



Towards better health systems' preparedness and response: existing gaps and solutions

Health Management in action:
Fostering health systems' resilience

An EHMA Webinar Series

#EHMAWebinars



Our speaker

Prof. Steve Thomas

Edward Kennedy Chair of Health Policy and Management and Director of Health Policy and Engagement for the School of Medicine in Trinity College Dublin. Health Research Board Research Leader with the RESTORE programme, focussed on health system resilience and reform.



This webinar is co-funded by the EU4Health Programme of the European Union. Views and opinions are of the speakers only.



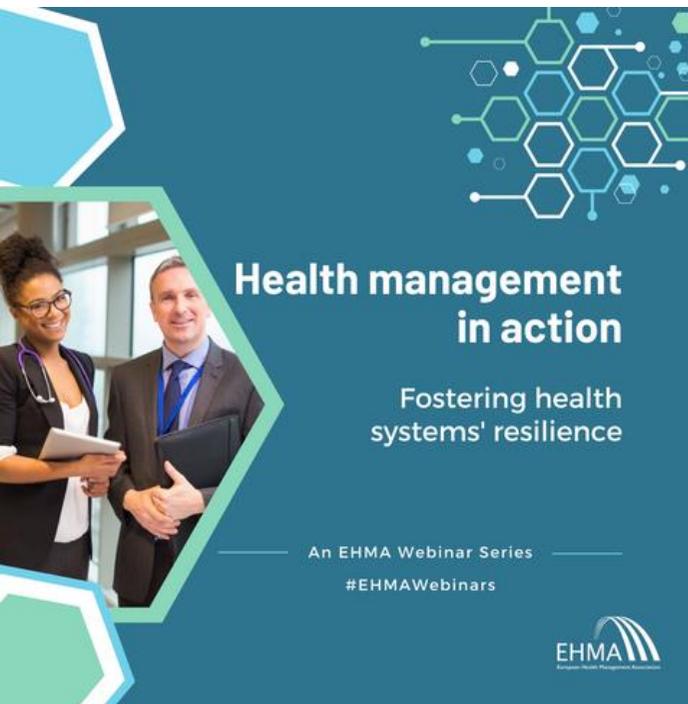
Agenda

- **13.30- 13.40 (10 minutes):** Welcome and introduction
- **13.40 - 14:00 (20 minutes):** Presentation on “Living with Permacrisis: Health System resilience into the next shock” with Prof Steve Thomas
- **14.00 - 14.15 (15 minutes):** Q & A



About this webinar series

Our webinar series, 'Health Management in action: fostering health systems' resilience', discusses **health management topics** that are crucial **to improve health systems preparedness and response**.



The graphic features a dark teal background with a network of hexagons and lines in light blue and green. On the left, a photograph shows a woman in a black blazer and glasses holding a tablet, and a man in a dark suit and blue tie holding a laptop. The text is white and positioned to the right of the photo.

**Health management
in action**

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EHMA
European Health Management Association





About EHMA

OUR VISION is excellent health management for a healthy Europe.

OUR MISSION is to support the spread of knowledge on effective health management.

OUR VALUES are excellence, quality, inclusiveness, relevance, and respect.





- We are the **only membership organisation in Europe** to bring together the full health management ecosystem.
- We are a recognised and respected **amplifier of best practices** in the evolution of health management.
- We provide an environment where **evidence, challenge and experience are valued**, and complex debates on current topics can take place.



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Living with Permacrisis: Health system resilience into the next shock

