MANAGING HEALTH SYSTEMS ON A SEESAW: BALANCING THE DELIVERY OF ESSENTIAL HEALTH SERVICES WHILST RESPONDING TO COVID-19

By: Melitta Jakab, Naomi Limaro Nathan, Gabrielle Pastorino, Tamás Evetovits, Sarah Garner, Margrieta Langins, Cris Scotter and Natasha Azzopardi-Muscat

Summary: The COVID-19 pandemic has put health systems and their ability to deliver health care services under strain. During the pandemic, health policymakers and health managers have learned to operate within a so-called “new normal” carefully balancing the response to COVID-19 with ensuring continuity of essential health services. Depending on the phase of the epidemic, the focus of service delivery needs to change requiring rapid shifts in priorities and allocation of resources while maintaining a baseline functionality for both. This dual-track approach presents an extreme challenge for policymakers and health facility managers in agility and rapid alignment of key health system functions to accommodate increased demand for health services.

Keywords: Health Systems, Dual Track, Transition, Essential Health Services, Service Delivery, COVID-19

Introduction – Increasing demand for health services amidst growing fiscal constraints in a dynamic context

The COVID-19 pandemic has revealed weaknesses in health systems’ preparedness and responses across the European region. This has compelled countries to rapidly adjust their public health measures, reconfigure their health systems and remain prepared to continue to deliver a dynamic response, in view of the likely long-lasting consequences of COVID-19. This dynamic preparedness is the “new normal” and some of the key challenges policy makers have to consider when managing responses have been addressed in the document published by the WHO Regional Office for Europe on “Strengthening and adjusting public health measures throughout the COVID-19 transition phases”.

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The “new normal” implies that health systems will have to operate in a challenging context – navigating both the increasing demand for health services (discussed below) and the resource constraints within new norms, standards and restrictions introduced as infection prevention and control measures. It also requires countries to recalibrate and reinforce their targets on progressing towards Universal Health Coverage (UHC) to ensure that populations have access to quality health services during and after the pandemic, without experiencing any form of financial hardship.

Countries are witnessing an increasing demand for health services, arising from (i) COVID-19 cases, (ii) the pent-up demand for regular health services that are delayed during epidemic peaks, (iii) the physical and mental health impact of physical distancing measures and isolation; (iv) continued need of care and rehabilitation for long-COVID cases, and (v) the long-term impacts of the economic downturn (see Figure 1).

Meeting this increasing demand takes place at a time of tightening resource constraints due to the economic implications of the pandemic despite historical fiscal measures. The tightening fiscal environment will echo experiences from the financial crisis a decade ago. It is therefore essential to consider lessons learnt in order not to repeat mistakes and adequately balance efficiency and equity considerations going forward, while maintaining health as a priority of public policy and spending. Without adequately resourced health systems, economic and social recovery will not be possible.

The impact of COVID-19 responses on essential health service delivery

So far, maintaining a balance between COVID and non-COVID service delivery tracks and implementing dynamic shifts between service provision modalities has been a challenge across the WHO European region.

During pandemic peaks, many countries have reported severe disruptions in regular service delivery, including in essential health services. The five most significantly disrupted services from a list of 25 services surveyed were: (i) rehabilitation services (disrupted in 91% of surveyed countries); (ii) dental services (disrupted in 91% of surveyed countries); (iii) non communicable disease (NCD) diagnosis and treatment (disrupted in 76% of countries); (iv) family planning and contraception (disrupted in 74% of surveyed countries); and, (v) outreach services for routine immunisations (disrupted in 63% of surveyed countries).

In addition, complete disruption of routine outreach for immunisation, facility-based immunisation and rehabilitation services has been reported by nearly a fifth the WHO European region’s countries. Not surprisingly, the three least affected services have been urgent blood transfusion services, inpatient critical care services and emergency surgery since these all have a time-critical period for intervention.

