

Health systems resilience and strengthening

February 2022



Issue overview

Health systems resilience is a requisite for crisis management and recovery – from disease to civil conflict to environmental disasters and decay. Resilience in this context is defined as the ability to prepare for, manage (absorb, adapt and transform) and learn from shocks. This definition incorporates adaptive and transformative capabilities that allow a system to adjust or change from its original state, denying the assumption that a system will return to homeostasis.

Catastrophic events over the past decade have demonstrated that, despite advancements in medical science and tools, the power of these resources cannot be leveraged without an equally powered health system to deliver and sustain them in the face of unforeseen shock.

In addition to acute shocks, a more dynamic interpretation of resilience is broadened to include chronic stresses that continuously challenge health systems and hinder adaptive and transformative capabilities. Progressive challenges, such as antibiotic resistance, the growing burden of non-communicable disease and climate change, emerge slowly, adding compounding stress onto systems. In this scenario, a system can only absorb shocks and cannot adapt or transform. There is an urgent and compelling need to address underlying weaknesses and progressive

stressors that leave health systems overwhelmed and unable to deliver essential functions during times of instability.

There remains a lack of consensus around a global definition for health systems resilience. The World Health Organization states that “there is no single set of best practices,” as health systems are “highly context-specific.” However, the toll of a fragile health system is clearly evidenced by the devastating human, political and economic impact of COVID-19. While there may be no single formula for health system resilience and strengthening that can be applied to all countries, there remains an urgent need to better understand ways to build and support systems capable of managing both long- and immediate-term global health challenges.

Positioning statement

We support holistic health systems resilience and strengthening investments with active private sector engagement to ensure strong health systems able to support other social, economic and political systems. Strong and resilient health systems enable and ensure the continuity of essential public services during times of instability, offer the capacity to scale up and adapt to shock and long-term public health needs, and enable individuals, government and economic systems to better respond to and weather the challenges of the burden of chronic disease.

Our core principles

Health systems can quickly and effectively adapt to challenges when private sector is engaged

Public-private partnerships play an important role in bridging gaps where governments and the private sector separately may lack capacity or experience.

Governments may feel ill-equipped to implement innovative solutions while the private sector may be unable to engage large numbers of citizens.¹

Across, high, middle, and low-income markets, collaboration across sectors will strengthen and enhance program sustainability over time.

Case Study: PEPFAR and PPP Working to Address HIV/AIDS Crisis in Africa²

LABSFORLIFE

Labs for Life (L4L) strengthened access to ART by building standardized in-country capacity for specimen collection, referral and result reporting systems. With operations in Uganda, Ethiopia, Mozambique, South Africa, Kenya and India, BD deployed experts to provide in-country training.



In 2012, Roche and PEPFAR partnered to create capacity for a well-trained laboratory cadre offering didactic courses at the Roche Scientific Campus (RSC) in Johannesburg, South Africa. In 2014, Roche signed another landmark PPP, known as the Global Access Program, which negotiated and lowered the price of VL tests in low- and middle-income countries.

