

## Strengthening health system resilience

**Presented by:**

On behalf of Pacific island countries and areas



# Current situation

- The Pacific is vulnerable to natural disasters, climate events and public health emergencies all of which affect health systems, economies and communities
- Health system resilience relies on the ability to absorb and recover from shocks while sustaining gains in the health system
- **Three** priorities of resilient health systems:
  1. Infrastructure, financing, human resources, and enabling policies to deliver essential health services
  2. Systems for early detection and early warning to assess and characterize potential risks
  3. Capabilities and readiness to respond to emerging threats and provision of uninterrupted delivery of essential health services



## The future we want to see

- Policies, budgets and legislation creating a supportive environment for uninterrupted essential health services alongside multi-sectoral readiness to respond to emergencies
- All hazards emergency response systems that are stress tested and refined periodically
- Interoperable information system and technologies to interconnect all public health sectors and non-health sectors.
- Whole-of-society community engagement for a shared vision of the health system and the emergency readiness and response structure



# Country example: Continuation of essential services FSM



- Implemented *Strategy for Essential Health Service Delivery*
- Piloted a telemedicine hub to connect NCD patients visiting a dispensary with hospital services reducing domestic referrals and travel costs

## Country example: Scaled up mental health support in Kiribati

- Talanoa sessions held at the community level to tailor key mental health and psychosocial support interventions to the local context
- Sessions also extended to 200 nurses, nurse aids, police officers, village security personnel, church members and others working in schools
- The sessions covered:
  - how to prevent mental illness
  - how to look after your own and others' well-being
  - How to identify and refer people who need further support

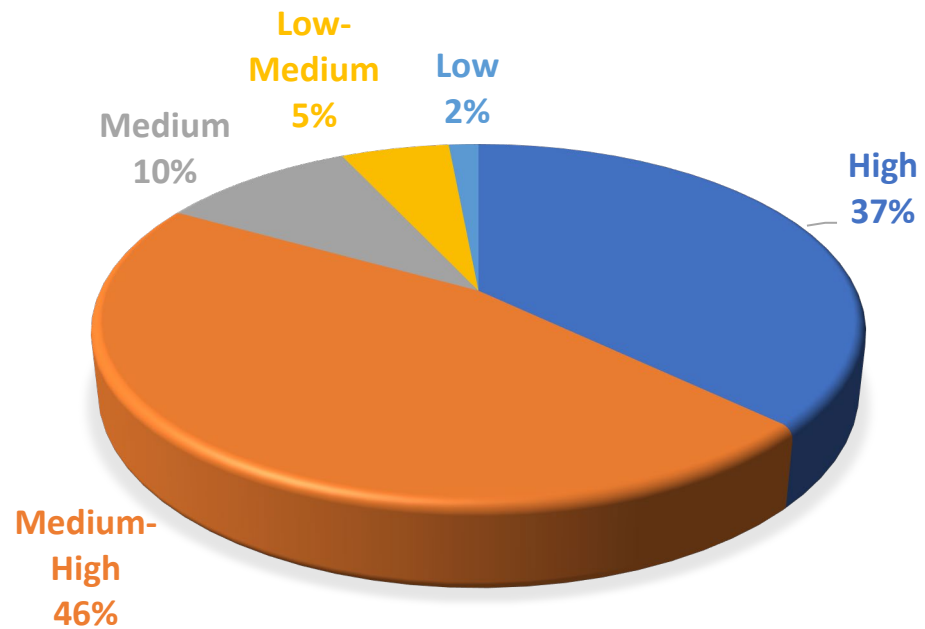


# Country example: Resilient healthcare facilities in Fiji

Fiji's climate hazard and vulnerability assessment (CHVA) determines facilities for retrofitting, renovation or relocation

56% are vulnerable to rising sea levels

STATUS OF VULNERABILITY OF HEALTH CARE FACILITIES IN FIJI



Total of 205 HCFs assessed from April 2021 and September 2022





## Why urgent action is needed now

- Shocks to the health system can happen at any time, with little to no warning
- Whole-of society action is needed to prepared for and respond to disasters
- Lack of action leads to
  - Interrupted health services and poor health outcomes
  - Persistent vulnerability
  - Stress on a limited health workforce and health systems
  - Disrupted economies and livelihoods

