



Expert Panel on Effective Ways of Investing in Health (EXPH)

**Opinion on
the organisation of resilient health and social care
following the COVID-19 pandemic**

Public hearing 20 October 2020



Expert Panel on Investing in Health

The Expert Panel on effective ways of investing in health is an **interdisciplinary and independent group established by the European Commission to provide non-binding independent advice** on matters related to effective, accessible and resilient health systems. The Expert Panel aims to support DG Health and Food Safety in its efforts towards **evidence-based policy-making**, to inform national policy making in improving the quality and sustainability of health systems and to foster EU level cooperation to improve information, expertise and the exchange of best practices.



Expert Panel on Investing in Health

The Expert Panel consists of **16 experts** appointed in December 2019 for a period of 3 years. They were appointed following an open call for applications, evaluation and selection process ensuring a balanced representation of relevant areas of expertise as well as geographical and gender balance.

Appointed in a personal capacity, they are **well-established, independent scientists, with over 10 years' professional and multi-disciplinary experience in health area.**

Expert Panel members (2019-2022)

Prof. Jan De MAESENEER (Chair)
Dr Anna GARCIA-ALTES (Vice-Chair)
Prof. Damien GRUSON
Dr Dionne KRINGOS
Prof. Lasse LEHTONEN
Prof. Christos LIONIS
Prof. Martin McKEE
Dr Liubove MURAUSKIENE

Prof. Sabina NUTI
Prof. Pedro PITA BARROS
Dr Heather ROGERS
Prof. Luigi SICILIANI
Dr Dorothea STAHL
Prof. Katarzyna WIECZOROWSKA-TOBIS
Dr Sergej ZACHAROV
Dr Jelka ZALETEL



Picture taken
in pre-
corona times

Mandate: Questions for the Expert Panel

- What are the **building blocks to improve care organisation** (structures, processes, resources, interrelationships), and what criteria should be used for a continuous evaluation of the appropriateness of service delivery capacity of primary care, outpatient specialist and hospital care and social care?
- What are the elements and **conditions for capacity building** in primary care, outpatient specialist and hospital care and in social care that would strengthen their overall robustness to unpredictable events and capacity to ensure access to care and treatment continuity?

Mandate: Questions for the Expert Panel

- How can **healthcare provision be sustained for vulnerable patient groups** with urgent needs for care/cure, like patients with rare conditions, cancer patients or patients on the transplant waiting list, frail elderly, disabled people, refugees, prison populations etc.?
- What would be the **criteria to resilience-test health systems** for unpredictable high-pressure scenarios, what methodologies and models can be used to carry out such resilience tests, and how can the results of these tests be translated into well-documented analytical approaches and practical guidelines?



