Health systems resilience during COVID-19:Lessons for building back better



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On behalf of the author and editor team

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What is health systems resilience?

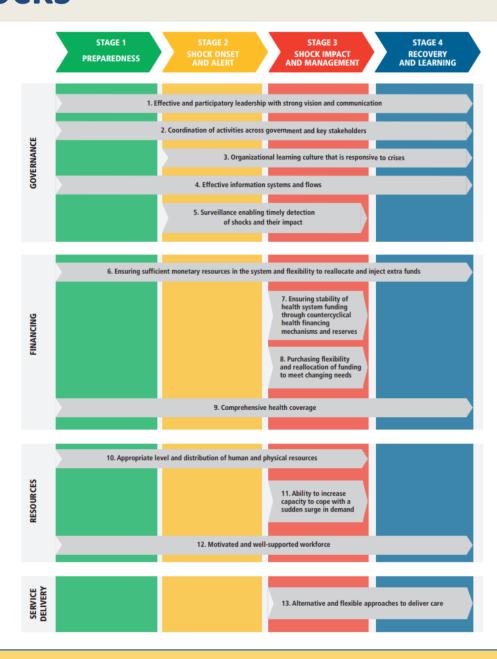


Resilience as the *ability* of health systems to prepare for, manage (adapt, absorb, transform) and learn from shocks





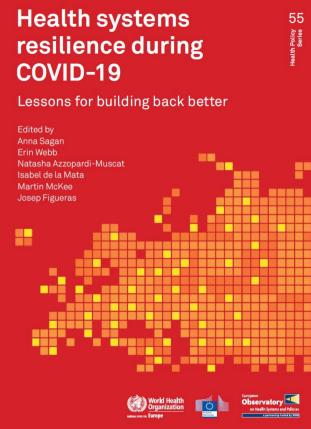
13 key strategies for a resilient response to shocks





20 key strategies for a resilient response to COVID-19

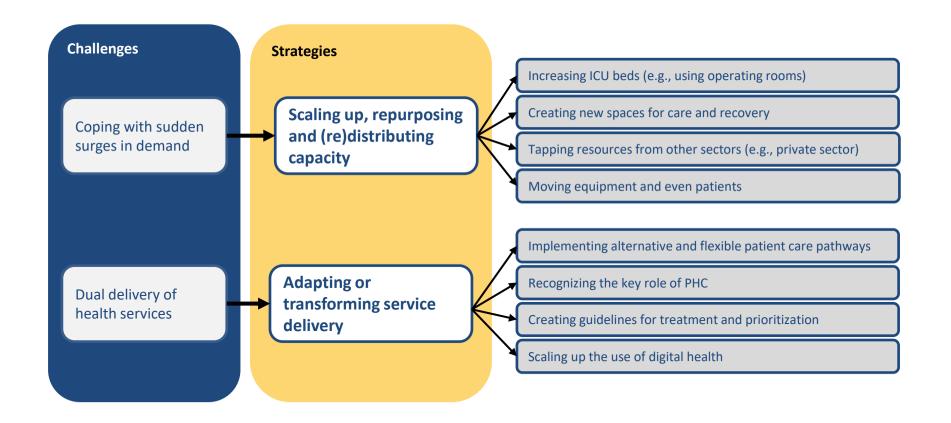
Strategy 1	Steering the response through effective political leadership	
Strategy 2	Delivering a clear and timely COVID-19 response strategy	
Strategy 3	Strengthening monitoring, surveillance and early warning systems	
Strategy 4	Transferring the best available evidence from research to policy	Health sys
Strategy 5	Coordinating effectively within (horizontally) and across (vertically) levels of government	resilience
Strategy 6	Ensuring transparency, legitimacy and accountability	COVID-19
Strategy 7	Communicating clearly and transparently with the population and stakeholders	Lessons for build
Strategy 8	Involving nongovernmental stakeholders including the health workforce, civil society and communities	Edited by
Strategy 9	Coordinating the COVID-19 response beyond national borders	Anna Sagan Erin Webb
FINANCING COVID-19 SERVICES		Natasha Azzopardi-Muscat Isabel de la Mata
Strategy 10	Ensuring sufficient and stable funds to meet needs	Martin McKee Josep Figueras
Strategy 11	Adapting purchasing, procurement and payment systems to meet changing needs and balance economic incentives	occop i igaciac
Strategy 12	Supporting universal health coverage and reducing barriers to services	
MOBILIZING A	AND SUPPORTING THE HEALTH WORKFORCE	
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Strategy 17	Implementing effective COVID-19 vaccination programmes	
Strategy 18	Maintaining routine public health services	
TRANSFORM	ING 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 reco	gnizing the key





