



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
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Systems approaches to strengthening health system resilience: Looking again

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With thanks to

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Scope

Work to be done

Health system resilience & the financial crisis

Rethinking health system resilience

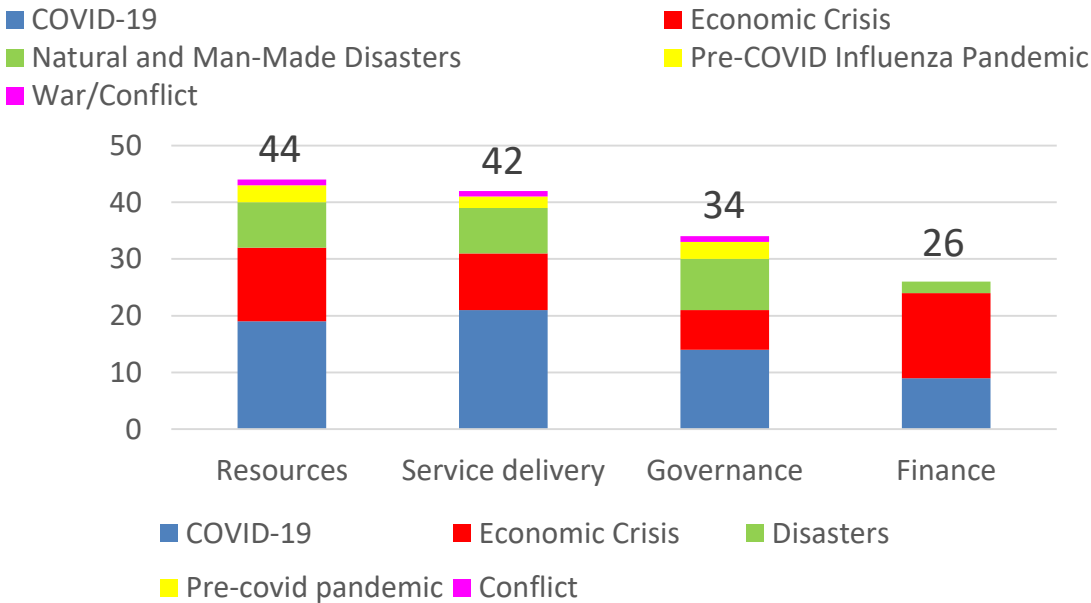
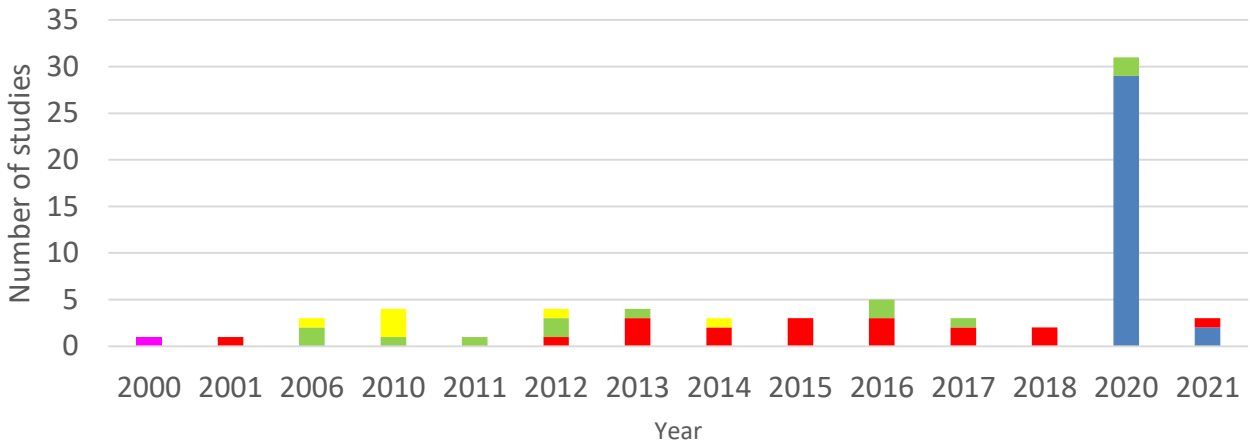
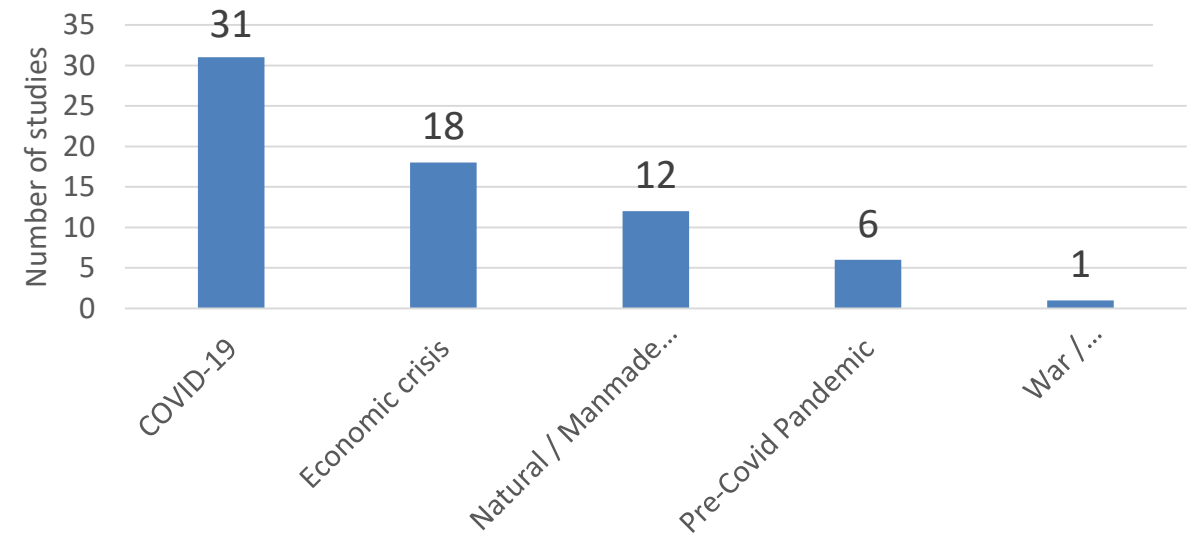
Shock cycle