Prof Steve Thomas

Edward Kennedy Professor of Health Policy and Management

With thanks to

Padraic Fleming, Catherine O'Donoghue, Arianna Almirall-Sanchez, Liz Farsaci

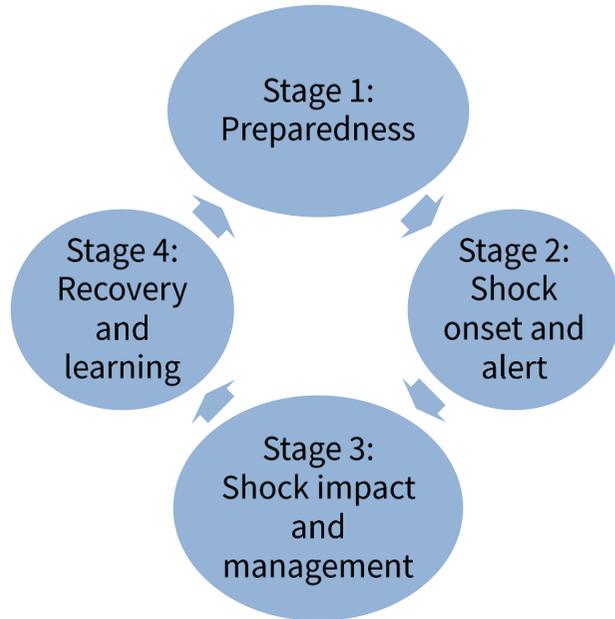


Scope

- **Health system resilience and the shock cycle**
- **Recognising where we are**
- **Legacy of COVID-19**
- **Learning from the previous economic crisis**
- **Preparedness for the next shock**



Health System Resilience and the Shock Cycle



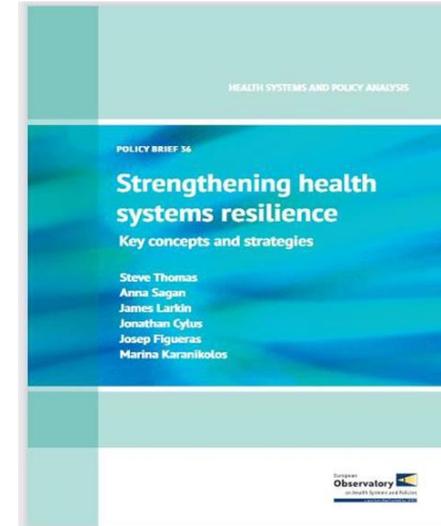
Resilient health systems are those that are able to manage well each stage of the shock cycle.

Health system resilience is the ability to:

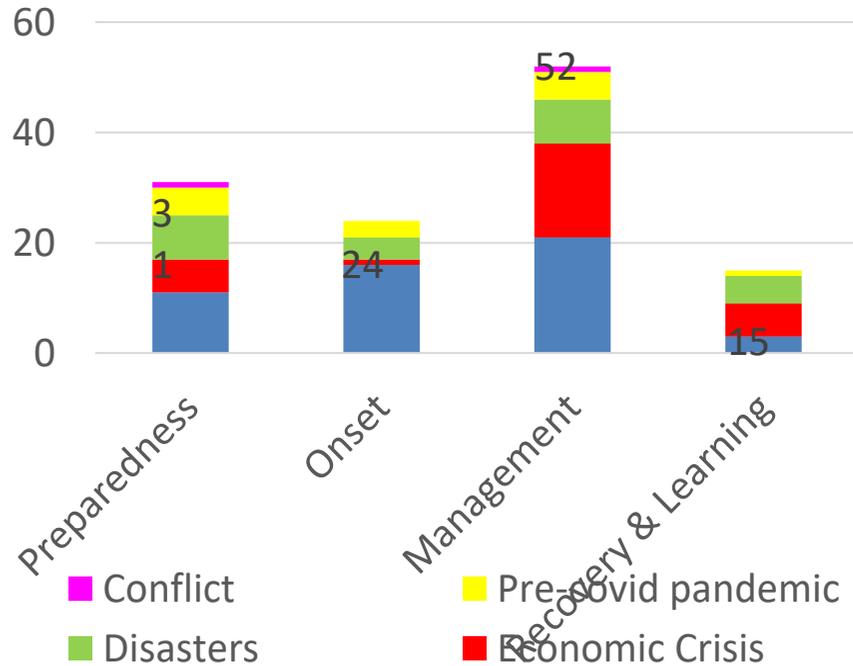
- Prepare for
- Identify
- Manage (absorb, adapt and transform), and
- Recover and learn from

