political  
Science



# Partnership for Health System Sustainability and Resilience

## Mission

Established in 2020, the PHSSR is a global collaboration working to enhance knowledge and understanding of how to strengthen health systems in a post COVID-19 world.



Our mission is to help build health system **resilience** to withstand future crises and **sustainability** to improve population health in the long-term.



Robust and timely research  
focused on high-impact areas



Generate actionable, policy-  
relevant findings and  
recommendations



Based on collaboration across  
academia, public and private  
sector

LSE receives funding and in-kind support from AstraZeneca, KPMG and Philips for coordinating PHSSR's global research programme. The authors of the PRESTO report received no funding from PHSSR.

# PHSSR Steering Committee



LSE Department of Health Policy  
Prof. Alistair McGuire



World Economic Forum  
Shyam Bishen



AstraZeneca  
Iskra Reic



KPMG  
Anna van Poucke



Philips  
Jan-Willem Scheijgrond



Center for Asia-Pacific Resilience  
and Innovation (CAPRI)  
Prof. Syaru Shirley Lin



WHO Foundation  
Emanuele Capobianco



PHSSR supports assessments into health systems' sustainability and resilience, led by leading local researchers, with expert input from health authorities and system stakeholders.

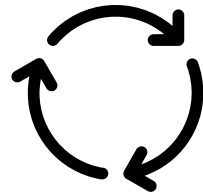
The assessments inform recommendations for health system strengthening.



# Why sustainability and resilience?

## Resilience

“A health system’s ability to prepare for, absorb and adapt to short-term shocks and accumulated stresses, and to learn and transform”



## Sustainability

“A health system’s ability to continually deliver the key health system functions and adapt to changing contexts to improve population health”

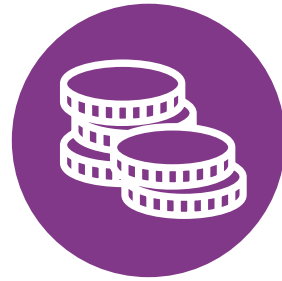
- Mutually reinforcing in aggregate, but not one and the same.
  - Both essential: PHSSR adopts a dual track approach