Key challenges

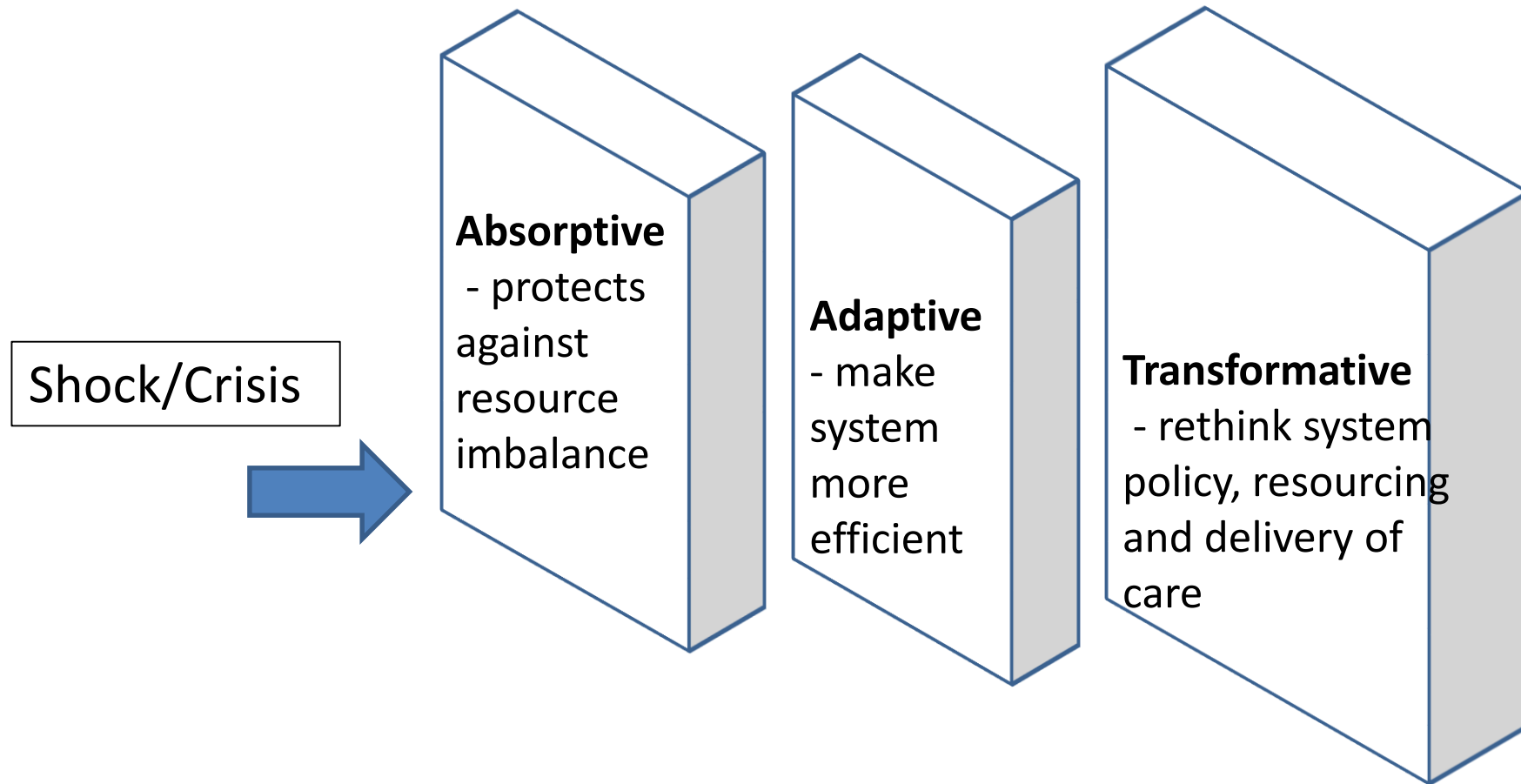
Questions that remain

Systematic Review of Measuring Health Systems Resilience in High Income Countries - Study characteristics (under review)