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>



Shock Cycle Stages



Health Policy

Available online 13 October 2022

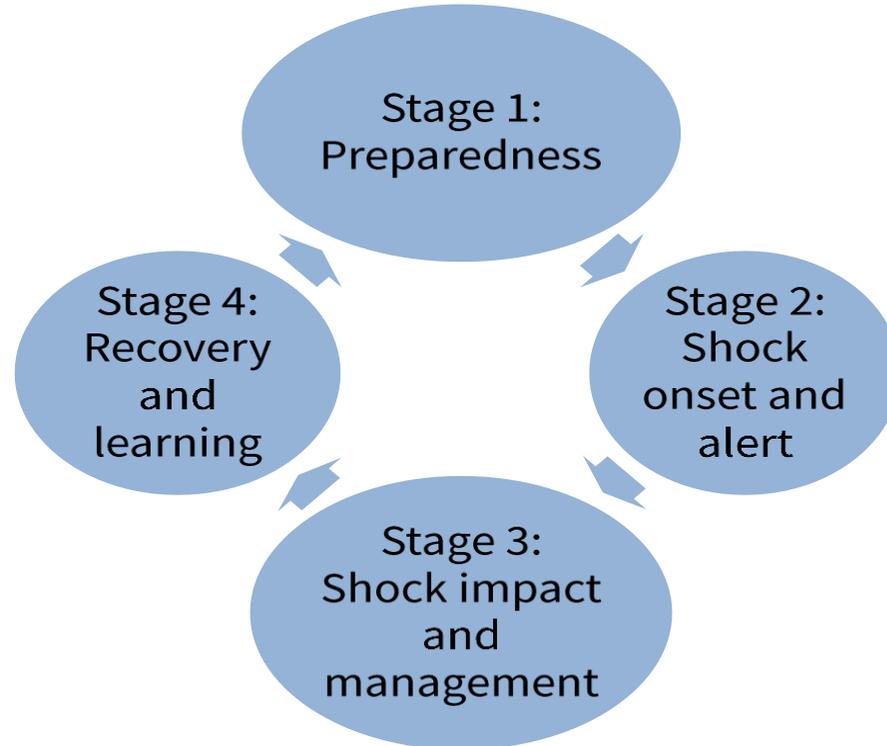
In Press, Corrected Proof



Metrics and indicators used to assess health system resilience in response to shocks to health systems in high income countries—A systematic review

Pádraic Fleming^{a,*,} Catherine O'Donoghue^{a,} Arianna Almirall-Sanchez^{a,} David Mockler^{b,} Conor Keegan^{c,} Jon Cylus^{d,} Anna Sagan^{d,} Steve Thomas^a

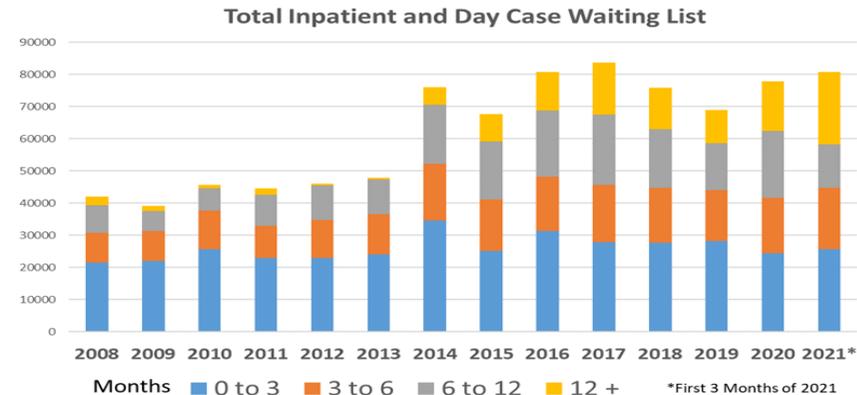
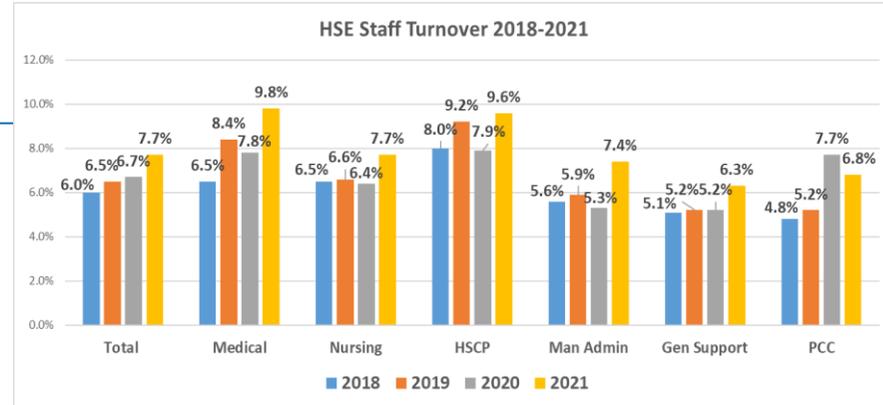
Where are we now?