Challenges & responses in service delivery



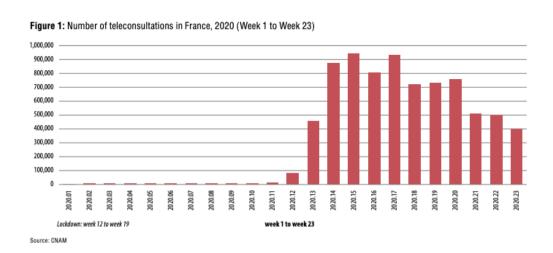


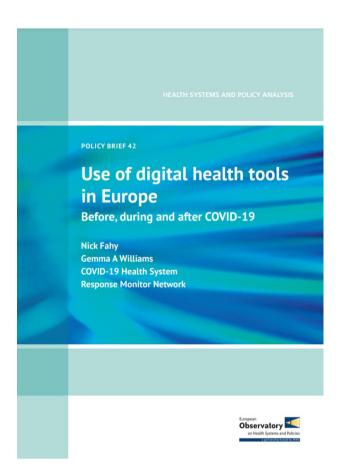


An illustration: scaling up digital health

Digital health tools have been used during the pandemic to support four main areas:

- communication and information, including tackling misinformation
- surveillance and monitoring
- continuing provision of health care such as through remote consultations
- rollout and monitoring of vaccination programmes







Essential role of public health in controlling transmission and protecting specialist care from being overwhelmed

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Reducing transmission



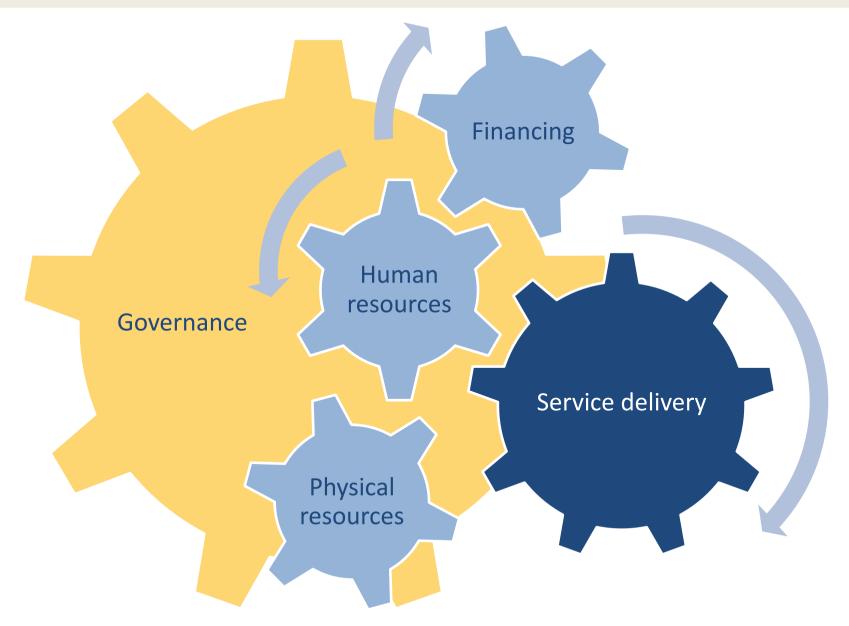
- Non-pharmaceutical interventions (NPIs)
- Find, Test, Trace, Isolate, Support (FTTIS)
- COVID-19 Vaccination

- Routine vaccination
- Screening
- Check-ups





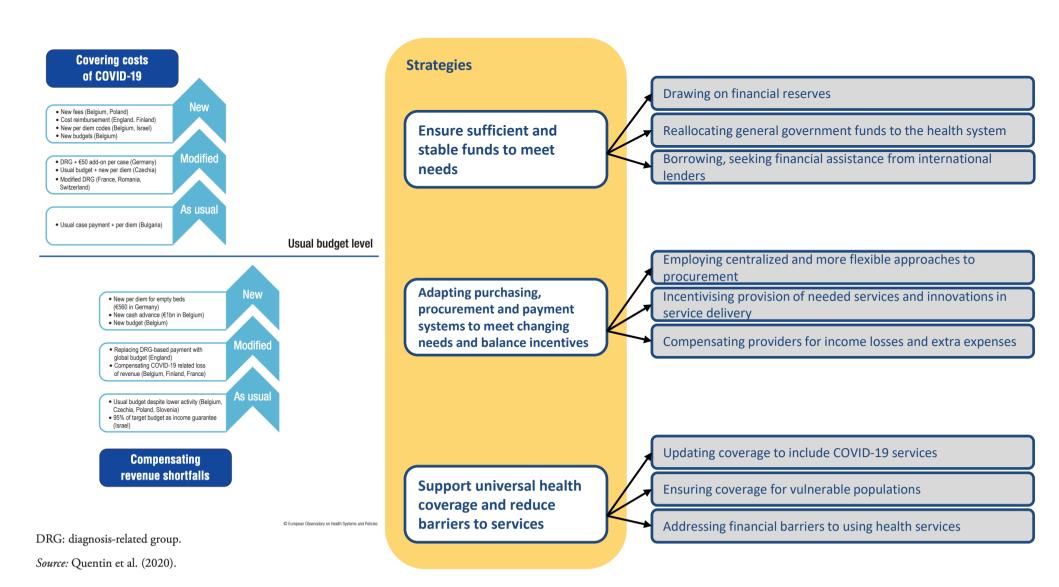
Ensuring dual delivery of services requires adapting resources and effective governance