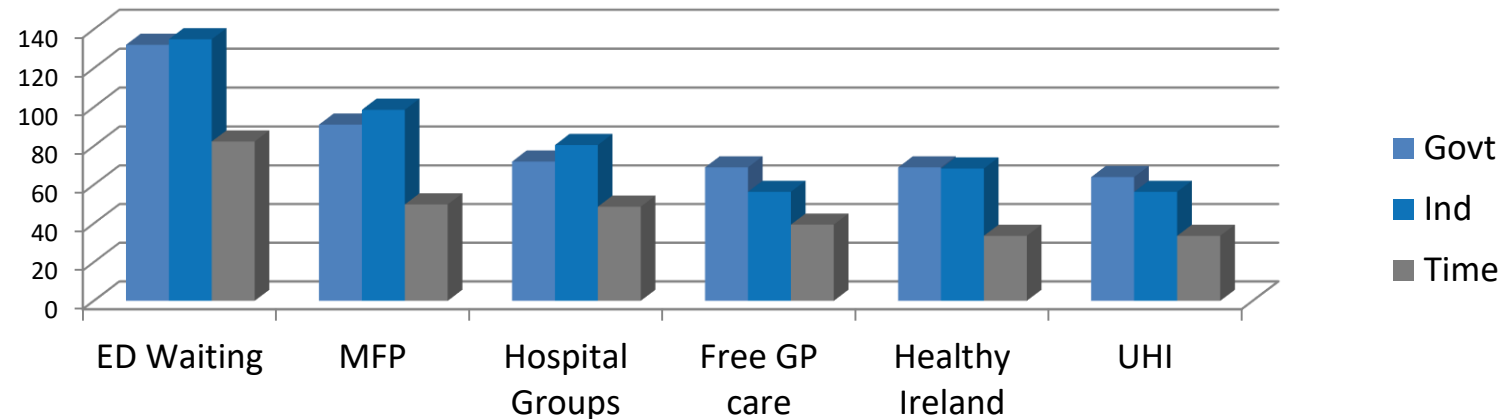
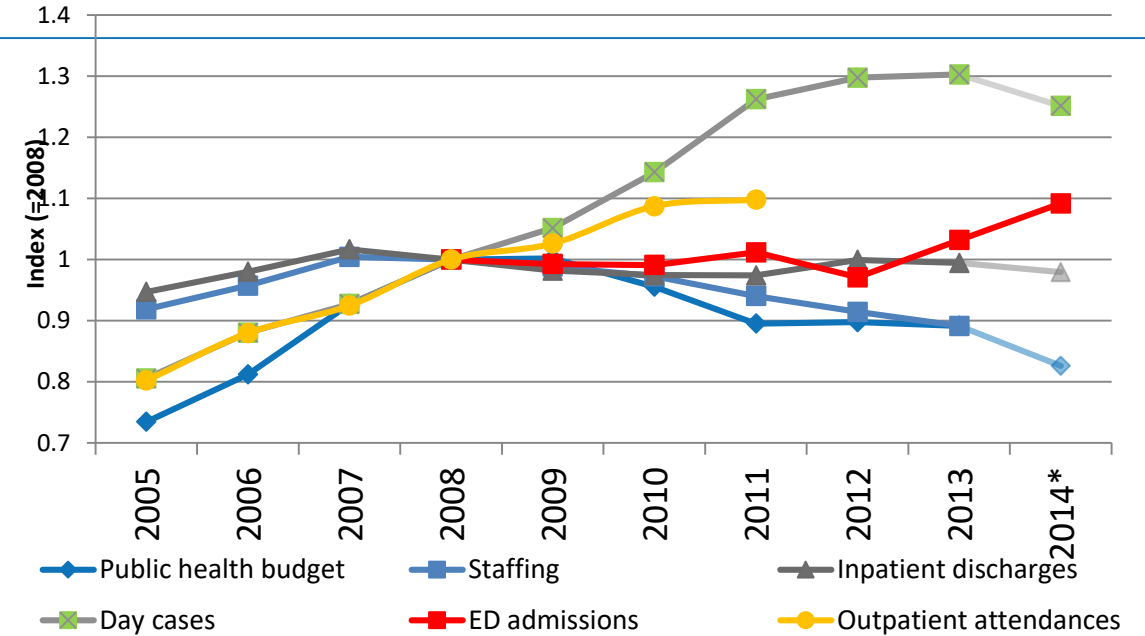
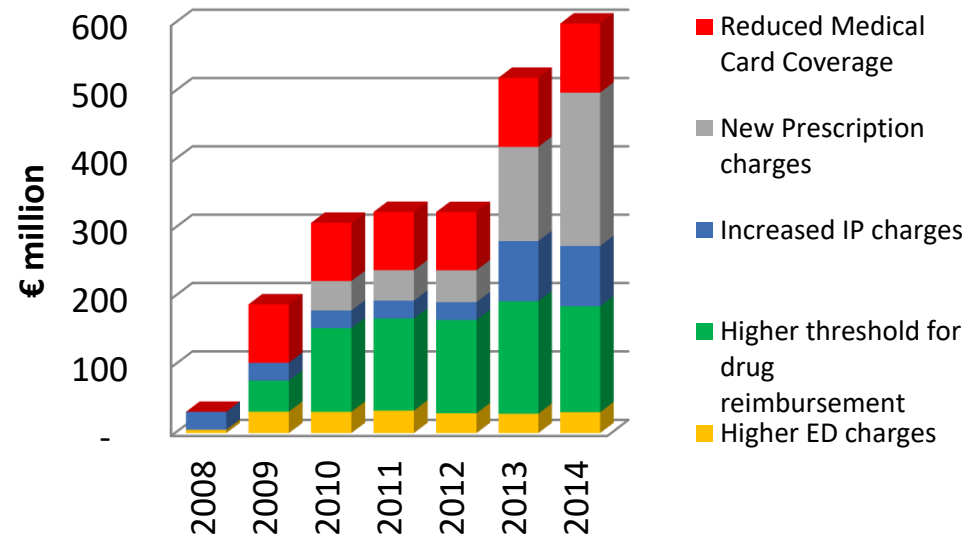
Region	No. of Studies	%
Europe	32	47%
North America	18	26%
Asia	6	9%
Mix / Multiple	6	9%
Australasia	4	6%
Middle East	1	1%
South America	1	1%