Building from COVID-19 Legacy

Known knows

- Staff Turnover
- Waiting Lists/Backlog
- The contested space of finance
 - Post COVID grab for health money



Governance muscle

- Decisive action at all levels
 - Lockdowns, emergency measures,
 - innovative facility management,
 - uptake of telemedicine,
- International collaborative action
 - Surveillance,
 - Procurement,
 - Funding,
 - Learning and sharing



Learning as we go

- **The need for fast decision-making based on limited information**

“Once the emergency is over, I think the people who made an awful lot of right decisions will end up getting kicked up and down the street for the few they got wrong. And we needed them to be prepared to make a few wrong decisions in order to make decisions quickly enough There is no criteria, however, that says you have to get everything...right. Because if you take long enough to be certain that the decisions you're making are right,... you've taken too long” (Public Sector Manager, PRESTO report)

- **Agility and Reversibility**

How International Health System Austerity Responses to the 2008 Financial Crisis Impacted Health System and Workforce Resilience – A Realist Review (In Print)

CMOCs emerging from 'phase 1' analysis

1. **Top-down governance** - lack of ownership and buy-in from those delivering care and a distrust of the decision-making agenda. [transparency]
2. **Perceived value shift** - a diminished view of the profession, apathetic and burnt-out. [values]
3. **Powerless and detached** - a resistance to change and conflict between front line workers and policy decision makers / management. [autonomy, empowerment]
4. **Working the system (access)** - strain on frontline workers, increases ER use but more stable health outcomes than originally predicted. [moral distress, street level bureaucrats]
5. **Health-seeking behaviour change** - led to reduction in primary care usage, increased emergency care, medication mismanagement, delayed treatment. [health literacy]

Facing forward: into the next shock



What is it?

Complex Shock

- Cost of Living Crisis (fuel, food, recession, stagflation?)
- Refugees/Migration
- War

What to do – Preparedness for Complex Cost of Living Crisis

- 1. Introduce registries for people who are vulnerable to energy price hikes so that appropriate remedial action can be fast-tracked for these groups.**
 - Fuel poverty and ill-health
- 2. Secure financial protection of health services and health facilities from cost hikes (e.g. extra funds for energy, fuel etc)**
 - Public and private contracted
- 3. Consider dropping access costs/implementing free care for health care to preserve access to healthcare**
 - including migrants
- 4. Beef up Information systems for austerity**

Concluding Thoughts

- **Get used to crises**
- **COVID gave us...**
 - Governance muscle (national and international)
 - Practice at high-pressure, fast decision-making
- **Previous austerity didn't protect HR**
 - Open, honest, values and trust
- **Next Crisis:**
 - Targeted resource deployment to protect vulnerable, access and providers

References

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>

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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>

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



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Thank You



Q & A

Type your questions in the chat box
or raise your hand to ask your question live.



90-second survey

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as it helps us shape and improve our webinars





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Next webinar



The legacy of COVID-19

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The Legacy of COVID-19

When: Mon., 7 November 2022, 13.30-14.15 CEST



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