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
### What did the HSRM network monitor look at?

<table>
<thead>
<tr>
<th>Template section</th>
<th>Core information</th>
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</table>
| Preventing transmission                | Key **public health** measures  
Measures in place to test and **identify cases, trace contacts, and monitor** the scale of the outbreak |
| Ensuring sufficient physical infrastructure and workforce capacity | Physical **infrastructure**  
Measures to **address shortages**  
Steps to maintain or **enhance workforce** capacity  
Workforce **skill-mix** and responsibilities  
**Training** and HR initiatives |
| Providing health services effectively   | Planning and **patient pathways** for COVID-19 cases  
Maintaining **essential services** |
| Paying for services                    | How countries are **paying for services**  
**Entitlements** and coverage |
| Governance                              | Pandemic **response plans**  
Steering of the health system  
**Emergency response** mechanisms  
Regulation of health service provision to affected patients |
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.
Gilda Scarpetti, Erin Webley, Chisimba Hernández Querido

1 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 Wirmser

1 May 2020
What do governments need to consider as they implement transition plans?
Creating a strategic plan to manage coronavirus is very 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 Wirmser

1 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 Cysus

1 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's little sign of coordination or a common approach to this difficult problem.
Holly Jarman, Sarah Rozenblum, Scott Greer, Matthias Wirmser

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.
Simone Pantel

27 April 2020
How are countries using digital health tools in responding to COVID-19?
Digital health tools are playing an essential 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 Paliy
These were then turned into several publications
Twenty lessons and strategies for more resilient health systems

COVID laid bare (known!) health system vulnerabilities
Reflect failures on implementation of needed reforms
### There is an essential role for leadership and governance

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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!)

"We’re not just fighting an epidemic; we’re fighting an infodemic. Fake news spreads faster and more easily than this virus, and is just as dangerous."

Tedros Adhanom Ghebreyesus
Director-General, World Health Organization
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

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 i, 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

Waitzberg et al. 2022
We did not learn enough from the 2008 financial crisis

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


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 cyclicality 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.

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


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.
Lots of lessons to make the workforce more resilient

Strategies

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

14. Implementing **flexible** and effective approaches

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

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

- Taking on **new tasks**
- **Task shifting**
- Introducing **multiprofessional teams**
- Reskill to use **digital technologies**

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

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

Juliane Winkelmann 1,2, Erin Webb 3, Gemma A. Williams 4, Cristina Hernández-Quevedo 5, Claudia B. Maier 6, 7, Dimitra Panteli 8

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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

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 a, Gemma Williams a, Giada Scarpetti a, b, Sarah Reed a, Dimitra Panteli a

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.

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 ZHELEVNYAKOV d, Nigel Edwards a, Ewout van Ginneken b, Melitta Jakab 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

**Challenges**

- Coping with sudden surges in demand
- Dual delivery of health services

**Strategies**

19. **Scaling up, repurposing and (re)distributing capacity**

- Increasing ICU beds (e.g., using operating rooms)
- Creating new spaces for care and recovery
- Tapping resources from other sectors (e.g., private sector)
- Moving equipment and even patients

20. **Adapting or transforming service delivery**

- Implementing alternative and flexible patient care pathways
- Recognizing the key role of PHC
- Creating guidelines for treatment and prioritization
- Scaling up the use of digital health
Addressing backlogs and managing waiting lists

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

- 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


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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
• 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
Thank you

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