

Towards a better EU health preparedness and response: existing gaps and solutions

Episode 8 of the webinar series

'Health Management in action: Fostering health systems' resilience'

Speaker

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The eight episode of the webinar series *'Health Management in action: fostering health systems' resilience'* offered insights on health system resilience and shock cycles.

Over the last few years, the succession of multiple, interrelated crises brought the term 'permacrisis' to the fore. In the health sector, living in a state of permacrisis means continuously preparing health systems for the next crisis in a dynamic shock cycle that encompasses 4 stages¹: (1) preparedness; (2) shock onset and alert; (3) shock impact and management; and (4) recovery and learning. Health systems are resilient when can manage each stage of the shock cycle. In other words, health systems resilience is the ability to prepare for, identify, manage (absorb, adapt, and transform), recover and learn from shocks to improve their performance. From a recent systematic literature review², it emerged that there has been an uneven focus on the different stages of the shock cycle. Major attention has been paid to the management phase, while the recovery and learning phase is the least researched area.

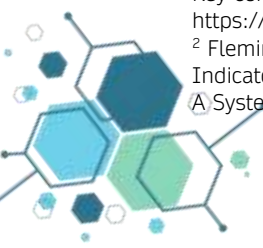
The COVID-19 shock cycle is currently between stage 4 ('recovery and learning') and stage 1 ('preparedness'). Lessons from COVID are crucial as the legacy of the previous crisis becomes the preparedness for the next one. The pandemic originated an unprecedented staff turnover, followed by burnout crises and the 'big resignation'. As people could not receive routine care in the acute phases of the pandemic, health systems are now suffering from long waiting lists and backlogs. A controversial legacy of COVID is the contested space of finance: countries are not clear about translating funds originally dedicated to COVID-related expenses to other health expenses.

The pandemic shed light on governance muscles, demonstrating that countries have the strength to take decisive actions at all levels, such as lockdowns, emergency measures, innovative facility management, and the uptake of telemedicine. COVID-19 also exercised the governance muscles in collaborative actions in surveillance, procurement, funding, and learning. Last but not least, leaders had to take fast decisions based on limited

¹ Thomas, S., Sagan, A., Larkin, J., Cylus, J., Figueras, J., & Karanikolos, M. (2020). Strengthening health systems resilience: Key concepts and strategies Retrieved from WHO, Denmark:

<https://apps.who.int/iris/bitstream/handle/10665/332441/Policy-brief%2036-1997-8073-eng.pdf>

² Fleming, P., O'Donoghue, C., Almirall-Sanchez, A., Mockler, D., Keegan, C., Cylus, J., Thomas, S. (2022). Metrics and Indicators Used to Assess Health System Resilience in Response to Shocks to Health Systems in High Income Countries - A Systematic Review. Health Policy. doi: <https://doi.org/10.1016/j.healthpol.2022.10.001>



information. Eventually, data and information proved decisions to be wrong; thus health systems improved also in terms of agility and reversibility.

From a recent study on how international health system austerity responses to the 2008 financial crisis impacted health systems and workforce resilience, other lessons can be drawn. A top-down governance can originate a lack of ownership from those delivering care as well as distrust in the decision-making agenda. To avoid this situation, the decision-making process should be transparent and involve care providers. It is also very risky if health professionals perceive a diminished value of their profession. Front-line workers could feel powerless and detached, thus resisting change and sabotaging policies. Finally, a health-seeking behaviour change can happen, leading to a reduction in primary care usage in favour of an increase in emergency care. Without accurate health literacy, such a shift could originate medication mismanagement and delayed treatment.

To be prepared for the cost of living crisis, there are a few steps to be taken. First, we should introduce registries for people who are vulnerable to energy price hikes so that appropriate remedial action can be fast-tracked. Recently, warm banks arose: public sector spaces that deliver care warm to people that cannot afford to pay for it. Secondly, we should consider dropping healthcare access costs or implementing free care to preserve access for vulnerable groups. Finally, as the decision-making process should react quickly during crises.

Take-home messages

- Resilient health systems are those able to manage each stage of the shock cycle, namely preparedness, shock onset and alert, shock impact and management, and recovery and learning.
- The COVID pandemic represented an opportunity to exercise governance muscles in terms of collaboration, both at the national and international levels, and to practice high-pressure, fast decision-making.
- Previous austerity did not protect people. Ahead of the next crisis, we should target resources to protect vulnerable populations and their access to care and providers.



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