Drafting group

Chair: Prof. Jan DE MAESENEER

Rapporteurs: Dr Dionne KRINGOS, Prof. Christos LIONIS, Dr Heather ROGERS

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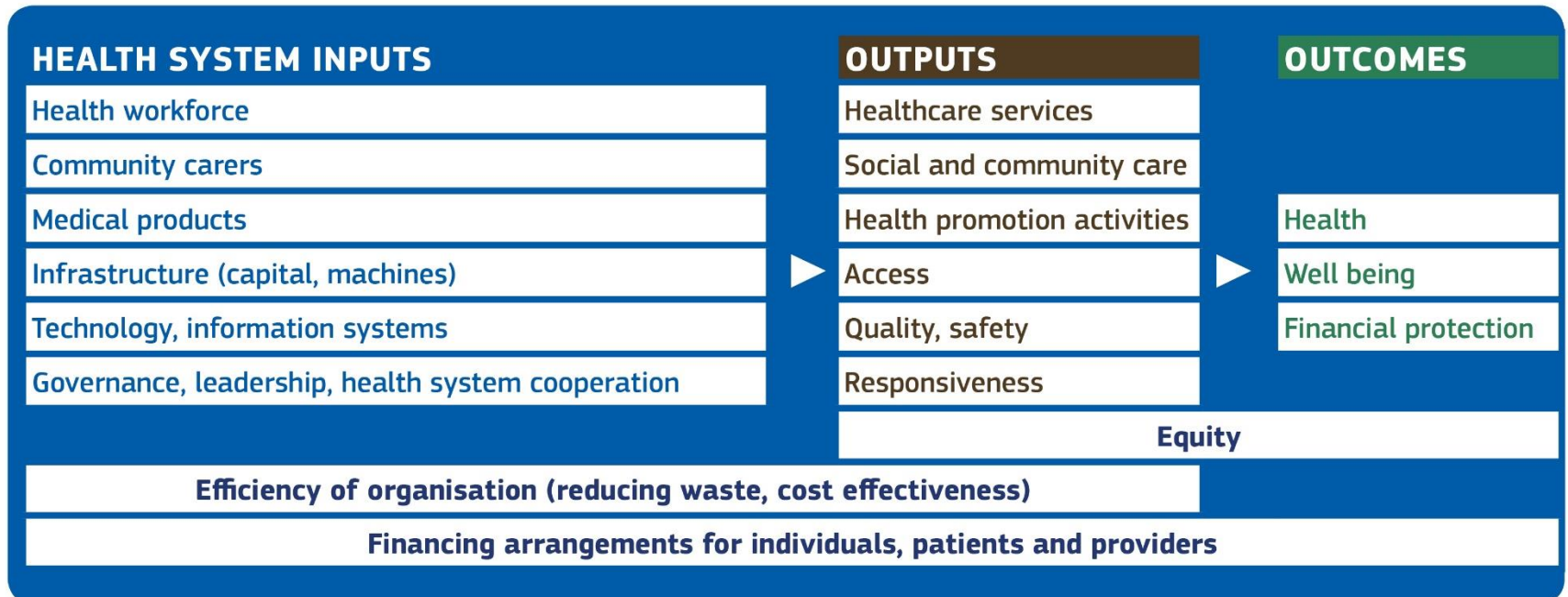
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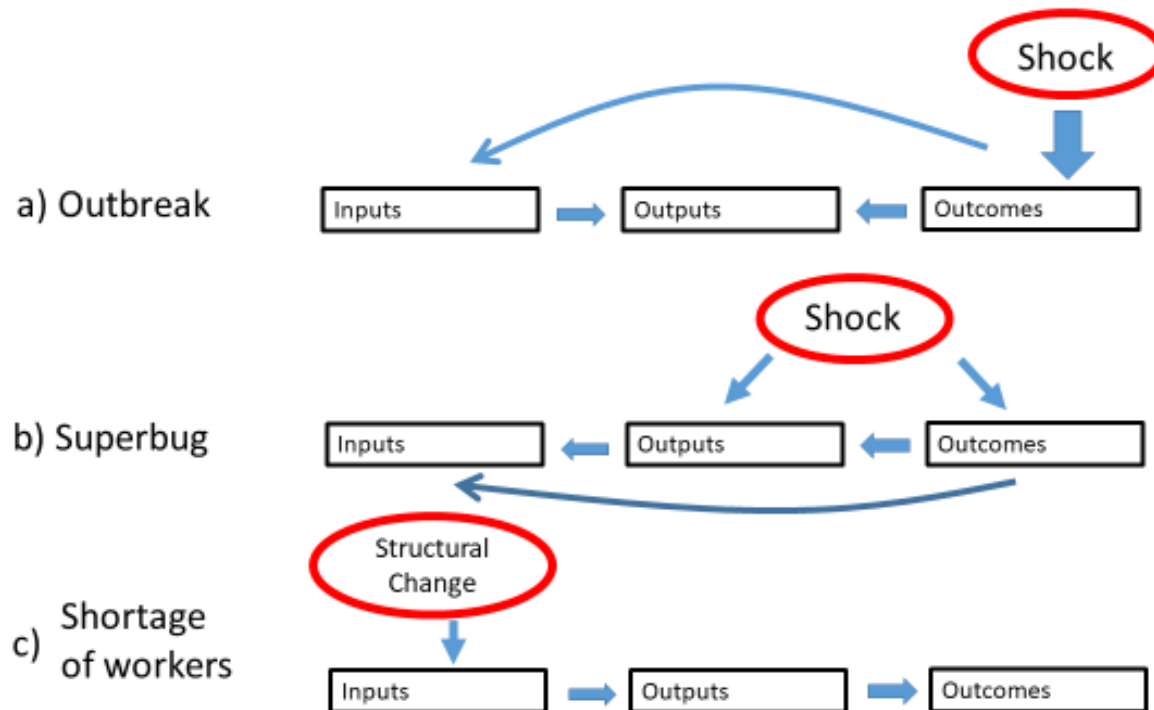
The views in this presentation are those of the independent scientists who are members of the Expert Panel and do not necessarily reflect the opinion of the European Commission nor its services.