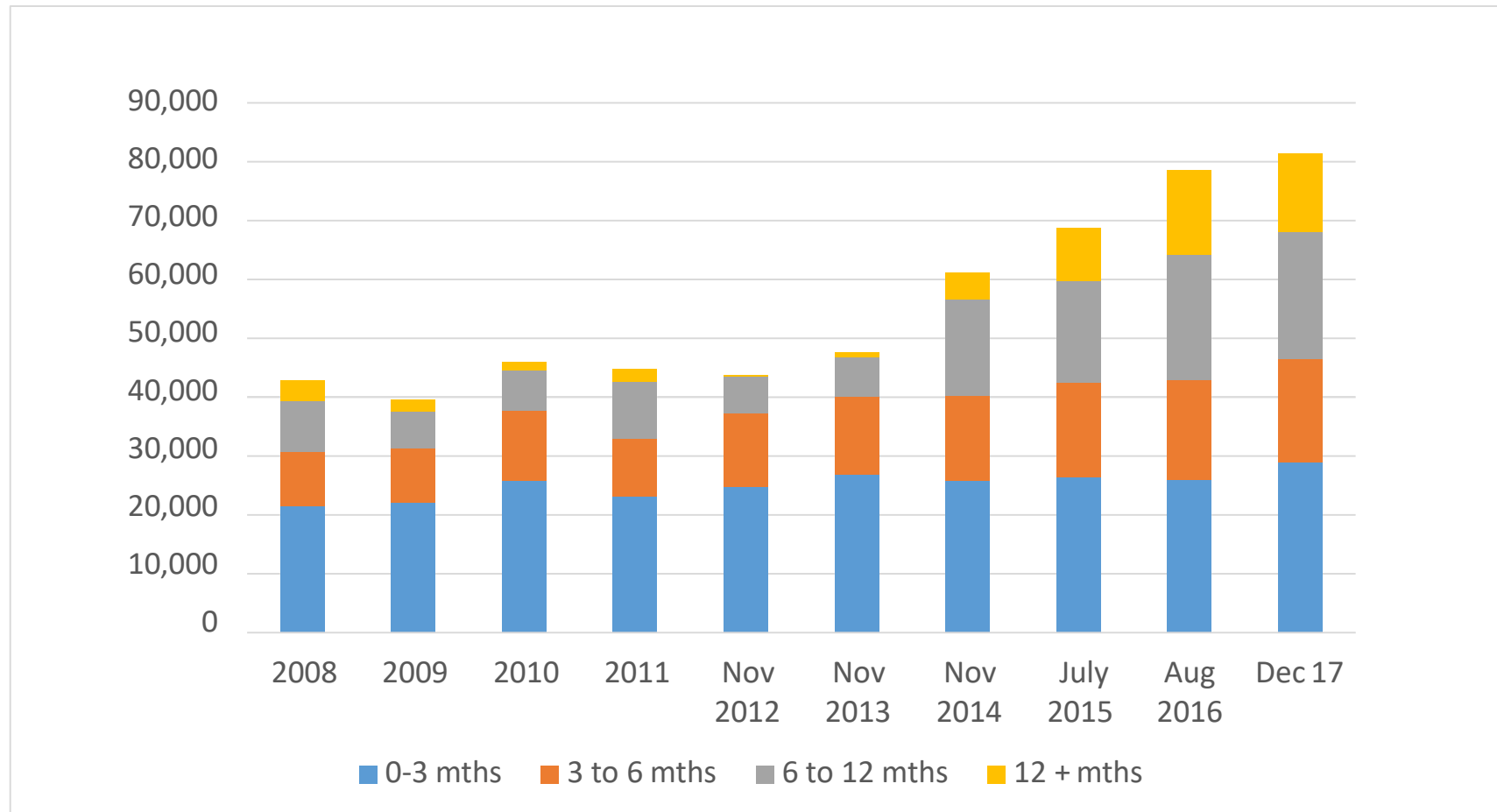
Round 1: Thinking about Health System Resilience (Traditional)