# Proposed recommendations for heads of health

- Develop country-specific definitions of the **minimum health service delivery package** identifying which types of services must remain uninterrupted even in the event of health system shocks. Having developed this list of essential services to maintain, guide the health system (including all health facilities) to develop implementation plans for how they will switch to a focus on these services during an emergency or other shock.
- Ensure that **an enabling environment is in place for this minimum health service delivery package** including the relevant legislation and policies, standard operating procedures, infrastructure (including power generation), financing, staffing and workforce development, and resources (including supply chain).
- Further work to ensure the **climate resilience** and environmental sustainability of the healthcare system.



# Proposed recommendations for heads of health

- Strengthen technical capacity to generate and use timely and integrated health information to predict and manage emerging health threats and to inform response efforts to minimize health system shock. This would include:
  - Digitalization of primary health care health information systems to identify and manage disruptions in essential health services
  - Developing interoperable information systems between health (e.g. health facility, epidemiological and laboratory data systems) and non-health sectors (e.g. animal health, climate change, and meteorological and geologic hazards) to generate integrated health information that could predict and inform management of emerging threats
  - Coordinating multi-team capacity-building efforts, such as between those working on the surveillance system and lab capacity strengthening, to promote a culture of information sharing and break down (or preventing the building of) information siloes to allow for the timely sharing of information for decision-making in peacetime and, critically, during crises
  - Empowering decision makers from local to national level to translate the generated information into effective and appropriate response actions that would mitigate risk and impact on the healthcare system

# Proposed recommendations for heads of health

- Understand key national gaps in capacity, both in health threat identification and response, and in health system resilience. This includes working with WHO and partners to complete assessments such as **Joint External Evaluations and State Party Self-Assessment Annual Reporting**, as well as performing risk assessments for priority pathogens and natural disaster threats. Importantly, care should be taken that these are not performed for their own sake, but **alongside results from tabletop exercises and response plan reviews to result in concrete and achievable next steps for health system strengthening**. During this process, transparency and engagement with the community is encouraged to provide visibility that the government is taking action to protect their interests and to encourage whole-of-society responses to emergencies.

# Proposed recommendations for health ministers

- Work with colleagues in other sectors to ensure that an enabling environment is in place for the implementation of a **national minimum health service delivery package**, the delivery of which is ensured even during disasters, epidemics and other shocks (e.g. relevant policies and legislation, standard operating procedures, infrastructure, financing).
- **Advocate for the cross-sectoral climate action** that will benefit health while leading teams to ensure the climate resilience of the healthcare system.
- Guide teams to fully utilize opportunities such as **Joint External Evaluations, State Party Self-Assessment Annual Reporting, exercises and intra- or after-action reviews** to identify best practices and areas for improvement. Ensure that recommendations result in concrete action.
- Lead collaboration with non-health ministries to strengthen technical capacity to collect and analyse **data on animal health, climate change, and meteorological and geologic hazards**, and to develop cross-sector technical standards to facilitate interoperable information systems.



## Proposed recommendations for development partners

- Support PICs in their development of **minimum health service delivery packages**, and follow their guidance on which areas need specific external support.
- Support the development and strengthening of **information systems that integrate data from across different areas of the health system** (i.e. clinical, epidemiology and laboratory), and avoid providing support for new surveillance or information systems (such as new surveillance systems for specific diseases) that are separate to and do not link with broader national health information systems.
- Support country efforts to **boost the climate resilience and environmental sustainability of their health systems** and to advocate for the multi-sectoral climate action that will benefit health.

## Proposed recommendations for development partners

- Ensure that efforts aimed at laboratory strengthening through increasing use of **molecular technologies include an implementation timeframe of at least 2-3 years** to allow countries to slowly absorb costs into the routine laboratory budget.
- Ensure that support provided for increased **readiness to address emerging disease threats should focus on both the minimum health service delivery package as well as supporting the ability to respond to emergencies** and disasters. There will be common elements to both that require support, such as the augmentation of health care supply chains and assurance of adequate WASH in healthcare facilities.





Thank you!

