Building health system resilience in the Eastern Mediterranean Region

Objectives of the event

The objectives of the session are to:

- brief Member States on the concept of health system resilience and identify elements needed to build resilient health systems, which not only serve the health needs of the general population but also those of the most vulnerable, including migrants and people who have been displaced; and
- describe the characteristics and guiding principles of building a resilient health system.

Introduction

The Eastern Mediterranean Region is at great risk of natural and man-made emergencies, as well as epidemic and pandemic prone diseases. A regional strategic risk assessment was conducted in February 2018 and 23 hazards were identified. The risk of these hazards occurring has been ranked as: very high for armed conflict, forced population displacement, and chemical, biological, radiological and nuclear events; high for outbreaks of cholera, measles, diphtheria and pertussis, Middle East respiratory syndrome coronavirus (MERS-CoV), and earthquakes and dust storms; moderate for outbreaks of dengue fever, Rift Valley fever, Crimean-Congo haemorrhagic fever and polio, extensively drug-resistant tuberculosis, droughts, floods, cyclones, and industrial accidents; low risk for yellow fever, novel influenza viruses, cold waves, and heat waves; and very low for wet and dry landslides.

The health consequences of these 23 hazards vary from increased morbidity and mortality associated with pathogens to mass casualties, vaccine-preventable diseases, waterborne diseases, mental health conditions, noncommunicable diseases and increased burden on the health system due to natural disasters, armed conflict and displacement of populations. The frequency, severity and length of many natural disaster hazards are being exacerbated by climate change and extreme weather effects, which in turn has negative impacts on health. Furthermore, the Region is host to a number of mass gatherings, which can contribute to the spread of infectious diseases, lead to accidents and exceed the routine public health capacity of countries.

As of October 2018, the Region has eight countries graded by the United Nations as emergencies – Somalia, Syrian Arab Republic and Yemen (grade 3); Iraq, Libya, occupied Palestinian territory and Sudan (grade 2); and Afghanistan (grade 1). In 2017, there were 17.1 million internally displaced persons (IDPs) in the Region out of 40 million globally, nearly 42.7% of the world's internally displaced. In the same year, there were 16.6 million refugees from countries of the Region, 65.4% of the world's total of 25.4 million, and the majority of refugees from the Region reside in countries of the Region.

The likelihood of the emergence and rapid transmission of high-threat pathogen diseases, including vaccine-preventable diseases has increased in the Region as many countries are affected directly or indirectly by acute or protracted humanitarian emergencies. Several disease outbreaks are currently ongoing in nine countries in the Region; they include outbreaks of cholera, chikungunya fever, diphtheria,

measles, Crimean-Congo haemorrhagic fever, gastroenteritis, typhoid, MERS-CoV, acute watery diarrhoea and chickenpox.

Health systems and the populations they serve remain highly vulnerable to risks that directly impact the capacity of systems to respond to population needs. Therefore, building the resilience of health systems is needed more than ever before. Efforts towards strengthening health system resilience must extend beyond the need to respond to emergencies, disasters, and disease outbreaks, and should be integrated within action to achieve the Sustainable Development Goals (SDGs), universal health coverage and health security.

Health system resilience

Adapted from the terminology of disaster risk reduction, health system resilience can be defined as *"the ability of a health system exposed to a shock to resist, absorb, accommodate and recover from the effects of the shock in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions through risk management."* Resilience means more than just health system strengthening, preparedness for response or recovery. It encompasses all of the above but in a way that integrates all of these operational functions. Building resilience requires the adoption of a holistic approach to health system development that engages government at all levels, as well as civil society, the private sector, non-health stakeholders, and local communities, within the same geopolitical boundary and beyond.