SIEMENS Healthineers



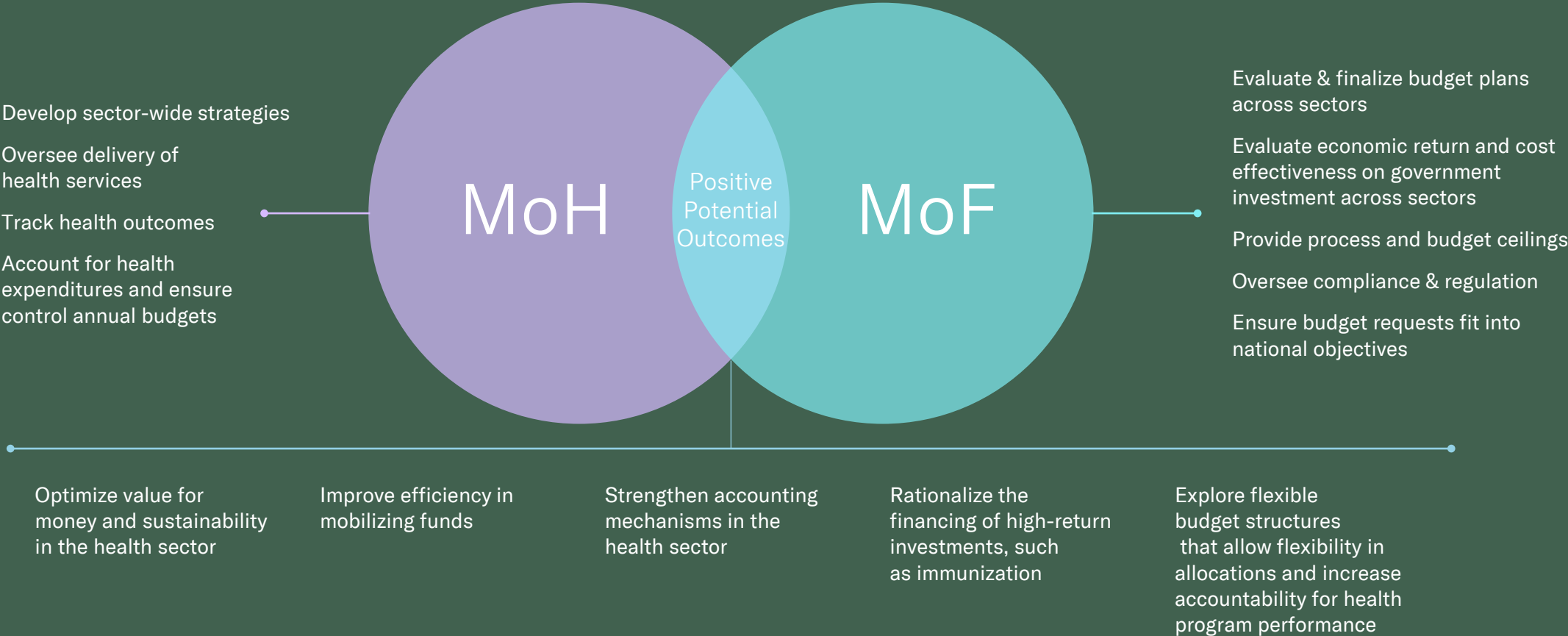
Stronger Together is a five-year PPP that was signed in 2014 between PEPFAR and Siemens Healthineers, the new brand name of Siemens Healthcare company. The goal of 'Stronger Together' was to develop a competent laboratory workforce globally through a virtual education platform on social media.

Abbott

Abbott Fund, a global healthcare company, demonstrated a unique example of a locally operated PPP in Tanzania in response to the growing HIV epidemic to rapidly scale up HIV care and treatment activities. In 2001, Ministry of Health and Social Welfare (MOHSW) signed a PPP with Abbott Fund for expanded access to health care and to strengthen laboratory infrastructure and system capacity.

