PMAC PRINCE MAHIDOL AWARD CONFERENCE 2021

WS207

IMMEDIATE HEALTH RESPONSE TO COVID-19- A TEST OF HEALTH SYSTEMS RESILIENCE

| BACKGROUND

The global humanitarian landscape has changed considerably over the last decade, with increasing frequency and intensity of natural disasters, climate change-related events and infectious disease outbreaks threatening health security and social protection. More and more countries are dealing with multiple 'system shocks' due to overlapping disasters, challenging the capacity of health systems to respond adequately, and demonstrate 'systems resilience' in the face of such adversities. The ability to absorb, adapt, respond and recover positively, efficiently and effectively by individuals, communities, institutions and nations in the face of both anticipated and unanticipated risks is critical in curtailing economic and human losses, thereby protecting and sustaining development gains to achieve the 2030 Agenda.

There has been no greater test of our health systems resilience than the COVID-19 pandemic. The outbreak has had an unprecedented impact on countries worldwide, putting health systems under immense pressure to quickly contain the spread of the virus and limit the direct health impacts of the outbreak, stretching most beyond their capacity. The pandemic has revealed the various gaps in the levels of health systems preparedness across the world, highlighting the inadequacies of even those that have ranked high in the 2019 Global Health Security Index on their state of readiness for a major disease outbreak. Many of the top ten ranked countries on the GHS Index have become epicentres of the COVID-19 outbreak and have continued to experience a steady rise in caseloads and deaths throughout 2020. Health systems resilience can be achieved through effective governance. The pandemic has been a sensitive test of our systems' governance by revealing how decision-makers demonstrated transparency, risk aversion, collaboration and humility in their leadership styles.

National responses of health systems have varied dramatically in the face of the COVID-19 shock, with countries taking different approaches in testing, surveillance, information management, community engagement, and allocation of financial and human resources. Countries enforced social distancing, travel bans, quarantine, and isolation measures at varying degrees and across different timelines in the outbreak, affecting the trajectory of the spread of the virus both within and across borders. Community participation and engagement played an essential role in the collective response to the outbreak in many countries, improving compliance with public health measures and mobilizing a willing cadre of volunteers. The private sector also played a significant role in developing relevant and timely innovations such as tools for social distancing measures, digital solutions for contact tracing, or cost-effective personal protective equipment. Many countries struggled to ensure sufficient numbers of the trained and adequately protected health workforce to keep up with the demand, while others have had more success in quickly implementing alternative modalities of health service delivery such as phone consultations and telemedicine, demonstrating adaptability. Many countries struggled to carve out the number of infected populations, while some countries have struggled to balance the success in disease control with damaging consequences of such policies on the socioeconomic status of people.

| OBJECTIVES

Topics to be covered:

- What is health system resilience and how do we understand it across developed and developing countries?

- What factors can be associated with a pandemic response identified as having been more successful?

- In specific, what pivotal role has political leadership, crisis governance and global health architecture played in a 'successful response' and how do these factors impact health systems strengthening and resilience?

- What are the lessons learnt from the current pandemic response for strengthening health systems to tackle future catastrophic health events?

Panelist

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Edwine is the director of the KEMRI-Wellcome Trust Nairobi programme in Kenya and also heads the Health Economics Research Unit (HERU) of the programme. He is a health economist and health financing specialist with 14 years of research, advisory, and practice experience in Kenya and in the broader Sub-Saharan African region. He has a PhD in health economics (University of Cape Town), a masters degree in health economics (University of Cape Town), and a bachelors degree in Pharmacy (University of Nairobi). Edwine's interests and current research work focuses on analysing health financing reforms, priority setting in healthcare, equity and efficiency analysis in healthcare, economics of non-communicable diseases, economic evaluation of healthcare interventions, measuring health systems performance, and health system governance.
He has a keen interest in evidence informed policy making and the nurturing of synergistic relationships between policy makers and researchers. Besides doing research, Edwine advises the Kenya Ministry of Health as well as several international development organizations including the World Bank and the World Health Organization (WHO) on health financing, focusing on the Sub-Saharan African region. Edwine is also Adjust faculty at Strathmore University where he teaches health financing. Before joining the KEMRI-Wellcome Trust Research Programme, Edwine worked as a clinical pharmacist for 2 years in both the public and private sectors.