As this Eurohealth goes to press many countries across the European region and beyond face a steep surge in transmissions and a renewed challenge from COVID-19.

As we head into winter, health care systems are again coming under significant pressure. There is still a window of opportunity, albeit one that is closing rapidly, to avert the kinds of problems seen in the Spring. There is also a chance, although again a slim one, for Europe to use this crisis to tackle the profound underlying problems that beset our health systems.

This special issue of Eurohealth, with its focus, on health system responses to COVID-19 is particularly timely. It reviews some of the innovative practices across our region and outlines policy lessons for the future. All the papers draw on the COVID-19 Health System Response Monitor (HSRM) platform, a major initiative led by the WHO Regional Office for Europe, the European Commission and the European Observatory on Health Systems and Policies. Neither the HSRM nor this special issue would be possible without an exceptional network of experts and centres of excellence. The Observatory’s Health Systems Policy Monitor (HSPM) network which includes the whole European Union, the WHO country offices and other experts have together managed to cover almost every country in the European region. A huge debt of gratitude is owed to them. Thanks are due also to the Observatory staff who have been running this initiative and who have pulled together such an effective platform. The HSRM and the articles that follow demonstrate how much countries have learned. Collectively we are armed with much better evidence. Lessons on preventing transmission are being acted on through improved testing and tracing and through progressive scaling of physical distancing measures tailored to epidemiological surveillance. Flexibility in care pathways and the embedding of digital technology point the way to more effective health care delivery. There have also been rapid advances in clinical protocols and treatments. Progress in the best use of intensive care therapies and the early management of complications; the development of new drugs; and the ‘new’ use of existing drugs such as Dexamethasone, have reduced case fatality ratios. Yet, the pace of implementation, particularly of prevention measures, needs to pick up sharply in many Member States if we are to succeed in flattening the curve.

Countries are equipped with better evidence but also with examples of how others have tackled the issues. We have seen a burst of innovation and transformation in many countries and the papers here attest to the dynamism and ingenuity of many health systems. The fast track introduction of digital and telemedicine tools (developments which had been in the pipeline for years); the rapid mobilisation of additional human resources via recruitment and training of volunteers and through health professionals adapting roles and taking on new skills; the shift to multidisciplinary team work, have all shown what is possible. Similarly, the transformation of hospital and primary care delivery with new care pathways and more flexible organisational arrangements, supported by new purchasing arrangements and payment systems demonstrate how health systems are able to re-engineer in the face of crisis. Importantly too, the experience shows how strong a commitment our health systems can count on: from a dedicated workforce and from the community and NGOs.

Overall, the analysis of COVID-19 responses collected in this issue, constitutes a powerful testimony to efforts across Europe. It is also a stark reminder of the many unresolved structural problems in our health systems. This pandemic has been a particularly dramatic health systems shock, and (as with all shocks) it uncovers and highlights the chronic existing weaknesses of the system. The observed failures in some systems to protect vulnerable and underprivileged populations are a strong reminder of the failings of the past decade, for example in dealing...
with the economic and refugee crises. Shortcomings in preventing transmission or in addressing the mortality crisis in nursing homes are simply a reflection of the low priority given to public health and long-term care over the years – and of our failure to invest. The pandemic then throws a spotlight on the well understood realities and the governance shortcomings of health systems.

The central challenge for policy makers now, as a second wave takes shape, must of course be dealing with the immediate consequences using the evidence and experience of recent months, but this cannot be entirely separated out from what this implies for the future of Europe’s health systems. Policy makers need to both harness and sustain stakeholders’ commitment – not least to new practices; gear up innovations that work, and, perhaps most importantly, strengthen governance mechanisms to support the degree of transformation required. This is key to our ability to cope – as Sagan and colleagues argue in the paper on resilient health systems, good governance is the “mortar binding everything else together” and crucial for an effective response. It is also key in the longer term. Other papers in this issue pick up on governance practices that enable appropriate implementation, including the piece by Williams et al. on the role of multidisciplinary advisory groups in translating evidence to policy. It clearly flags the challenges around independence and transparency as we try to bridge the science-policy (and politics) gap. Clearly, transparency in communicating the evidence (even when it is equivocal) and in political decision-making is crucial and perhaps the single most powerful tool for generating trust (and compliance) in the population. Again, the lessons for the second wave resonate with the long term challenges.

It is too easy to fall back on clichés in times of crisis but there are two somewhat hackneyed concepts that really are pertinent here. Firstly, ‘we are stronger’ together. In the first stage of the crisis, in many countries, collaboration and solidarity across borders took second place in the rush to protect national citizens and health systems but countries have quickly realised the importance of working together to tackle this pandemic. The WHO and the European Commission have put together a large set of interventions to support Member States and strengthen coordination between them. In many of these they are working closely together, for example on access to vaccines (Greer et al.) or in surveillance, together with the ECDC. The HSRM has been a truly joint undertaking, again between WHO, the European Commission and countries – but this time with the Observatory as the enabler, to share evidence and to understand what countries are doing in practice and what works (better and worse) in different settings. It recognises that transparency and sharing are the best way to learn and strengthen our individual efforts and to achieve common goals. It also models collaborative and cooperative ways of working that bode well for governance in the future, although there is much more to be done to instil collaborative approaches.

Secondly, you should ‘never let a good crisis go to waste’. All too often challenges to health systems have been met with commitments to improve and collaborate that melt away as soon as the crisis subsides. There are both real and fundamental challenges to health systems and real hope for sustainability. This Eurohealth flags some of the very clear lessons from COVID-19 on how we might move forward. We hope therefore that this crisis will be different and that out of the pandemic will come tangible progress – in innovation, in agility, and in governance and transformation – so that a more transparent, more collective and more international approach to health and health systems emerges.

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