RESILIENT HEALTH SYSTEMS

European Health Management in Transition

Series Editors:

Federico Lega, Full Professor of Health Management and Policy, Director of the Research and Executive Education Center in Health Administration, University of Milan

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Healthcare is currently undergoing an unprecedented period of change, which is presenting a challenge to the fundamental tenants of health management and policy established over the last decades. The differentiated nature of the change agenda and the pace of change has been such that there has been limited space or time to provide a structured or comprehensive response, or to consider at a strategic level how health management teaching and practice should evolve and develop. This then is the focus for the *European Health Management in Transition* series, published in alliance with the European Health Management Association (EHMA).

Books in the series investigate how changes to the health and social care environment are leading to innovative and different practices in health management, health services delivery design, roles and professions, architecture and governance of health systems, patients' engagement and all other paradigmatic shifts taking place in the health context.

The books provide a roadmap for managers, educators, researchers and policy makers to better understand this rapidly developing environment.

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RESILIENT HEALTH SYSTEMS

What We Know; What We Should Do

BY

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CONTENTS

List	t of Figures and Tables	vi
Ab	pout the Authors	i
Foreword		
1	If You Stay Ready, You Won't Have to Get Ready	1
	Naming and Framing Health System Resilience	23
3.	Key Ingredients for a Resilient Health System	33
4.	A Framework for Action	91
5.	Case Study: Lessons from the Italian Health System	109
6.	Making Things Happen	127
References		133
Index		151

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LIST OF FIGURES AND TABLES

Figure 2.1.	The Four Dimensions of Health System Resilience.	32
Table 1.1.	Main Literature Findings	12
Table 4.1.	Communication	92
Table 4.2.	Intelligence	94
Table 4.3.	Capacity and Capability	97
Table 4.4.	Legal Support	101
Table 4.5.	Accountability and Good Governance	102
Table 4.6.	Diffused Leadership	106
Table 5.1.	Geographic and Socio-Economic Characteristics of Emilia Romagna, Latium, Lombardy and Veneto	112
Table 5.2.	Number of Covid-19 Cases from February 2020 to March 2020 in the Four Selected Regions	114

Table 5.3.	Number of Physicians and Nurses in the Four Selected Regions	119
Table 5.4.	Number of ICU, Acute Care Beds and Related Surge Capacity in the Four Selected Regions	120
Table 5.5.	Level of Public Health Financing in the Four Selected Regions as of 2019	121
Table 5.6.	Number of Local Health Boards, Community Hospitals and Advanced Care Facilities in the Four Selected	123
	Regions	123
Table 6.1.	Individual and Collective Languages	130

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FOREWORD

Why a book on resilient health systems?

Ca va sans dire.

WHO leaders1 have noted: 'COVID-19 has "unmasked" critical health system gaps and deficiencies. Health workforce shortages, broken supply chains, fragmented services and silo information systems are a few of the problems that hindered the response in the early days... This indicates that there is a need to rethink how public health and health care services should be organized and placed at the core of societal services, and to build people-centred health systems that are resilient to emergencies, through actions that include the following: 1. strengthening hospital capacities to handle significant influxes of patients associated with a largescale pandemic (ensuring sufficient capacity in terms of intensive care units and associated medical equipment, a trained health workforce and infection prevention and control measures); 2. providing high-quality protective equipment to frontline health workers and planning surge capacity in case of rapidly increasing demand for hospitalizations, but also for other core response functions, such as contact tracing; 3. equipping diagnostic laboratories and training laboratory personnel; 4. improving surveillance,

¹ Hans Henri P. Kluge, Dorit Nitzan and Natasha Azzopardi-Muscat, A perspective from the WHO Regional Office for Europe, Eurohealth 2020; 26(2).

xii Foreword

data collection and case investigation; 5. strengthening procurement systems, supply chains, operational support and logistics; 6. embedding strong risk communication and community engagement in governance; 7. accelerating research and development of tests, vaccines and therapeutics'.

Direction and road seem clear. The resources to implement the envisioned changes are coming through the recovery funds.

Yet, clouds are darkening the horizon.

Recovery plans developed and adopted by health systems are mostly focused on strengthening the organization and supply of community services. Fine. Better, great! More capacity (and hopefully also more capability).

But, adding 'people and things' does not make a health system necessarily more resilient.

The word itself, after being overused in the first months of the pandemic, has almost disappeared in the debate and conversation on recovery plan implementation. Even worse, not just the word has disappeared, but it seems that any roadmap and path necessary to strengthen the resilience of health systems has vanished.

This is why this book on resilient health systems is important, as it shows us how to make health systems more resilient.

Enjoy reading!

Milan, January 2022.

Federice Lyan