COVID-19: REFLECTING ON EXPERIENCE AND ANTICIPATING THE NEXT STEPS

A perspective from the WHO Regional Office for Europe

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Nine months into the COVID-19 pandemic, devastation and disruption across much of the European Region continues unabated. A sharp and sustained increase in cases is forcing governments to navigate complex response tactics as they seek to control disease transmission, while also seeking to avoid the negative consequences associated with lockdowns.

At this juncture we are dealing both with the aftermath of the initial stages of the pandemic while grappling with a growing and concerning surge in cases, all the while in the midst of a looming economic recession. The WHO Regional Office for Europe has been working on the ground within countries to support policy makers and health authorities to increase response effectiveness, save lives and protect livelihoods, while also strengthening health systems to improve their preparedness for the challenges that lie ahead. At the Regional level, we have tried to synthesise the lessons learned and build policy considerations to support countries as they move along the various scenarios of the pandemic. This is in spite of the rapidly evolving situation and the emergent, incomplete scientific knowledge, which are both hallmarks of navigating in unchartered and uncertain territory. The COVID-19 Health Systems Response Monitor which was established at the request of the WHO Regional Office for Europe in the early days of the pandemic, has provided invaluable experience in a timely fashion. This has allowed policy considerations and technical/operational guidance to be developed in a rapid response manner.

In our view, there are three key lessons that should form the foundation of the evolving COVID-19 response and long-term recovery efforts:

1. Even the best health systems were not sufficiently prepared: building resilient health systems
2. There is not a competition between health and the economy: moving towards an economy of well-being
3. We will only get out of this if we work together: solidarity, innovation and a multisectoral response.

Resilient health systems

COVID-19 has ‘unmasked’ critical health system gaps and deficiencies. Health workforce shortages, broken supply chains, fragmented services and silo information systems are a few of the problems that hindered the response in the early days. The pandemic has forced our health systems to adjust with unprecedented speed. Central to these efforts was our health workforce. We must first and foremost prioritise their well-being including providing adequate mental, physical and financial support, and continuous training and education. If we do not care for them, we will have no health system to depend on.

Health care systems need to operate a dual track service delivery. Disruption to essential health services in the European Region is having a significant impact in terms of delayed (missed) preventive measures, like vaccination and diagnoses and lack of services provision. The duration of the pandemic is storing up health problems for the future both as a result of pent up demand as well as due to increased diseases, e.g. mental illness. Primary health care services are instrumental in enabling this dual track response where routine health services need to be provided in parallel to services focused on the pandemic response as well as providing aftercare to those persons who are suffering from the ‘long COVID’ syndrome. Public health services need to be better equipped and capable of timely detect, isolate, test, trace and quarantine.
For us to enable health systems to respond in the way we need, we must also take advantage of alternative service delivery platforms. The new frontier of digital and remote services should be scaled up to reduce barriers to seeking care and complement the efforts of the scarce human resources for health. As we explore new frontiers, we must also double down on responding to persistent challenges that have been exacerbated by the crisis. We need greater investment in mental health care, care for older people, and a renewed commitment to immunisation programmes including efforts to tackle vaccine hesitancy.

The need for an economy of well-being

The COVID-19 pandemic has illustrated the futility of the debate between life and livelihood; without health, there can be no economy or social cohesion. Health is an important determinant for development, and yet investment decisions that are concerned with health system strengthening have been considered as a cost and a burden on society. However, the pandemic has shown us once again that investing in health and preparedness yield above and beyond the input. Investing in the economy of well-being would help reduce lives lost, morbidity and stress among the population as well as promote economic growth. The COVID-19 pandemic has also illustrated the impact of political decision-making on health services in a way that is immediate and highly visible.

It is patently clear that keeping COVID-19 under control is necessary for a solid and sustained economic recovery. The mantra, there is no wealth without health, has been amply demonstrated in a harsh way.

Here it is important to learn lessons from the financial and economic crisis of the previous decade. In order to avoid accentuating catastrophic expenditure on health, it will be necessary to find ways to sustain health spending within a situation where fiscal space is limited. Cognisant of the necessity to think up solutions that may be well outside of the tried and tested ground, WHO Regional Office for Europe has set up the Pan European Commission on Health and Sustainable development chaired by Mario Monti. This Commission has the remit to:

• Rethink policy priorities in the light of pandemics drawing lessons from the ways in which different countries’ health systems have responded to the COVID-19 pandemic
• Make recommendations on investments and reforms to improve the resilience and further integration of health and social care systems
• Build consensus on these recommendations and bringing them to the attention of the highest political level within the government
• Make health and social care as political priorities in governments’ political and fiscal agendas.

New approaches to persistent and growing challenges

COVID-19 has shown us that we need an integrated, cross-sectoral approach if we are going to achieve the structural change needed to protect communities.

It is vital that we continue to explore all possible response mechanisms, particularly ones that bring together sectors and technical expertise to help us move beyond the biomedical (including through behavioural insights) to build health system resilience while also tackling persistent inequalities in our communities.

Frameworks for the future

To facilitate the utilisation of lessons learned so far from COVID-19, WHO Europe has developed several frameworks and tools:

1. An evolving lessons learned catalogue: Although it is too soon for a comprehensive and critical evaluation this document provides a starting point for regional discussions on how to improve preparedness for and response to future events, and “build back better.”

2. Transition Framework: key considerations for Member States to help them to decide on the modulation of large-scale restrictive public health measures, while at the same time strengthening core public health service capacities together with personal protective measures.

3. Framework for the reopening of schools: guidance to ensure the safety and well-being of children, their families and communities as schools are reopened. The framework is guided by the best interests of the child and overall public health considerations, informed by cross-sectoral and context-specific evidence.

4. A framework for responding to pandemic fatigue: key considerations for the planning and implementation of national and subnational strategies to maintain and reinvigorate public support to prevent COVID-19.

We are at a pivotal point in the biggest public health crisis of our lifetimes

There is an opportunity to take the set of lessons that had to be learned with unprecedented speed and reduce the burden this pandemic continues to have on communities. Responses must be nuanced to meet the specific needs of every
population group from older people in care homes to young people at universities and in schools. Targeted responses must also be designed to cope with the new challenges brought by the winter months. Policy considerations to prepare for an autumn/winter season where COVID-19, influenza and influenza-like respiratory illnesses coincide have been prepared.

Going forward we must examine the impact of COVID-19 on our ability to make significant progress towards the Sustainable Development Goals. Whilst it is clear that progress will be hindered as a result of this pandemic, setbacks should only serve to sharpen our appetites to achieve our ambitions.

A multi-sectoral approach is paramount, but the true way through this crisis is through bridging the divide between policy makers and the public. Solutions need to be created together, the input of communities needs to rapidly be elevated.

Despite its hardships, COVID-19 is offering an opportunity to rapidly create societal and policy changes on scale that has not been done before. Necessity, courage, innovation and collaboration are the attributes needed to see us through.

References