Health system framework and building blocks

Framework and building blocks



Response of a Health System to Shocks or Structural Change



Conditions for capacity building of resilient health and social care

Integrating and using different forms of information for actionable decision-making

- Access to appropriate data (measurement capacity)
 - *Data on health determinants and vulnerable populations*
 - *Information on and beyond the health system*
 - *Cross-country standardized information*
 - *Public and patient reported data*
- The system to manage information (information governance capacity)
- The ability to deliver knowledge for its use (data use capacity)
 - *Need for independent trusted advisory structures*
 - *Actionable public-facing information platforms*

Disseminating knowledge and good practice

- Newly emerging evidence on reducing transmission risk, treatment infected patients, addressing psycho-social context of COVID-19 at individual and community level
- Translation evidence from research into clinical practice
- Lack of international mechanism to exchange scientific knowledge among all relevant disciplines
- Insight in process of evidence translation and sharing between specialities and across countries



Anticipating, coping with uncertainties/unplanned events

- Capacity and ability to **anticipate and cope** with uncertainties and unplanned events is part of the adaptive resilience of the system
- Determined by the degree system has **necessary resources** and can organize itself both prior to and during times of need
- Strong **primary care** systems form the foundation of any emergency response
- **Strategic planning**, maintaining a degree of redundancy of key resources in the public health response chain, ability to deploy resources and staff rapidly, and effective coordination of responses

Managing interdependence and cooperation of actors

- Response to an emergency requires a **wide range of actors** to undertake a complex mix of functions, working in a coordinated manner: soft systems approach
- Each sub-system (within a system) should be connected by **clear lines of communication and accountability**, as well as data flows
- **Close working** with those who must deliver within the different subsystems, drawing on principles of:
 - coproduction
 - scenario analyses
 - tracing critical pathways



Legitimate, socially accepted institutions, measures & norms

- Partnership between government and the public
- Most measures seek to bring behavioural changes
- Political leaders must earn and work to retain trust
- The public has right to expect decisions based on best available evidence: decisions need to be logically coherent
- Information should be given by those who are trusted
- Application of policies needs to be consistent

Procuring and distributing the necessary resources

- Emergency planning includes provisions for emergency procurement
- The Directive on public procurement includes provisions to set aside some of the usual requirements & the Joint Procurement Agreement (JPA) sets out practical arrangements
- Suspension of conventional procedures pose a risk of abuse
- Establish anti-corruption and governance tools focused on transparency, oversight, and accountability
- OECD proposed a series of short-term measures to minimise the risk of procurement failures in an emergency



Protecting mental health of population and health workers

- Emergency response measures may profoundly impact mental health
- Public health priority requiring behavioural strategies
- Health workers affected are at significant risk of long-term mental illness, especially if they are unable to obtain appropriate support
- (personalised) Recovery plans:
 - written and verbal thanks with psychological support info
 - supervisors speaking about mental health
 - monitoring those exposed, proactive case finding at risk for mental illness
 - mechanisms for mutual support (E.g. group discussions)



Retain, prepare, distribute and flexibly increase staff capacity

- **Invest** in adequate (level and distribution), locally trained, motivated and well-supported health and care work force
- **Strong primary care** is central in addressing a population crisis
- Needed to respond to sudden events while buying time to increase capacity and providing the necessary flexibility, and **to avoid disruptions** in access to and continuity of regular care
- Short-term and long-term strategies to **increase workforce capacity** that require a supporting legal framework

Spreading the load across facilities

- Recent efforts to exploit the potential in spreading the load across different types of facilities
- Concerted European action needed to stimulate novel forms of public-private partnerships to respond to nationwide demand in case of crisis and trigger solutions involving both primary care and hospital players

Separating patients at risk and infected from other patient while assuring care continuity

- Facility design
- Telemedicine

Healthcare provision for vulnerable people

Defining vulnerability and vulnerable groups in the current crisis

- The current crisis is better described as a **syndemic** (*Singer and Clair 2003*)
- According to a Lancet commentary, “**syndemics** are characterised by biological and social interactions between conditions and states, interactions that increase a person’s susceptibility to harm or worsen their health outcomes” (*Horton 2020*)
- **Vulnerable groups** include elderly individuals, those with ill health and comorbidities, individuals who are homeless or under-housed, and also people from various socioeconomic groups who may struggle to effectively cope physically, mentally, and/or financially with COVID-19 or with the societal impact of COVID-19 (*The Lancet 2020*)