Ministries of health and finance should partner to drive both public health and economic growth

The MoF* is an important constituency for the MoH* in developing strategies for health financing as well as in implementing systems to manage finances and indicators to measure health system performance.³



*Ministry of finance (MoF); Ministry of health (MoH)

The digital revolution has arrived – the health workforce should be trained and equipped to maximize benefits for patients

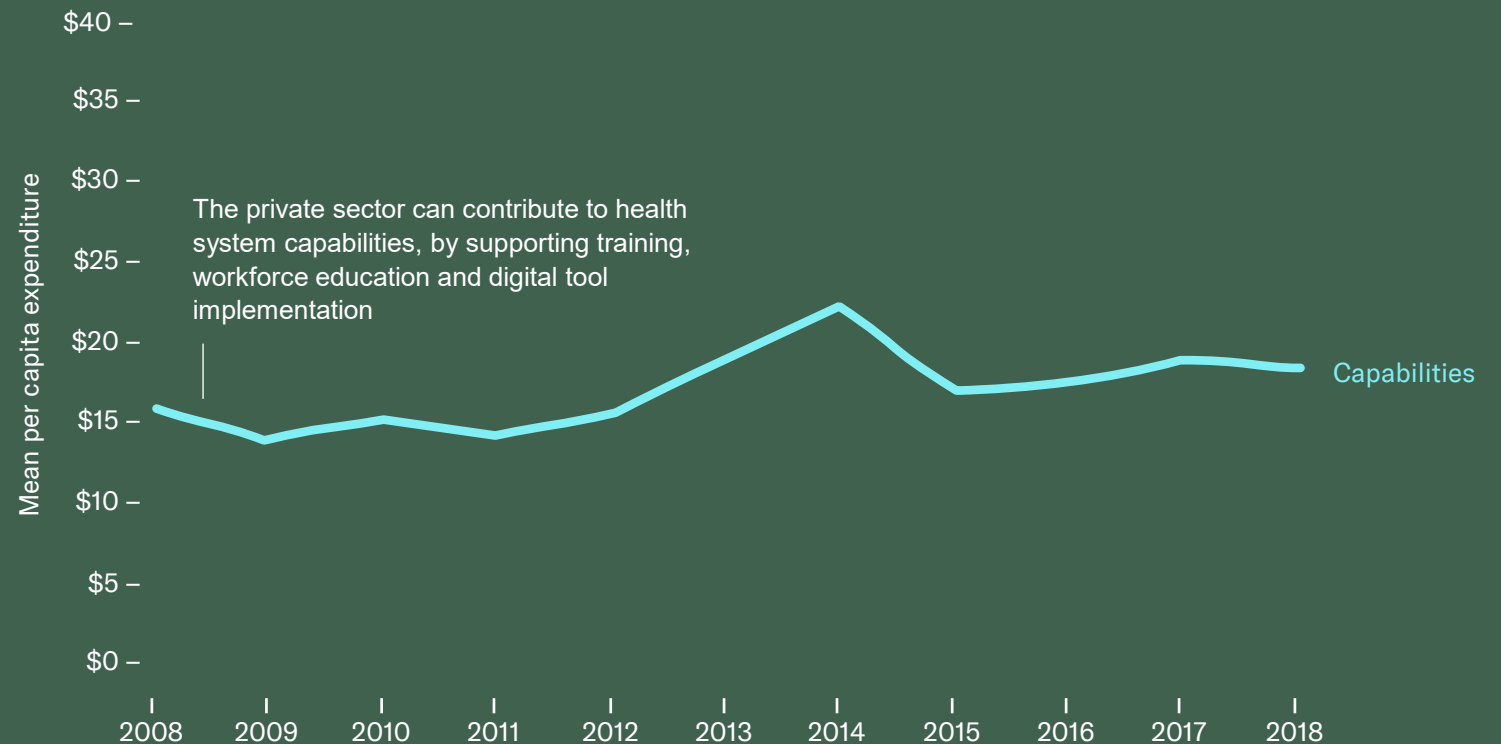
Demand for health care is projected to generate 40 million new health sector jobs by 2030.⁴