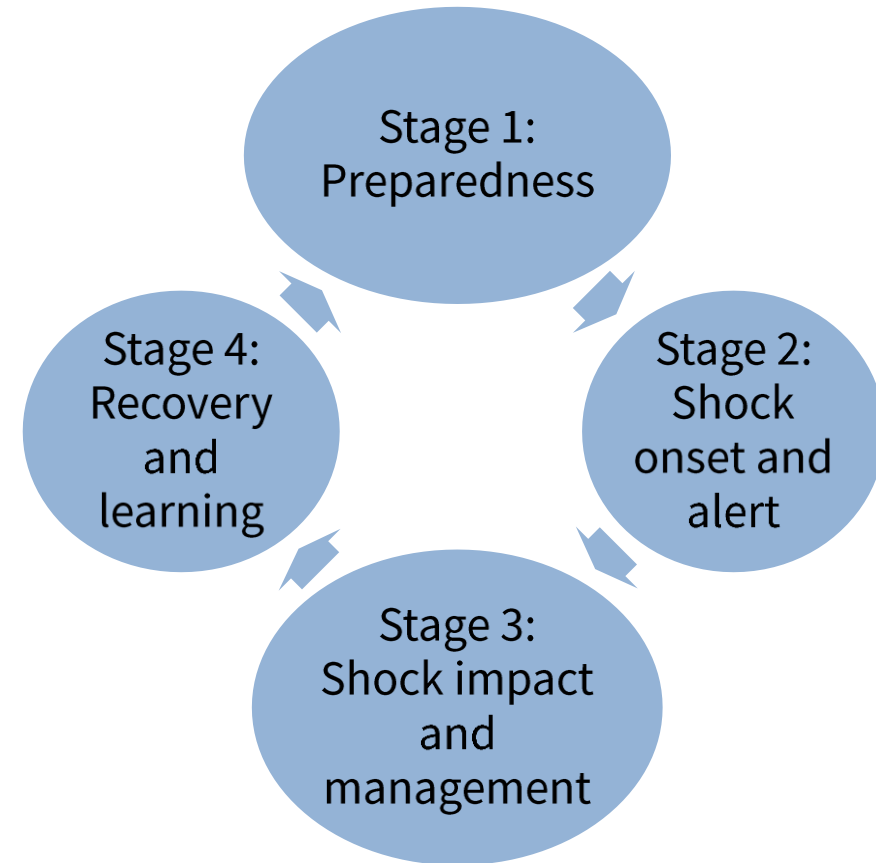
Resilience: Absorptive, Adaptive and Transformative



Legacy Issues : In Patient Waiting Lists



Round 2: Thinking about Health System Resilience (Dynamic)



Resilient health system are those that are able to manage well each stage of the shock cycle.

Health system resilience is the ability to:

- Prepare for
- Identify
- Manage (absorb, adapt and transform), and
- Recover and learn from

Shocks to improve health system performance

<https://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/strengthening-health-systems-resilience-key-concepts-and-strategies-2020>



Key Strategies by Health System Function

- **Governance:** (1) Effective and participatory leadership with strong vision and communication; (2) Coordination of activities across government and key stakeholders; (3) Organisational learning culture that is responsive to crises; (4) Effective information systems and flows; and (5) Surveillance enabling timely detection of shocks and their impact.
- **Financing:** (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; and (9) Comprehensive health coverage.
- Resources:** (10) Appropriate level and distribution of human and physical resources; (11) Ability to increase capacity to cope with a sudden surge in demand; and (12) Motivated and well-supported workforce.
- Service delivery:** (13) Alternative and flexible approaches to deliver care.

But – the Shock Cycle highlights significant challenges!