Categories of vulnerable people

- **Medically vulnerable**, such as the elderly and those with underlying health conditions
- **Socially marginalized**, such as those residing or working in certain physical settings prone to high density and reduced ability to physical distance or a reduced financial budget for protective measures (such as people in poverty)
- **Professions** which entail closer proximity to confirmed or suspected COVID-19
- **Mentally / psychologically vulnerable**
- **Economically vulnerable**

(European Union 2020, modified)

Medically vulnerable, such as the elderly and those with underlying health conditions

- Elderly people
- People living with disabilities
- People with underlying chronic diseases and frailty
- People who are at risk due to a compromised immune system from a medical condition or treatment
- People with rare diseases

Socially marginalized, such as those residing or working in certain physical settings prone to high density and reduced ability to physical distance

- Homeless or under-housed people
- Migrants and refugees
- Residents in long-term care facilities
- Indigenous populations and geographically isolated people
- Prison population
- Sex workers
- LGTBI people
- People with substance use disorders
- Children in low-income families

Mentally/psychologically vulnerable

The mentally/psychologically vulnerable includes people:

- with pre-existing mental health disorders and those who are more vulnerable because of the psychosocial effects of this syndemic
- with psychosocial and intellectual disabilities who live in care homes, psychiatric hospitals and other forms of residential institution (WHO, 2020)

Professions which entail closer proximity to confirmed or suspected COVID-19

- Essential workers
- Healthcare and social care workers

Economically vulnerable

This category includes:

- individuals with low incomes who may or may not belong to other vulnerable groups
- individuals will become even more vulnerable in the aftermath as a result of losing jobs

Actions areas to advance sustainable healthcare provision for vulnerable people

- Design and implement specific high density, low threshold **testing strategies for vulnerable groups** and settings
- Sharing **best practices** in supporting COVID-19 prevention, testing and care in socially and marginalized groups and medically vulnerable groups and settings
- Sharing of best practices and provision of **mental health and psychosocial support** to vulnerable groups to COVID-19
- Provision of specific **online trainings to frontline staff** working with vulnerable groups

(European Commission, 2020)

Resilience Testing of Health Care Systems

Operational Definition of “Resilience”

*“The capacity of a health system to (a) proactively **foresee**, (b) **absorb**, and (c) **adapt** to shocks and structural changes in a way that allows it to (i) **sustain** required operations, (ii) **resume** optimal performance as quickly as possible, (iii) **transform** its structure and functions to strengthen the system, and (possibly) (iv) **reduce its vulnerability** to similar shocks and structural changes in the future.”*

Source: The Expert Group on Health System Performance Assessment (HPSA), Opinion, to be published at https://ec.europa.eu/health/systems_performance_assessment/priority_areas_en

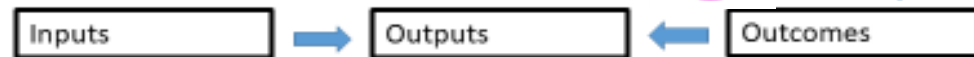
Operational Definition of “Resilience”

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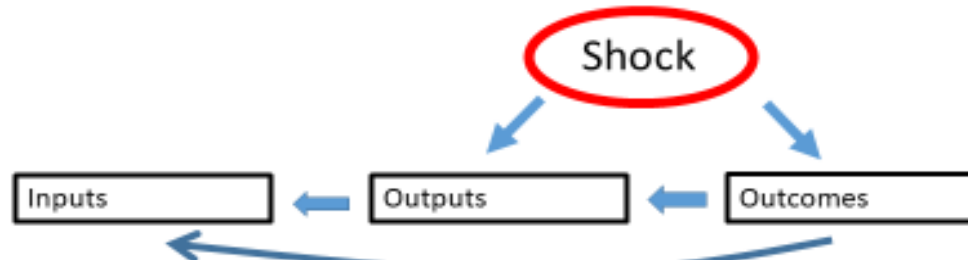
Response of a Health System to Shocks or Structural Change