Explanatory factors for service delivery disruptions and reduced utilisation patterns include supply-side, demand-side and wider community factors. Essential health services supply declined due to policies to accommodate surge capacity for COVID-19 care such as reducing health workers at primary health care level to expand surge capacity for the acute COVID-19 response, instructing facilities to shut down due to lack of guidelines, operating standards and infection prevention and control mechanisms. Demand was affected by several factors, including explicit instructions to minimise face-to-face care seeking for non-

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**Figure 1:** Dynamic change in demand for health services during the COVID-19 pandemic

Source: Authors’ own
COVID-19 track: This track entails creating a blended public health strategy with a mix of physical distancing measures and rapid expansion of surge capacity for public health and laboratory services for testing, contact tracing and isolation. It also entails that countries remain prepared for further outbreak peaks and responding rapidly when they occur. Specifically, there are four important policy areas to operationalise this track:

- **Strengthen surveillance and create public health surge capacity** to prevent further epidemic peaks;
- **Remain prepared** for further peaks by estimating the needed surge capacity for hospitalised treatment of COVID-19 cases under different scenarios, monitor saturation of hospitals, and create a step-wise elastic plan of expanding and retracting hospital capacity for COVID-19 cases as the country moves between different stages of the epidemic;
- Develop mechanisms to **deliver rapidly changing clinical knowledge** about the delivery of COVID services; and
- **Protect vulnerable populations and marginalised groups**, especially older people by tailoring both public health and health service delivery approaches to their needs.

2. **Essential health services track**: This track calls for improving availability and access to essential health services with due considerations for patient and health worker safety. This requires identifying and addressing the root causes of disruptions in essential health services during pandemic peaks. Specifically, there are four important policy areas to operationalise this track:

- **Strengthen and resource primary health care** (PHC) to enable meeting increased roles and functions of PHC during the pandemic such as providing surge capacity to acute care response for COVID-19, participating in public health action such as contact tracing, “catching-up” delayed and postponed delivery of essential health services (e.g. immunisation, screening, chronic condition management, etc.); responding to new demand such as increased chronic and mental health conditions due to economic and social problems associated with the pandemic, and rehabilitation (e.g. for “long-COVID” cases);
- **Enhance and optimise service delivery platforms** (e.g. by video, phone, Internet) while analysing their impact and limitations;
- **Restore confidence in the safety of health care facilities** by introducing strong infection control measures and communicating this clearly to the population; and

- **Identify vulnerabilities** and reconfigure regular care for vulnerable patients (e.g. older people, immune-compromised people, etc.), to minimise their physical attendance at health facilities with greater risk of infection.

### Enablers for operationalising the dual track health system

The ability to operate the dual track system is dependent on the activation of cross-cutting enablers in the health system. These enablers include governance of the dual track system, health workforce, financing and access to medicines and technologies.

### Governing the dual track system

The organisation and management of the dual track system requires utilising existing governance arrangements in an environment of increased complexity. To ensure that both tracks are effectively governed, it is important to establish agile consultation mechanisms to facilitate dialogue between key stakeholders, including patient, community and health worker representatives, and policymakers and to ensure that decisions are taken rapidly and are as participative and as transparent as possible. This requires bridging the governance and management of the emergency response with that of the health service delivery system.

Robust monitoring systems need to build a “dual dashboard of indicators” that tracks indicators and trends on COVID-19 in parallel to indicators and trends on the delivery of essential health services. A dual dashboard with a governance bridge built between the management of the emergency and that of service delivery will allow countries to better manage simultaneously their COVID-19 response and the delivery of essential health services. Finally, clear communication to the public will be key to reassure health service users that it is safe to access facilities.

### Box 1: Ukraine – Psychosocial support for health workers

The Public Health Center of the Ministry of Health of Ukraine developed training for health care staff working in emergencies and the COVID-19 pandemic response. The course aims to improve the ability of health care workers in providing psychosocial support to the population, as well as mastering the skills of stress management at the workplace and protecting their own well-being. The training course was based on the latest recommendations of the United Nations Inter-Agency Standing Committee, and WHO, as well as other best practices in mental health and psychosocial support (MHPSS).