# The PHSSR Framework



**Health  
system  
governance**



**Health  
system  
financing**



**Health and  
care  
workforce**



**Medicines  
and  
technology**



**Health service  
delivery**



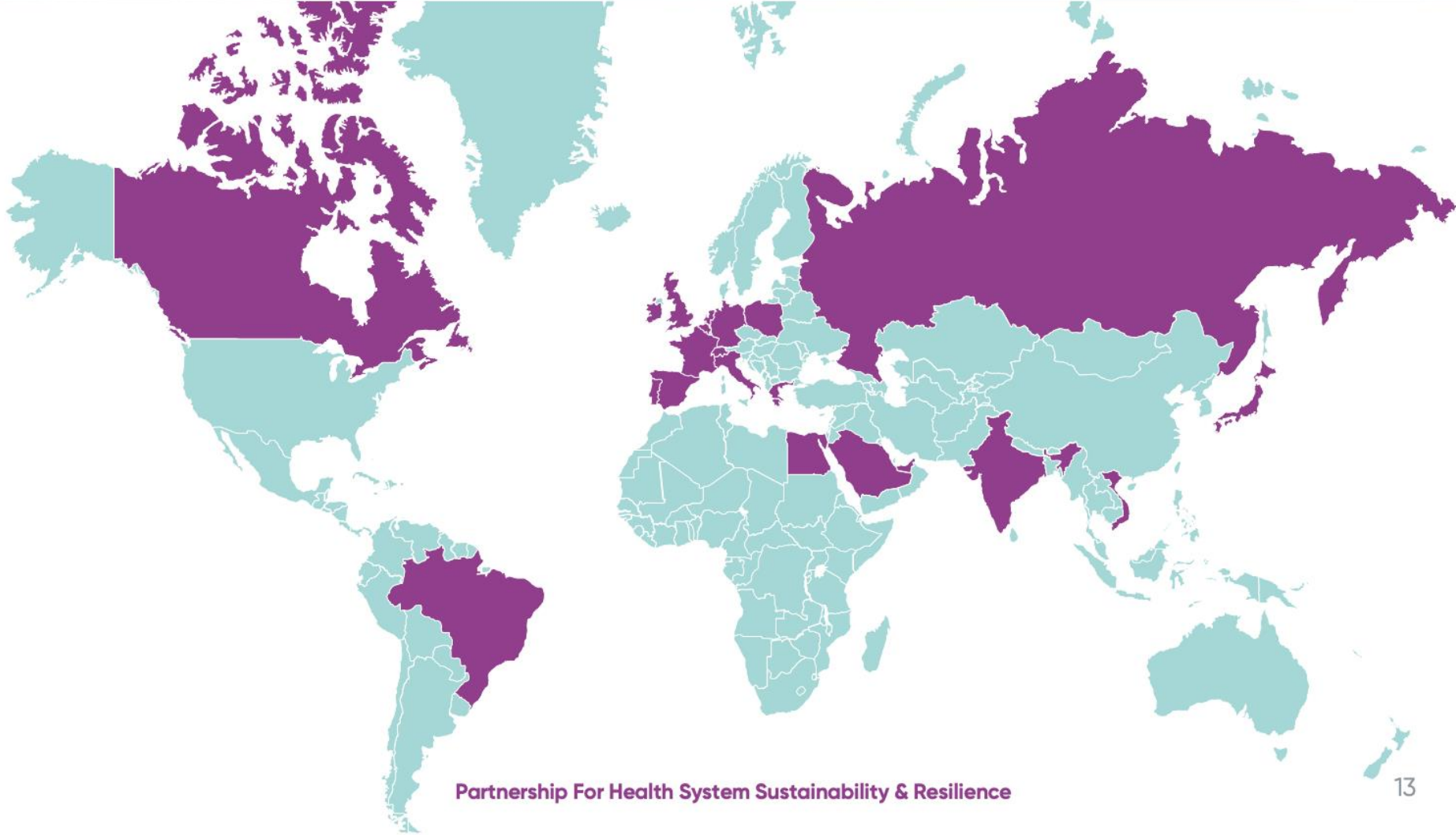
**Environmental  
impact**



**Population  
health**



# PHSSR geographic reach to date



# Research partners in 20 countries



**Belgium**  
Professor Lieven Annemans, Ghent University



**Brazil**  
Professor Adriano Massuda, Dr Marco Paschoalotto and Dr Alessandro Bigoni Getulio Vargas Foundation



**Canada**  
Dr Sara Allin, University of Toronto



**England**  
Dr Michael Anderson, London School of Economics



**England**  
Dr Emma Pitchforth, University of Exeter



**England**  
Chris Thomas, Institute for Public Policy Research (IPPR)



**France**  
Dr Zeynep Or and Dr Coralie Gandré, Institute for Research and Information in Health Economics (IRDES)



**Germany**  
Professor Wolfgang Greiner and John Grosser, University of Bielefeld



**Greece**  
Dr Kostas Athanasakis, University of West Attica



**India**  
Dr Oommen Kurian, Observer Research Foundation



**Ireland**  
Professor Steve Thomas and Dr Padraic Fleming, Trinity College Dublin



**Italy**  
Professor Americo Cicchetti, Catholic University of Sacred Heart



**Italy**  
Dr Luca Giorgio, University of Bologna



**The Netherlands**  
Professor Eric Schut and Professor Marco Varkevisser, Erasmus University Rotterdam



**Russia**  
Dr Elena Aksenova, Dr Natalia Kamynina and Nadia Vosheva, Moscow Institute for Healthcare Organization and Medical Management



**Saudi Arabia**  
Dr Hisham Badreldin, King Saud bin Abdulaziz University for Health Science



**Spain**  
Professor Guillem Lopez Casasnovas, Dr Franceso Lopez Segui and Alex Arasanz Goset, Pompeu Fabra University of Barcelona



**Spain**  
Jesús Maria Fernández Díaz, HIRIS



**The Netherlands**  
Professor Eric Schut and Professor Marco Varkevisser, Erasmus University Rotterdam



**Russia**  
Dr Elena Aksenova, Dr Natalia Kamynina and Nadia Vosheva, Moscow Institute for Healthcare Organization and Medical Management



**Saudi Arabia**  
Dr Hisham Badreldin, King Saud bin Abdulaziz University for Health Science



**Spain**  
Professor Guillem Lopez Casasnovas, Dr Franceso Lopez Segui and Alex Arasanz Goset, Pompeu Fabra University of Barcelona