Characteristics and guiding principles

Resilient health systems have been characterized as having: knowledge of available resources and emerging challenges; versatility to take action against a broad range of challenges; ability to contain health crises and avoid damaging reverberations in other parts of the health system; capacity to form a multisectoral response that integrates a range of actors and institutions; and flexible processes that allow for adaptation during crises. Another framework for resilience focuses on absorptive, adaptive and transformative resilience. This relates to the protection of service delivery during crises, the ability of a government to manage the health system using fewer resources, and its ability to introduce realistic reforms in response to the changing environment. The important role of communities, health workers and organizations in responding to crises has also been described in research on resilience.

The following guiding principles need to be in place to facilitate building and enforcing the resilience of health systems through the different phases of prevention, preparedness, mitigation, response and recovery.

Holistic integral approach. Resilience constitutes a health system's preparedness, strengthening, response, recovery and development. It takes the approach of bridging humanitarian and developmental actors and, when appropriate, peace actors, towards developing a humanitarian, development and peace nexus, as part of broader United Nations reform, as conceived at the first World Humanitarian Summit.

All hazards. A resilient health system should be capable of preventing, detecting, responding and recovering from all-hazard emergencies. This includes but not limited to infectious, zoonotic and foodborne-related diseases, and chemical, nuclear and radiological emergencies. In addition, the system needs to be resilient to climate change and the consequent natural disasters.

Whole of society. A resilient health system promotes the involvement of all administrative levels of government from all sectors of health and non-health, governmental and nongovernmental providers, as well as civil society and private sector.

Community engagement. Communities are the first responders and they provide a key resource in managing emergencies.

Risk management. A risk management approach needs to be followed in mapping and analysing the level and impact of potential risks at national and subnational levels. The implementation method includes joint analysis, defining collective outcomes, and flexible joint operational planning within a multi-year timeframe for prevention, preparedness and response, with the aim of contributing to longer-term development gains. The approach should be context specific, country-owned and country-led, and is meant to reinforce, rather than replace, existing national and local capacities.

Elements for building health system resilience

The following are proposed as the elements needed to build and maintain health system resilience during the different phases of prevention, preparedness, mitigation, response and recovery.

Governance

- National legislation that facilitates the integration of emergency preparedness, response and recovery.
- Policies and plans for emergency preparedness, response and recovery.
- Disaster and other risk reduction strategies.
- Coordination mechanisms with defined roles and responsibilities for each sector.
- Organizational structure that clearly defines sectors, and providers of health and non-health services.

Universal health coverage

- Access to comprehensive quality, people-centred health services.
- Strengthening stewardship and governance.
- Increasing and improving financing.
- Intersectoral action to address the social determinants of health.

International Health Regulations and essential public health functions

- Surveillance with an early warning function at the different administrative levels of a country, including at points of entry.
- Diagnostics capacities inside a country, with arrangements in place for access to regional and global reference laboratories when needed for investigation and confirmation.
- Identification and access to an essential package of services.
- Risk assessment capacity and identification of priority interventions for response.
- Risk communications capacity, including a national plan and defined activities to enhance social mobilization, community engagement and communication with the public and with partners.
- Health facility safety and continuity of care.

Health information system

- An integrated and multi-hazard early warning function with the capacity for forecasting and modelling.
- Collection and analysis of structured and unstructured data from official and unofficial sources.
- Reporting of data and information that supports risk assessment and is able to capture mobile migrant and displaced populations.
- System and operational research to evaluate operations, identify systematic and operational gaps, and document best practices to guide future operations.

Resources

- Sufficient and trained workforce that plays a critical role in responding to emergencies and sustaining the provision of services. As such, appropriate packages needs to be identified and used to maintain the recruitment, training, and retention of the health workforce.
- Health financing arrangements in the country that copes with the increased demand with capacity for rapid mobilization of external resources, when needed, to manage emergencies.
- Functioning logistics and medical supply system.

Expected outcomes

The expected outcomes of the session are:

- increased understanding of the concept of health system resilience and the elements needed to build resilient health systems; and
- an understanding of the characteristics and guiding principles of building a resilient health system.