Financing had to be increased and adjusted

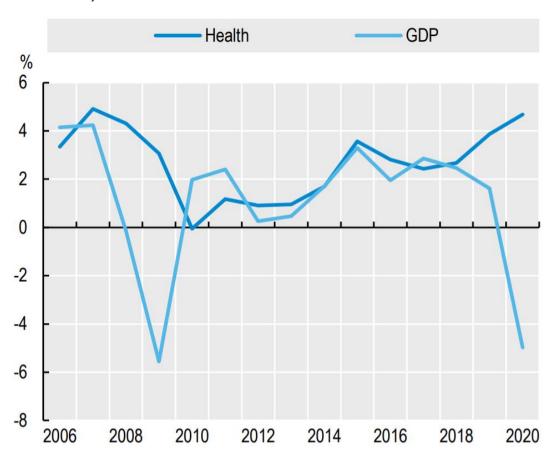






We saw a strong increase in per capita spending on health in 2020

Annual real growth in per capita health expenditure and GDP, OECD. 2005-2020

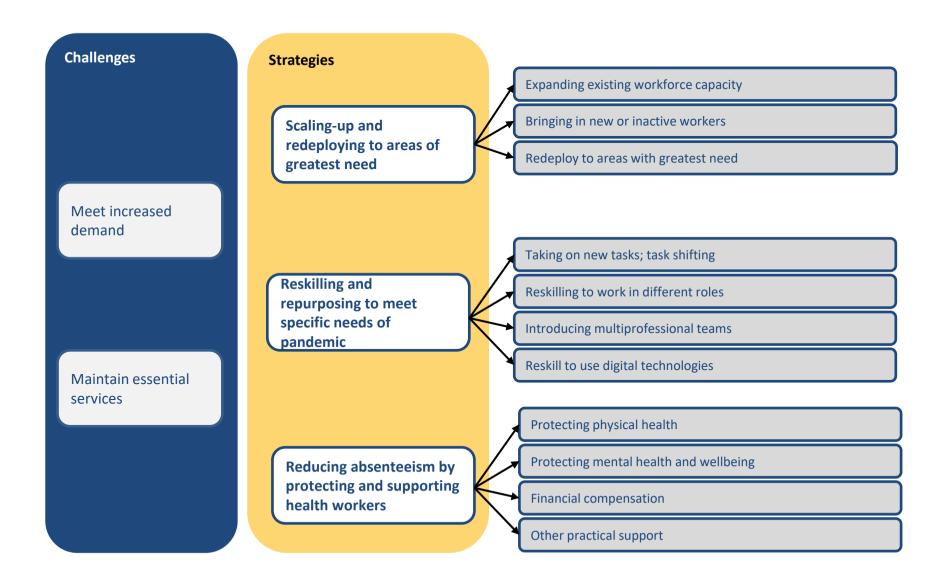


Note: Average of 22 OECD countries. Source: OECD Health Statistics 2021.