**Spain**  
Jesús Maria Fernández Díaz, HIRIS



**Switzerland**  
Professor Simon Wieser, Zurich University of Applied Sciences



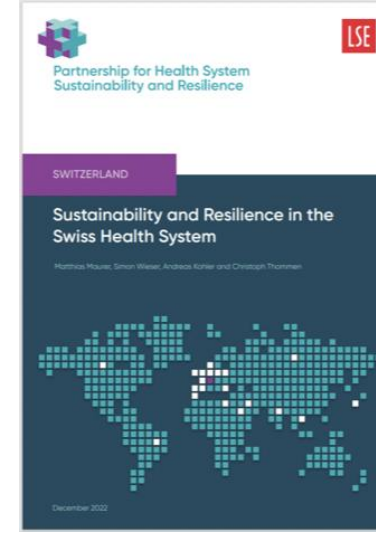
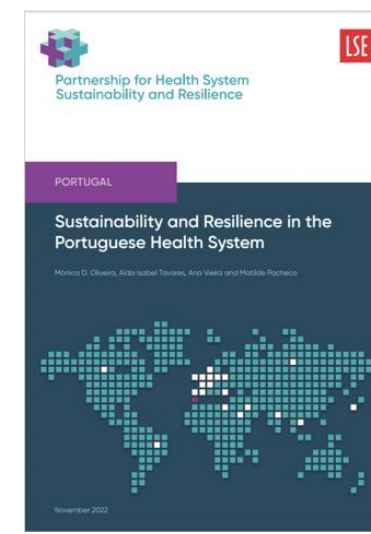
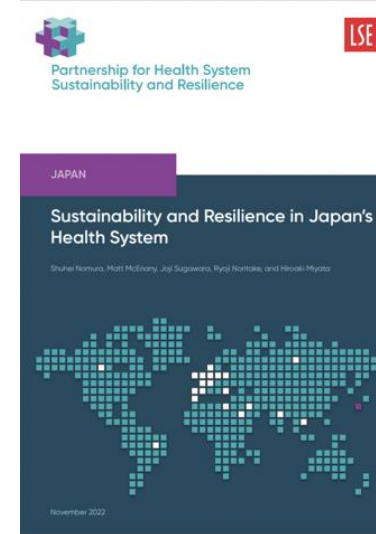
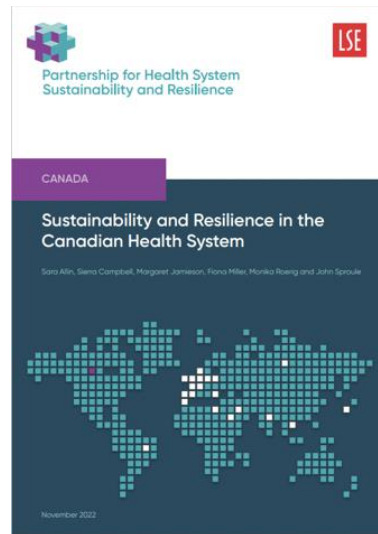
**United Arab Emirates**  
Dr Juan Acuña, Khalifa University



**Vietnam**  
Dr Tran Thi Mai Oanh, Dr Nguyen Khanh Phuong, Dr Khuong Anh Tuan and Dr Ong The Due, Health Strategy and Policy Institute (HSPi)



# Latest Country Reports – available at [www.phssr.org](http://www.phssr.org)



**Belgium**

**Canada**

**Greece**

**Japan**

**Portugal**

**Switzerland**

Ghent University

University of  
Toronto

University of  
West Attica

Keio University  
and HGPI

Instituto Superior  
Técnico

Zurich  
University of  
Applied  
Sciences



**While the PHSSR Country Reports contain country-specific findings and recommendations, there are common themes and trends across countries**



# Governance: sample findings and recommendations



Coordination of services requires effective multi-level, cross-sectoral governance.

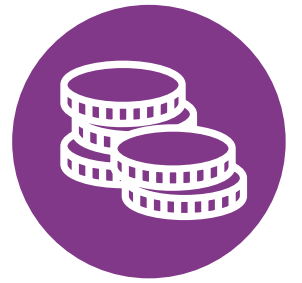
Dissolve siloes through policy alignment, clear (and shared) accountability, and data-sharing.

Example recommendation: Canada

- Strengthen mechanisms for collaborative action, and improve transparency and clarity of roles of different actors at provincial level and across sectors especially related to areas of public health, and emerging areas outside of hospitals and medical care which require consistent standards.
- Implement a Pan-Canadian Health Data Strategy



# Financing: sample findings and recommendations



Incentives and resources remain misaligned to key health system goals.

Payment system reform can promote coordination, prevention, efficiency and responsiveness.

Example recommendation: Belgium  
Reform the healthcare payment system (from mainly FFS to a larger weight for prospective payments and P4P) to provide appropriate incentives to care providers which are aligned with broader health system goals such as supporting integration and prevention, and promoting quality, efficiency and responsiveness of care.