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a) Outbreak



b) Superbug

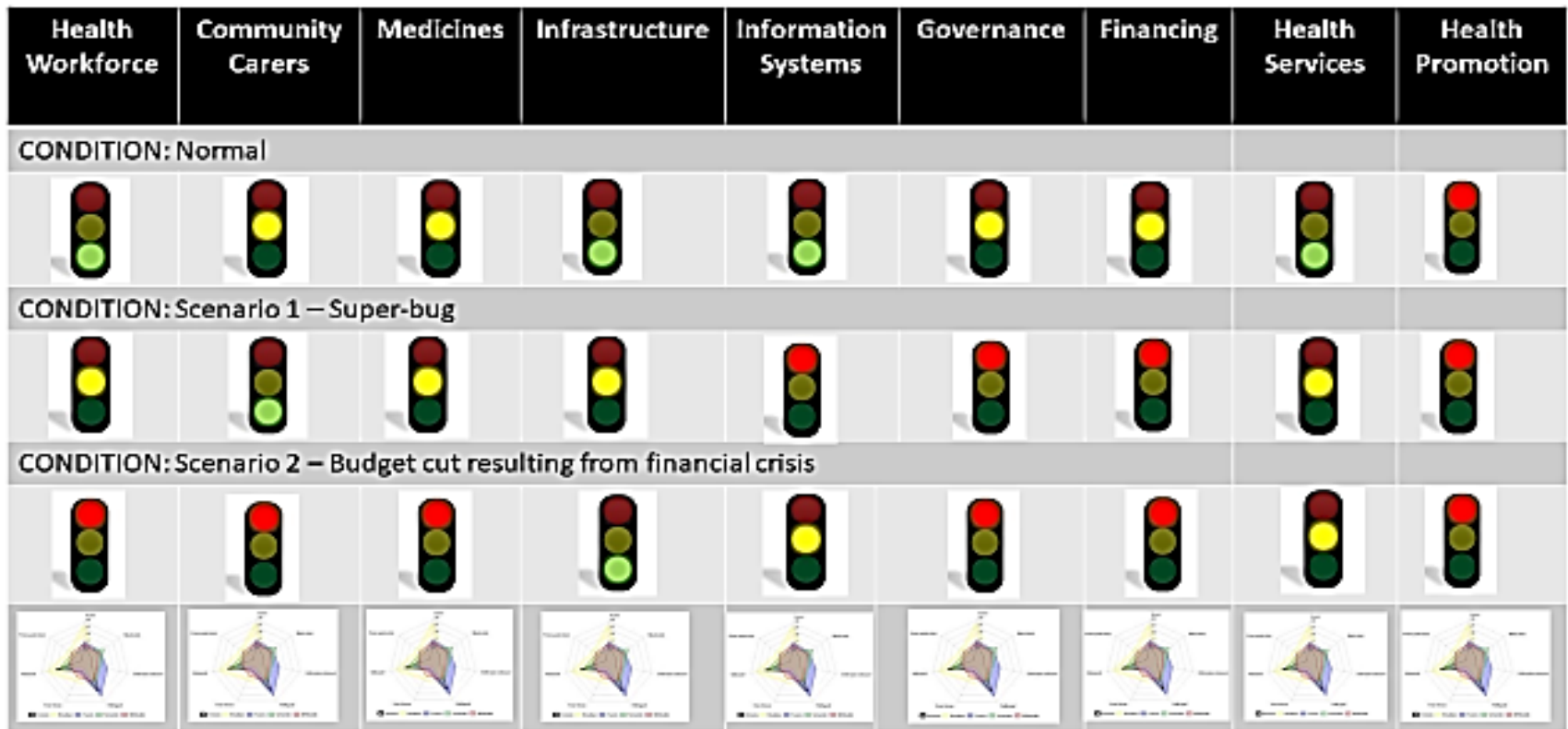


c) Shortage of workers



An Example Outcome of the Resilience Test

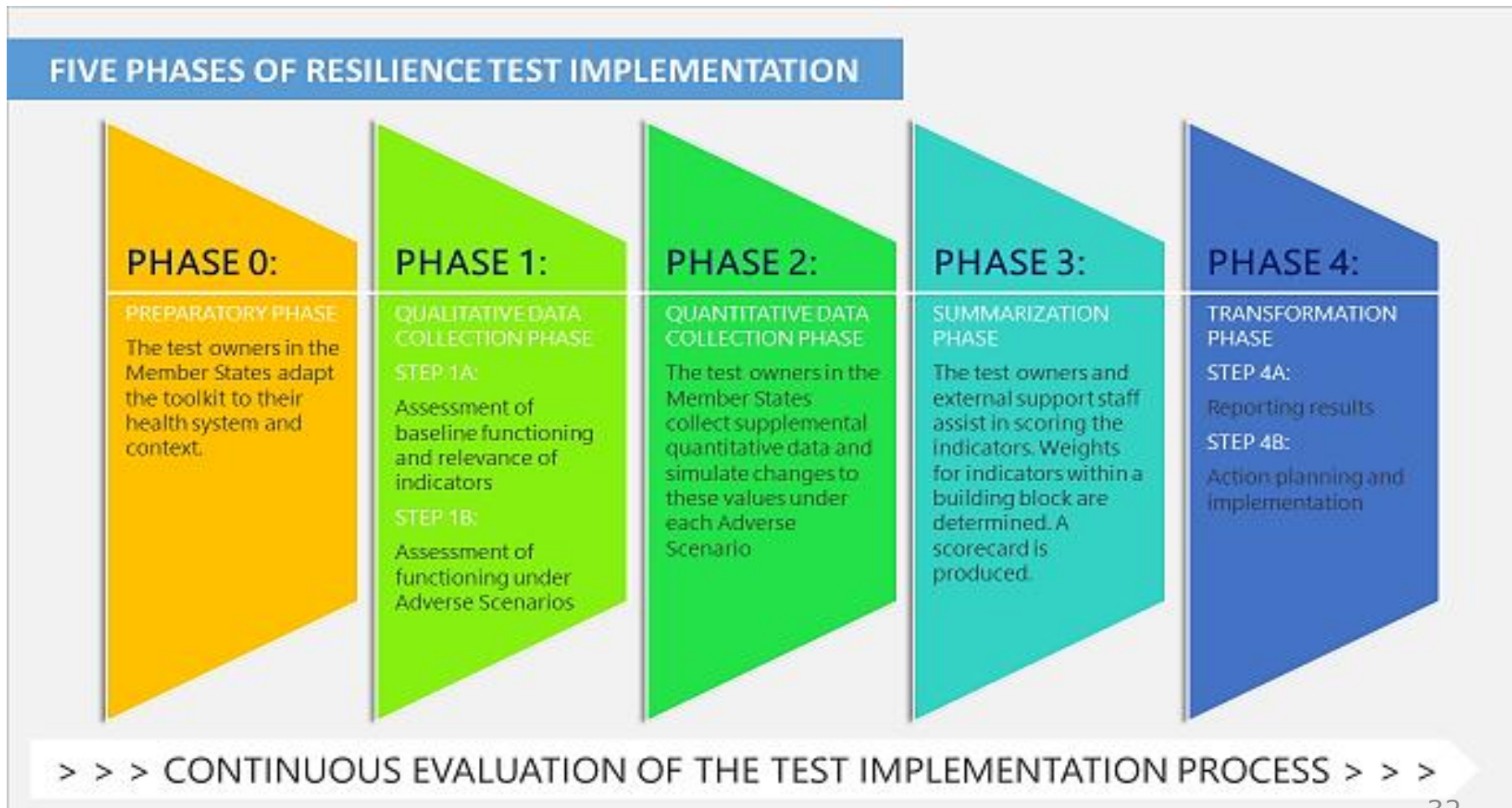
Sample Scorecard for a Resilience Test of a Health System



Toolkit Components and Methodology Roadmap

- Toolkit of standardized materials to be developed
 1. Elaboration of adverse scenarios
 2. Identification and classification of shocks and their potential mechanisms of action
 3. Specification of key indicators and corresponding discussion questions
- Methodological principles to generate relevant, actionable results
 - Assessment of system-wide effects
 - Inclusiveness and collaborative process engaging all stakeholders
 - Qualitative data collection via facilitator-led discussion (TableTop Exercises)
 - Weighting of indicators according to Member State context and values
 - Support from international implementation team and external peer advisors
 - Process as important as “outcome”
 - Formation of inter-regional and cross-border learning communities

Overview of the Resilience Test Process



Recommendations

- **Adaptive surge capacity and resilience of local health workforce**
- **Research and development for innovative medicines**
- **Tackling disinformation**
- **Linking databases across systems and sectors**
- **Investments in primary care and mental health and strengthen the integration of these systems**

Recommendations

- **Equity-driven decision-making**
- **Health promotion, lifestyle programs and inter-sectoral collaborative actions**
- **Trainings focusing on vulnerable groups**
- **Resilience test toolkit and implementation methodology**
- **Creation of learning communities**



Discussion

Thank You !

Comments, Questions & Answers



Additional comments

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by 30 October 2020