### Box 2: Italy – Hotel facility close to the hospital in Puglia used to ensure rest and safety of workforce

The Bari Policlinico General Hospital was designated a COVID-19 network hospital. 656 health care workers were assigned to 300 COVID-19 beds. These workers were housed in a nearby hotel. In order to ensure there was no contact with public areas and hotel staff, the entrances, exits and lifts were defined as dedicated ‘dirty paths’, along with the implementation of a range of other measures and protocols (electronic check-in, separate waste removal, etc). The initiative served both hospital and patient needs, and was also good for the health workers themselves, as they were given the opportunity to rest, protect their families and in tandem it mitigated community spread (workers were not going home to their families or moving around the community). This example shows that with careful planning and excellent staff cooperation, health care workers can be hosted safely in hotel facilities during the COVID-19 pandemic or similar emergencies.

### The health workforce plays a key role

The health workforce is the backbone of the dual track system. It plays a key role in ensuring that both tracks are well-balanced and can maintain the delivery of health services in the “new normal”. This is an extremely challenging task placing the health workforce under unprecedented strain. Some potential mitigation measures include:

- the mobilisation of additional workforce – by hiring unemployed health workers, providing financial incentives to attract recent leavers or recruit health workers from other sectors (see the article by Williams et al. in this issue on health workforce surge capacity).

- Addressing the working conditions, safety and mental health of health workers. A conducive working environment with adequate rotation with rest and recuperation periods and psycho-social support (see Box 1, Box 2 and the article by Williams et al. on supporting health workers) should be provided to avoid burnout and stress.

- The pandemic also provides urgent impetus to improving long-due labour market policies to safeguard health workers and enable their retention in the health sector.

### Financing the dual track system

Evidence from previous economic shocks indicates that countries need to balance efficiency and equity considerations in the health and social protection areas during economic downturns. Applying severe austerity measures to health and social protection policies were counter-productive during previous economic crises, exacerbated the economic response in the long-run and created a political backlash.

To maintain health spending, countercyclical mechanisms – public spending that increases as the economy
declines, could be used to ensure stability in funding flows; these include drawing on reserves; introducing formulas to determine the level of government budget transfers to the health system; abolishing ceilings on contributions; and broadening the tax base from wages to all forms of income.

The pandemic with the tightening fiscal constraint together can further catalyse policies to enhance health system efficiency towards ensuring the effective use scarce resources. Countries can:

- Review priority setting mechanisms to ensure that public health and primary health care are adequately resourced;
- Review coverage and purchasing mechanisms including for high-cost services and medicines to ensure coverage and spending reaches the most cost-effective services;
- Review service delivery master plans and investment to ensure that the network is fit for purpose;
- Review coverage policies to ensure all have access to essential health services without facing financial hardship to ensure timely cost-effective health care access.

Access to Medicines and Technologies

Sustainable and continued access to medicines and health products is essential for implementing and operationalising the dual track system. Countries have faced challenges in the supply of medicines and health products. In order to ensure uninterrupted access to medicines and supplies, countries need to adopt measures, policies, and regulations that are evidence-informed and supported by adequate and sustainable financing.

Some of these measures could include:

- Centralised procurement and forecasting to avoid competition amongst health providers and prioritisation of products necessary for the population health;
- Increasing local production, if possible, or repurposing to meet the needs of the health system (e.g. this occurred in Germany, the Russian Federation and the United Kingdom), and
- Monitoring availability of medicines and health products that may be affected by shortages.
- Ensuring that products for sale and distribution meet regulatory standards for safety, quality and effectiveness.

Conclusions

The COVID-19 pandemic has put a strain on health systems’ ability to respond and deliver care, often at the expense of the most vulnerable population groups. Countries have an opportunity to learn from the experiences, success stories and mistakes made during the first months of their response to tackle the continued need to strengthen their health systems.

In order to deliver essential health services while responding to COVID-19, health systems will have to allocate a realistic amount of financial and human resources to address peaks and pent-up demand, while ensuring health care workers’ safety and mental wellbeing. The systems should be prepared to be as adaptable as possible and ready to surge capacity by optimising delivery platforms and enhancing the role of primary health care as needed. Continued access to medicines and health products and a robust governance mechanism to plan, manage and monitor the response will be key to ensure a sustained response in the months to come.

References


3. For surge calculators developed by WHO to expand acute care capacity including human resources, see https://www.euro.who.int/en/health-topics/health-systems/pages/strengthening-the-health-system-response-to-covid-19/surge-planning-tools