Appropriate Clustering of Strategies

Preparedness

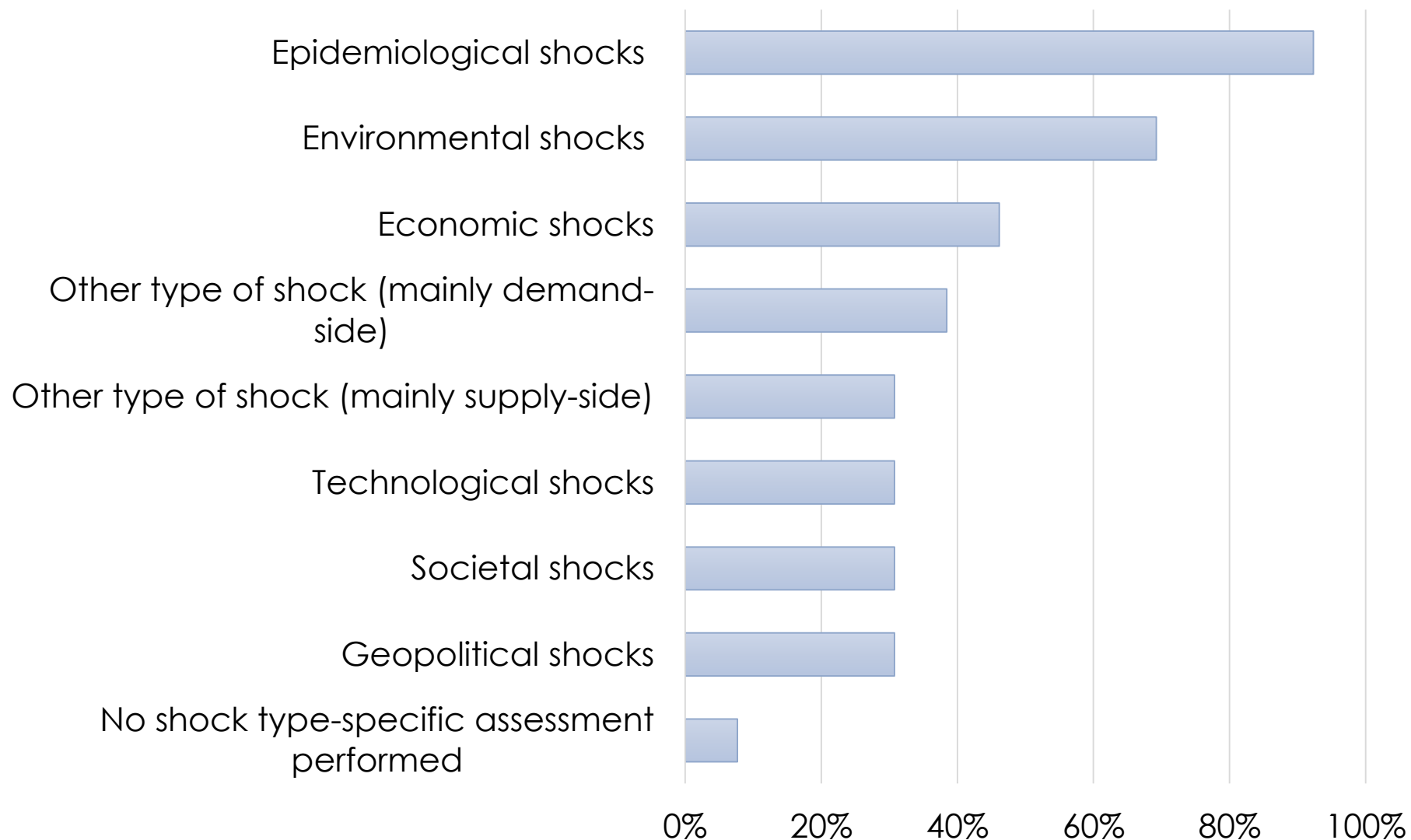
Shock interaction

Stress testing and Learning

Legacy vs Emergence



Survey of EU Health System Experts, July 2019 – Key Concern



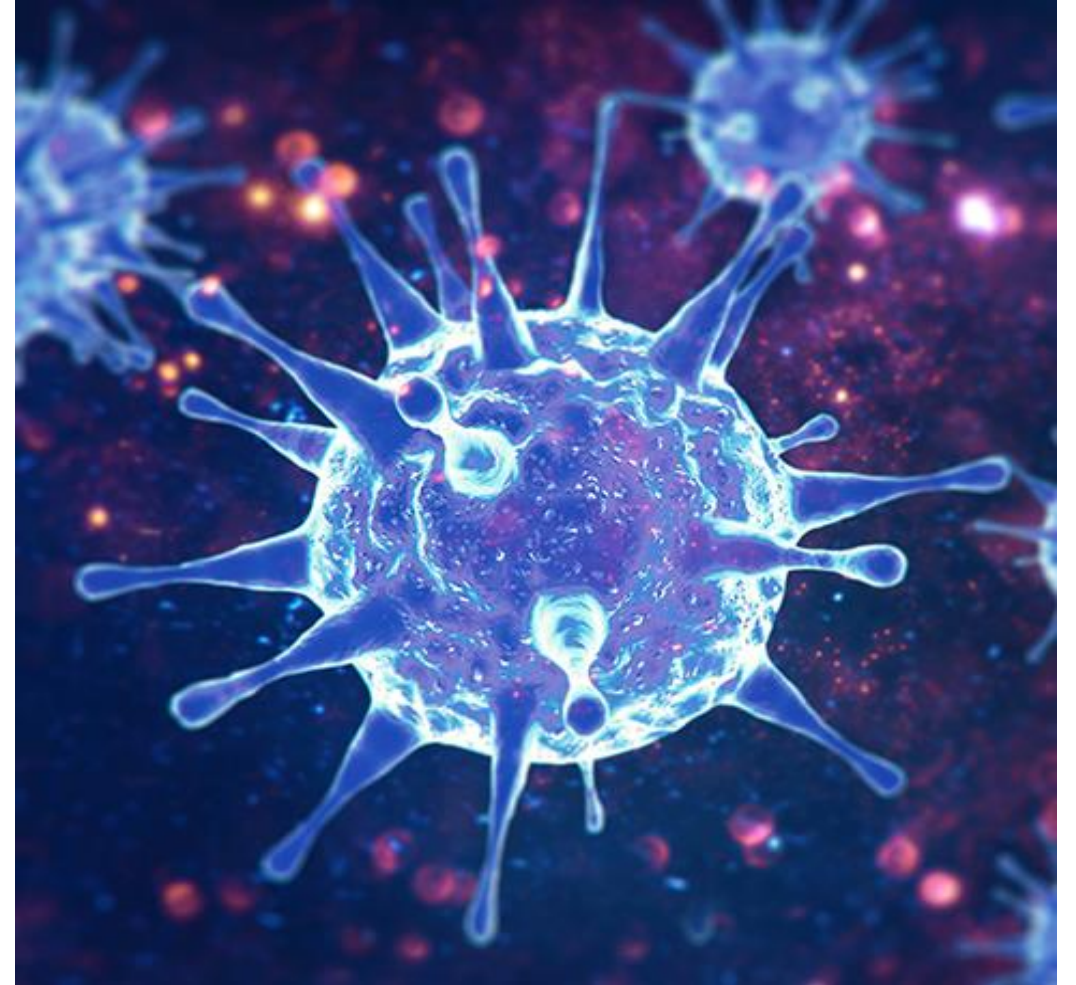
The problem of being mis-prepared



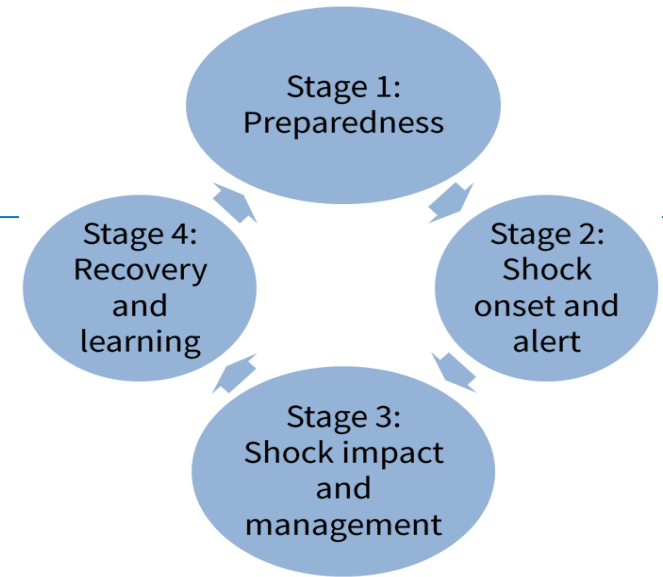
Looking for Brexit, found COVID 19



Johnson
COXIT up



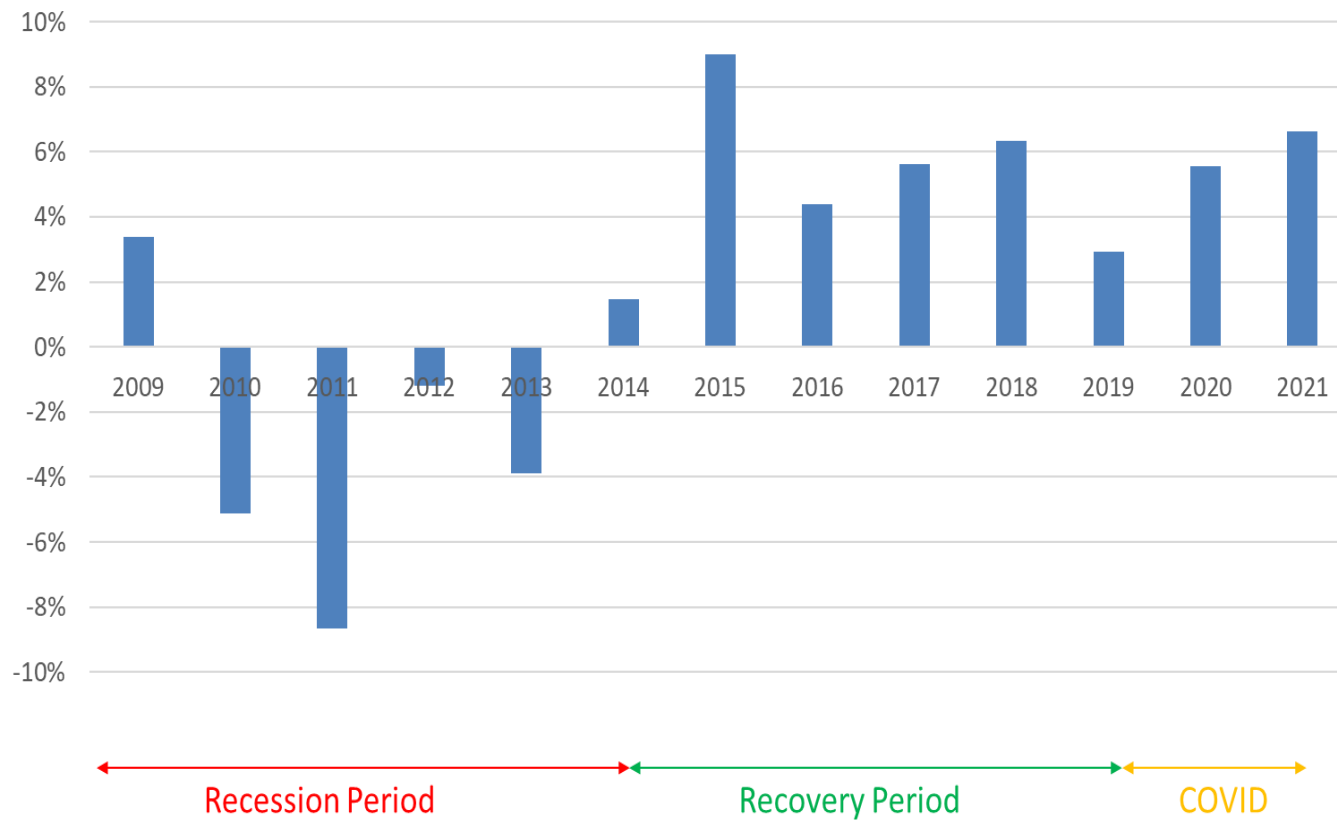
More than one shock at a time?



Proposed new Terminology