Human resources had to be increased in numbers, reskilled and supported



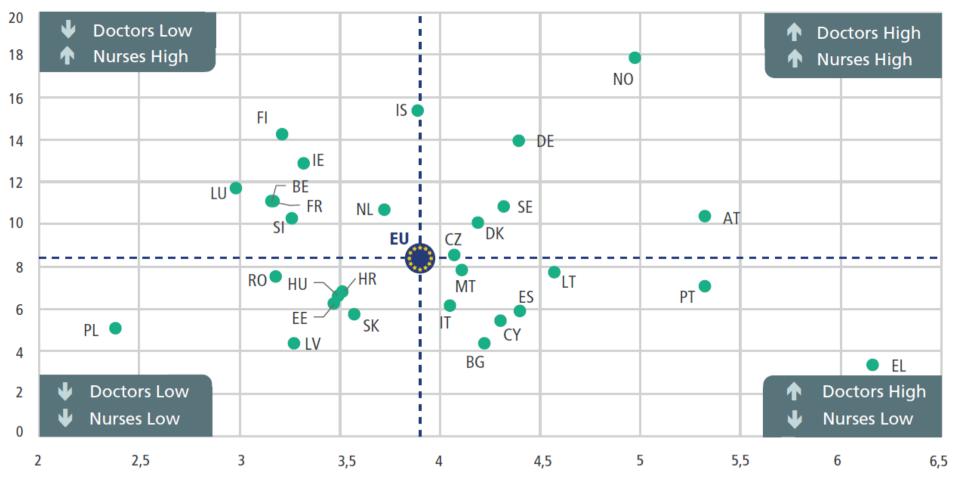




There is a large variation in the numbers of practicing doctors and nurses

Doctors vs nurses, 2019

PRACTISING NURSES PER 1000 POPULATION



PRACTISING DOCTORS PER 1 000 POPULATION



Leadership and governance were essential to an effective response

- 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

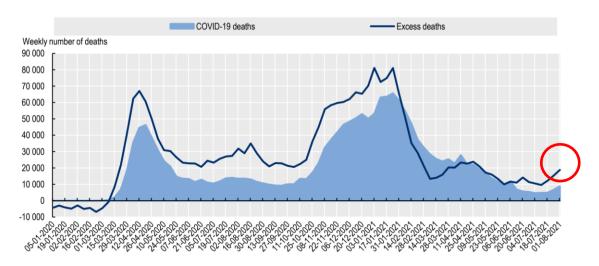
- 5. Coordinating effectively within (horizontally) and across (vertically) levels of government
- 6. Ensuring transparency, legitimacy and accountability

- 7. **Communicating** clearly and transparently with the population and relevant stakeholders
- 8. Involving nongovernmental **stakeholders** including the health workforce, civil society, and communities
- 9. **Coordinating** the COVID-19 response beyond the national borders



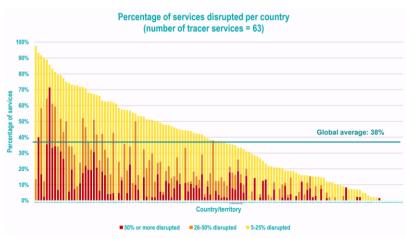
A looming 'tsunami' of non-COVID patients?

Weekly COVID-19 deaths compared to weekly excess deaths in 30 OECD countries, January 2020 to early August 2021



Note: Data exclude Australia, Canada, Colombia, Costa Rica, Ireland, Japan, Korea, and Turkey. Source: OECD (2021[30]), OECD Health Statistics, https://doi.org/10.1787/health-data-en.

On average, countries reported disruptions to more than one third of services



Source: WHO's National pulse survey on continuity of essential health services during the COVID-19 pandemic, 2021



A 'silent pandemic'?

INTERVIEW

WHO: Covid will be a 'dual pandemic' - physical and mental



The pandemic has been associated with a sharp increase in requests to mental health services (Photo: Koen Jacobs)

By ELENA SÁNCHEZ NICOLÁS
BRUSSELS, 1, OCT, 07:05

Source: EU Observer

"Up to one-in-two young people between 18 and 29 are currently suffering depression or anxiety. That is also the case for one-out-of-five frontline workers, such as doctors and nurses."

Natasha Azzopardi-Muscat



Where next? Improving responses to COVID-19

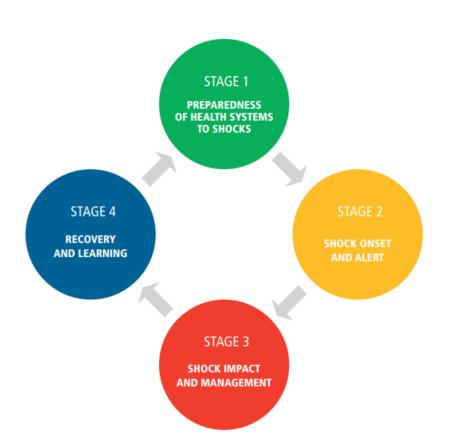
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	Adapting or transforming service delivery by implementing alternative and flexible patient care pathways and interventions and recognizing the key role of primary health care	

Possible assessment areas:

- Availability of non-COVID services
 (diagnostics, primary and specialist care,
 emergency care, mental health services,
 rehabilitation, etc); change in health
 services utilisation, waiting times, bed
 occupancy, unmet need, etc.
- Availability of essential medicines
- Maintaining quality standards across all services
- Ability to provide of health services remotely
- Ensuring provision of services for at-risk population groups
- Monitoring of access to services (e.g. utilisation, waiting times, unmet need; equity of access)



Where next? Preparing for future shocks



Targeted investment in health systems is needed, including in:

- Strengthening public health, primary health care and human resources
- Making service provision more flexible
- Well-functioning monitoring, surveillance, and early warning systems
- Health systems governance
- meaningful multi-sectoral coordination
- All this requires not only political will but also active political leadership and prioritizing health

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