Resilience as a condition for sustainability of health systems: **Plan, absorb, recover, adapt:**

Preparedness requires making populations resilient: stronger focus on prevention

Share of health spending on preventive care

Source: OECD Health Statistics 2020
Preparedness: Too few countries with real-time national health data and strong data infrastructure

Number of countries reporting time lapse of daily or weekly (max=23)

- Population census or population registry data
- Formal long-term care data
- Mortality data
- Cardio-vascular disease registry data
- Diabetes registry data
- Cancer registry data
- Prescription medicines data
- Primary care data
- Emergency health care data
- Mental hospital in-patient data
- Hospital in-patient data

Source: Preliminary findings from the 2019-20 Survey of Health Data Use and Governance
Preparedness: reinforcing supply chains

COVID-19 highlighted the vulnerability of global supply chains for key products (e.g., PPE, medicines)

We need to:

• Increase understanding of the structure and exposure to risk of global supply chains e.g. supply chain details for many key products are not known
• Identify possible approaches for ensuring resilient response capacity
• Improve preparedness for emergent public health crises by managing and reducing supply chain exposure to risk
Absorb: maintaining continuity of care requires strong frontlines and greater investment in primary health care

The share of generalist continues to drop across the majority of OECD countries

% changes between 2000 and 2017

Source: OECD (2020). Realising the potential of primary health care
Absorb: speed and scale, agility and surge capacity

Agility to avoid loss of functionality:
• Example of telemedicine in response to the pandemic

Past crises and shocks offer lessons from other sectors:
• Avoiding cascading failures (financial sector)
• Ensuring availability during shocks (capacity mechanisms in the electricity sector)

Share of people who had a medical consultation online or by telephone since the beginning of the pandemic until Feb-Mar 2021, EU countries

Countries will need to invest an extra \(\sim 1.5\%\) of GDP in resilience

- **Containment**: 0.24% of GDP
- **Foundational**: 0.59% of GDP
- **Manage/uphold care through enhanced workforce**: 0.98% of GDP

- **Staff #s**: 0.77%
- **Salaries**: 0.18%
- **Reserve**: 0.03%

Part of broader investment package to boost health system resilience.
Recover & adapt: reconsider previous approaches

• Better consideration of how systems will operate whilst under extreme pressure to avoid breakdown
• Resilience-by-design: a system must be designed to recover its critical functions from disruption
• Other considerations:
  – Resilience vs operating on a max efficiency design
  – New approaches to incentivise desired outcomes: eg paying for global public goods (eg vaccines), to speed-up certain R&D products, to sustain innovations beyond the crisis (telehealth), to encourage systems to work better together/ break silos and
  – How to pay for investments, sustainable financing & value for money will remain key
Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic

- Workforce and safety in long-term care during the COVID-19 pandemic
- Treatments and a vaccine for COVID-19: The need for coordinating policies on R&D, manufacturing and access
- Testing for COVID-19: How to best use the various tests?; and Testing for COVID-19: A way to lift confinement restrictions
- Flattening the COVID-19 peak: Containment and mitigation policies
- Beyond Containment: Health systems responses to COVID-19 in the OECD
- Supporting livelihoods during the COVID-19 crisis
- Supporting people and companies to deal with the COVID-19 virus
- Migrant doctors and nurses in COVID-19 crisis
- Public employment services on the frontline for jobseekers, workers and employers
- Children and COVID-19
- Women at the core of the fight against COVID-19 crisis