- 1 Shock - Misfortune
- 2 Shocks - Carelessness
- 3 Shocks - Dublin buses
- 4 Shocks – “Omnishambles”

Signs of Learning?



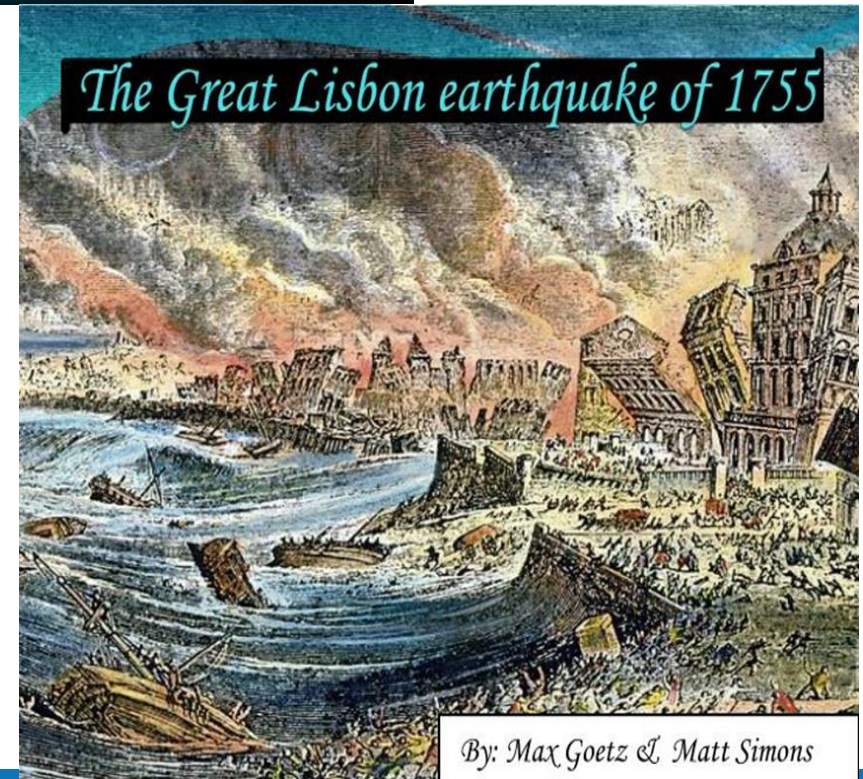
Building Legacy

1. Spotlight for action

- Identifying/magnifying weaknesses
- Stress test

2. Catalyst/Accelerator/Enabler

- Disruption
- Opportunity



Unexpected Emergence



It's not all whack-a-mole for Central government

- **Telemedicine**
- **Demonstrated resilience and entrepreneurship of HR**
- **Vaccine development**

Questions and Reflections

- **Can we be appropriately prepared?**
- **What does consistent good governance look like?**
 - Mistakes made
- **How do we build a good legacy and facilitate constructive emergence?**
- **How do we deal with negative legacy and the problems that persist?**
 - Backlog of Care
 - Weltschmerz of health professionals



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Thank You



https://www.tcd.ie/medicine/health_policy_management/research/current/restore/