

Investing in health system resilience

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The Australian health care system continues to face challenges. It can be argued that these have developed over many years but there is no doubt that the coronavirus disease 2019 (COVID-19) pandemic amplified them. The emergence of the pandemic came as a shock. Although the immediacy has passed, the consequences will continue long into the future, through the impact on health services and the health workforce, treatment delays, mental health issues and 'long COVID', and the economic implications of the budgetary impost.

There has been little recognition of the need for resilience in health systems – until now. The Organisation For Economic Co-Operation and Development (OECD) report 'Ready for the Next Crisis? Investing in Health System Resilience'¹ reviews member countries response to COVID, and draws lessons for strengthening health system resilience. Resilience is the ability to prepare for, absorb, recover from and adapt to shocks. New crises that will test health system resilience are likely with triggers including antimicrobial resistance, climate change and its consequences, and financial crises. So, the lessons learnt in the past 3 years are not only important but critical in the future.

The first finding of the report is that the pandemic showed that health systems are not resilient enough. Yet there is great variation when judged by excess mortality in the first 2 years (2020–21). Mexico and Columbia are at one end of the scale; Australia, New Zealand and the Nordic countries are at the other. Public health capacity, particularly around disease tracking and surveillance, and strategies for case management, are crucial to preparedness. The ability to mobilise facilities and workforce for different requirements over time, for example critical care to vaccine delivery, was crucial in the response.

Being resilient also requires being cognisant of how the health system interconnects with other parts of society. The lack of interaction between health and aged care was an issue across the OECD. Resilience also involves financial (such as income) support, social support (including addressing educational disruption and homelessness) and strategies to counter misinformation.

There are six broad recommendations for improving health system resilience.

Universal health coverage that reduces or eliminates financial or other barriers to care and invests in effective prevention is key to a healthier and more resilient population. A healthy and resilient population underscores a resilient health system.

Workforce investment is key, particularly for an infectious disease that affects front-line workers through quarantining and burnout. Those countries with a higher relative proportion of health workers showed relatively better outcomes.

Supply chain disruptions were felt by nearly all OECD countries, with the lack of personal protective equipment devastating. 'Just in time' inventory management of essential supplies needs to move to broader (and more expensive) 'just in case' strategies involving diversification, efficient stockpiling and risk management.

The remaining recommendations deal with making data systems robust, relevant and timely; the value of international collaboration and co-operation; promoting governance structures that enable whole of society responses and trust in institutions.

There is much here for policy makers, health services managers and researchers, and clinicians to reflect on. The overarching message is twofold: a high

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performing health system does not just deliver value for money between crises, it must also be resilient; and the crises that will test health system resilience are not over.

Reference

- 1 OECD. Ready for the Next Crisis? Investing in Health System Resilience, OECD Health Policy Studies. Paris: OECD Publishing; 2023. doi:[10.1787/1e53cf80-en](https://doi.org/10.1787/1e53cf80-en)

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