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?

Health system
(governance, financing, resource generation, service delivery)

Covid-19

Health
(+ financial protection, equity, efficiency)

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

**Stage 1: Preparedness**
- 1. Effective and participatory leadership with strong vision and communication
- 2. Coordination of activities across government and key stakeholders
- 3. Organizational learning culture that is responsive to crises
- 4. Effective information systems and flows
- 5. Surveillance enabling timely detection of shocks and their impact

**Stage 2: Shock Onset and Alert**
- 6. Ensuring sufficient monetary resources in the system and flexibility to reallocate and inject extra funds
- 7. Ensuring stability of health system funding through countercyclical health financing mechanisms and reserves
- 8. Purchasing flexibility and reallocation of funding to meet changing needs

**Stage 3: Shock Impact and Management**
- 9. Comprehensive health coverage
- 10. Appropriate level and distribution of human and physical resources
- 11. Ability to increase capacity to cope with a sudden surge in demand
- 12. Motivated and well-supported workforce

**Stage 4: Recovery and Learning**
- 13. Alternative and flexible approaches to deliver care

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# 20 key strategies for a resilient response to COVID-19

## LEADING AND GOVERNING THE COVID-19 RESPONSE

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</tr>
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</tr>
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</tr>
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</tr>
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<tbody>
<tr>
<td>10</td>
<td>Ensuring sufficient and stable funds to meet needs</td>
</tr>
<tr>
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<tr>
<td>13</td>
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</tr>
<tr>
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</tr>
<tr>
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## STRENGTHENING PUBLIC HEALTH INTERVENTIONS

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<tr>
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<tr>
<td>16</td>
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</tr>
<tr>
<td>17</td>
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</tr>
<tr>
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## TRANSFORMING DELIVERY OF HEALTH SERVICES TO ADDRESS COVID-19 AND OTHER NEEDS

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<tr>
<td>19</td>
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Challenges & responses in service delivery

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

**Strategies**
- **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

- **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
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

Figure 1: Number of teleconsultations in France, 2020 (Week 1 to Week 23)
Essential role of public health in controlling transmission and protecting specialist care from being overwhelmed

Reducing transmission

- Routine vaccination
- Screening
- Check-ups

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

Maintaining preventive services
Ensuring dual delivery of services requires adapting resources and effective governance.
Financing had to be increased and adjusted

Strategies

Ensure sufficient and stable funds to meet needs

Drawing on financial reserves
Reallocating general government funds to the health system
Borrowing, seeking financial assistance from international lenders

Adapting purchasing, procurement and payment systems to meet changing needs and balance incentives

Employing centralized and more flexible approaches to procurement
Incentivising provision of needed services and innovations in service delivery
Compensating providers for income losses and extra expenses

Support universal health coverage and reduce barriers to services

Updating coverage to include COVID-19 services
Ensuring coverage for vulnerable populations
Addressing financial barriers to using health services

Covering costs of COVID-19

New
- New diagnosis-related group (DRG) per case (Germany)
- New per diem (Bulgaria)
- New budget (Belgium)

Modified
- DRG + 50% adaption per case (Germany)
- New budget + new per diem (Czechia, Poland)
- Modified DRG (France, Romania, Switzerland)
- Usual case payment + per diem (Bulgaria)

As usual
- Usual budget level

Compensating revenue shortfalls

New
- New per diem for emergency beds (500 in Germany)
- New cash advance (€100 in Belgium)
- New budget (Belgium)

Modified
- Replacing DRG-based payment with global budget (England)
- Compensating COVID-19 related loss of revenue (Belgium, Finland, France)
- Usual budget despite lower activity (Belgium, Czechia, Poland, Slovakia)
- 95% of target budget as income guarantee (Israel)

As usual
- Usual budget level

Source: Quentin et al. (2020).

DRG: diagnosis-related group.

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

**Challenges**
- Meet increased demand
- Maintain essential services

**Strategies**

- **Scaling-up and redeploying to areas of greatest need**
  - Expanding existing workforce capacity
  - Bringing in new or inactive workers
  - Redeploy to areas with greatest need

- **Reskilling and repurposing to meet specific needs of pandemic**
  - Taking on new tasks; task shifting
  - Reskilling to work in different roles
  - Introducing multiprofessional teams
  - Reskill to use digital technologies

- **Reducing absenteeism by protecting and supporting health workers**
  - Protecting physical health
  - Protecting mental health and wellbeing
  - Financial compensation
  - Other practical support
There is a large variation in the numbers of practicing doctors and nurses.
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 non-governmental stakeholders including the health workforce, civil society, and communities |
| 9. Coordinating the COVID-19 response beyond the national borders |
What next?

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

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
What next?

A ‘silent pandemic’?

“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

Source: EU Observer
Where next? Improving responses to COVID-19

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- **Strategy 1**: Steering the response through effective political leadership
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### MOBILIZING AND SUPPORTING THE HEALTH WORKFORCE
- **Strategy 13**: Ensuring an adequate health workforce by scaling-up existing capacity and recruiting additional health workers
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### 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

### 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)
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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