# Workforce: sample findings and recommendations



The resilience of the workforce has been tested to the point of unsustainability: better working conditions should be a key focus of the recovery.

## Example recommendation: Switzerland

- Improve working conditions for nurses and other health care personnel to reduce early career exit and low working hours.
- Measures to should include reducing the administrative burden, enriching job profiles and career opportunities and ensuring adequate staffing.



# Medicines and technologies: sample findings and recommendations



International collaboration to underpin adoption, innovation, and security of supply in medicines and technologies.

Example recommendation: Netherlands

Strengthen international cooperation to:

- Counteract the vulnerability of the health system due to the limited national production capacity and restricted direct access to essential raw materials
- Gather more evidence on the cost-effectiveness of medical technologies
- Maintain a level playing field for investments in R&D



# Service delivery: sample findings and recommendations



Bringing care out of hospitals and closer to communities by empowering healthcare providers working at the community level.

## Example recommendation: Belgium

- Strengthen the coordinating role of primary care by enhancing incentives and encouraging other professionals to systematically feedback to GPs.
- Strengthen healthcare provision in nursing homes, by establishing stronger formal and automated links with other healthcare providers .
- Connect each hospital network with a cluster of 1st line care providers.



# Population health: sample findings and recommendations



Population health is unequally distributed: promoting health and addressing inequalities should be in all policies.

- Example recommendation: Greece
- Develop a national, cross-government policy framework against health inequalities: measure them; agree targets and cross-sectoral action plans; monitor and evaluate; and publish an annual report on progress.





# Environmental sustainability: sample findings and recommendations



Health systems' impact on the environment must be acknowledged and measured, and commitments must be met with action.

Example recommendation: Saudi Arabia

- Develop standards and undertake regular measurements of the healthcare sector's carbon footprint to expedite sustainable green healthcare facilities.
- Build on regional-level environmental sustainability efforts and collaborate with national and international jurisdictions for the integration of the efforts into a national programme.



# Activation and Engagement

## Local activation

### PHSSR Canadian Launch

We launched the Partnership for Health System Sustainability and Resilience in Canada with our partners on June 6 at The Faculty Club at The University of Toronto.

Stakeholder reception and panel discussion with:

- Kiersten Combs – Country President, AstraZeneca Canada
- Prof. Sara Allan – lead PHSSR researcher in Canada
- Marcel Saulnier – Expert Panel Member
- Laura Greer – H+K Strategies




## Global activation



“Collaborating to Build Healthy and Resilient Health Systems” at WEF Annual Meeting in Davos, May 25, 2022



Healthcare System Resilience Summit at World Expo Dubai, January 30-31, 2022



## Next Steps

**6 further country reports and overarching report  
by May 2023**

**EU-level report**

**Sustained engagement with policymakers on  
findings and policy recommendations**

**Research in 10 new countries in 2023 – 24: focus  
on Asia-Pacific and Sub-Saharan Africa**



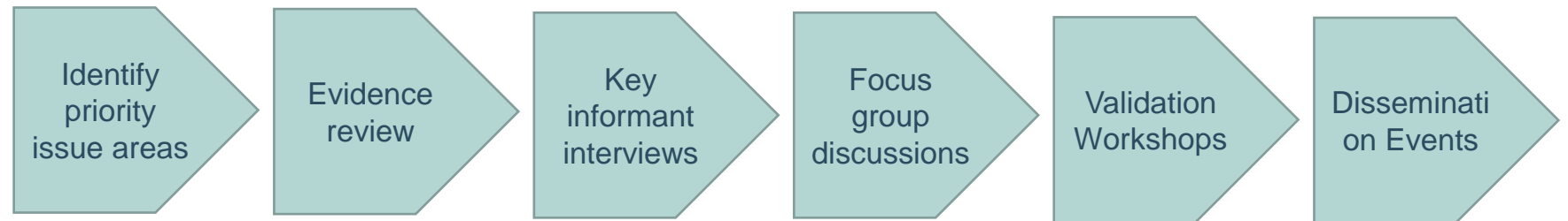
# Next steps: from research to policy change

Support further development of recommendations, and provide basis for sustained engagement in pursuit of implementation

1. Evaluate the progress and changes in health systems since the initial country assessments
2. Promote focussed engagement by stakeholders with PHSSR recommendations
3. Identify areas of improvement to promote cross-country knowledge exchange

Methodology:

6 months



Outputs:





Partnership for  
**Health System  
Sustainability  
& Resilience**

Thank you