However, the average per capita state government spend on public health capabilities from 2008 to 2018 was under \$20, with limited growth over time.⁵

As leaders in technology and innovation, the private sector is well positioned to support governmental efforts on capabilities, particularly in training and implementation of digital tools.

State Governmental Capabilities Spending in Public Health; 2008-2018 ⁵

Despite rising demand, spending on capabilities remained relatively flat over time.

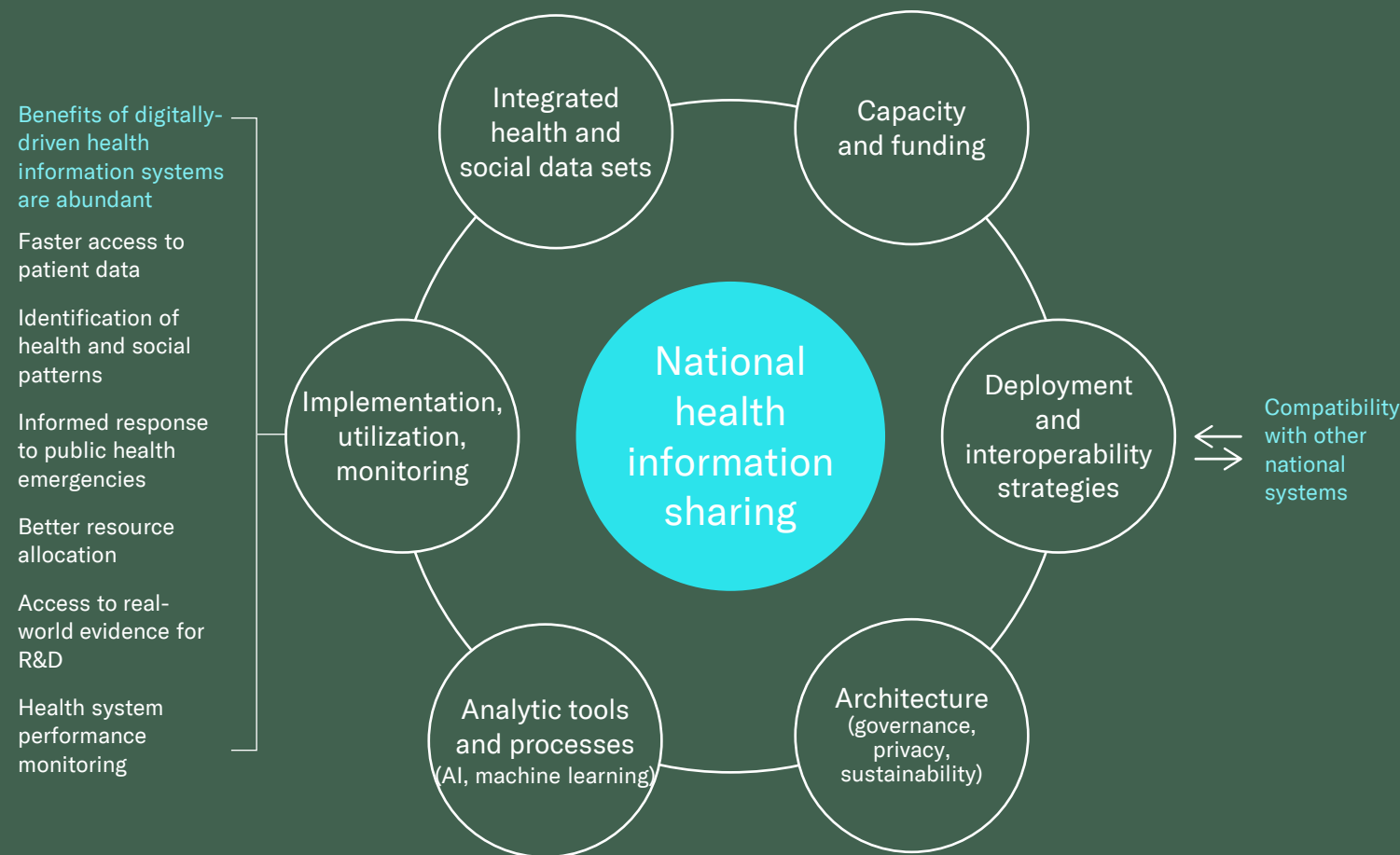


A resilient health system should have open and reliable information sharing systems

Digital health information sharing systems across the world are faced with challenges of fragmentation and lack of sustainability and interoperability.

In order to leverage advances in digital technology to support health and population monitoring, there is a need for infrastructure to ensure implementation, as well as uniform global data privacy standards.⁶

Critical Components To Successful Information Systems⁷



Sustainable access to medicines and health products relies on healthy relationships between governments and private industry

End-to-end medicine delivery requires immense coordination to correctly forecast and procure, ship, clear through customs, store and distribute billions of health products to millions of people through a vast network of hospitals, health centers, clinics, dispensaries and retail kiosks.

Active participation from both private industry and civil society can fill gaps in access to essential medicines.

Innovative financing

A range of non-traditional mechanisms to raise additional funds for development aid through projects such as public-private partnerships, taxes, micro-contributions and market-based financial transactions.⁸

Pooled procurement

A purchasing agreement between buyers that combines resources to purchase a greater number or amount of a good for a lower price per unit, (ex: a group of countries in a region combines resources and total request to purchase vaccine doses in bulk to reduce price from the manufacturer.)⁹

Supply chain strengthening

Capacity development processes to optimize key supply chains for essential products that i) manage costs, reduce stock-outs and/or wastage, ii) improve performance (speed, efficiency), and iii) enable long-term sustainability of national supply chain systems.¹⁰

Regulatory harmonization

A process where regulatory authorities align technical requirements for the development and marketing of pharmaceutical products. This supports improved efficiency in the regulatory review process, reduced time to get a product to market, and reduced patient burden through prevention of unnecessary duplication of trials. Also encourages private sector participation through robust, high quality regulatory submissions.¹¹

Health systems must be strengthened in lockstep with evolving global burdens of disease, including NCDs*

COVID-19 has drawn international attention to resiliency against unforeseen infectious disease shocks and the ability to respond to them.

But many countries remain unprepared for the growing burden of NCDs, despite being the leading cause of disease burden globally.

As the population of aging individuals increases globally, the burden and toll of NCDs will further strain health systems and economies.

The business community has strong incentive to play a role in reducing the NCD burden and keep its workforce healthy. For example, private industry can develop new technologies to prevent, diagnose and treat NCDs, market healthy products, and make existing products healthier.

*Noncommunicable diseases

Three Different Approaches Were Applied to Estimate the Financial Burden of NCDs by 2030, All Approaches Yield Dauntingly Large Numbers¹²

Cost-of-illness approach: estimates of direct and indirect costs of ill health for five distinct disease categories are:

Cancer	Cardiovascular Disease	COPD
\$290B in 2010 rising to \$458B in 2030	\$863B in 2010 rising to \$1.04T in 2030	\$2.1T in 2010 rising to \$4.8T in 2030
Diabetes	Mental Illness	
\$500B in 2010 rising to \$745B in 2030	\$2.5T in 2010 rising to \$6.0T in 2030	

EPIC approach: lost output from five conditions (cancer, cardiovascular disease, chronic respiratory diseases, diabetes and mental health) over the period 2011-2030 is estimated at nearly

\$47T

NCDs kill 41M people each year, equivalent to over 7 out of 10 deaths worldwide¹³

VSL approach: the economic burden of life lost due to all NCDs ranges from

\$22.8T in 2010 to

\$43.3T in 2030

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