High-level meeting on health systems resilience: from disruption to delivering better – strategies to promote health services recovery

A virtual meeting hosted by the WHO Regional Office for Europe, 15 November 2021

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ABSTRACT

This high-level meeting addressed health systems resilience and strategies for tackling the backlogs of health services accumulated during the COVID-19 pandemic in the WHO European Region. It also marked the launch of the report Health systems resilience during COVID-19: lessons for building back better. Representatives of Member States and WHO regional offices reported that many essential health services remain disrupted, with long and growing waiting lists. Common interventions in countries include repurposing facilities, recruiting medical staff, improving partnerships between public and private actors, and implementing digital health solutions. The meeting concluded that interventions to rebuild health services should be adapted to specific local health system features, contexts and challenges. Immediate priority actions to address health services transformation and adaptation and health systems recovery throughout the Region should focus on increasing health workforce capacities; scaling up digital health interventions; and strengthening primary health care structures, primarily for mental health and social care.

Keywords: COVID-19, HEALTH SYSTEMS RESILIENCE, ESSENTIAL HEALTH SERVICES, BACKLOG, RECOVERY, EUROPE

Document number: WHO/EURO.2022-4580-44343-62662

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A virtual meeting hosted by the WHO Regional Office for Europe, 15 November 2021
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Acknowledgements

The report was written by Florian Tille (WHO Regional Office for Europe and London hub of the European Observatory on Health Systems and Policies) and revised by Natasha Azzopardi-Muscat, Tomas Zapata and Xavier Modol (WHO Regional Office for Europe).

Meeting notes were prepared by Laura Schlepper and Sarah Reed (Nuffield Trust), Astrid Eriksen and Ewout van Ginneken (Berlin hub of the European Observatory on Health Systems and Policies) and Florian Tille (WHO Regional Office for Europe and London hub of the European Observatory on Health Systems and Policies).
Introduction
This high-level meeting was the first to be convened on the specific topic of health systems resilience and how countries are tackling the backlog of health services accumulated during the COVID-19 pandemic in the WHO European Region. It was hosted jointly with the European Observatory on Health Systems and Policies.

Held online, the meeting was attended by over 100 high-level technical experts from across the WHO European Region, including chief medical officers and directors-general for health. Its objective was to set the stage for further action on adapting and transforming health services throughout the Region and to support health systems recovery, based on the lessons learned from the pandemic. It aimed to provide a vehicle for Member States to share their experiences on health services disruption and approaches to recover these services, as well as the early results of these interventions. It also offered an opportunity to discuss the support the WHO Regional Office for Europe can offer Member States in this area.

Participants were welcomed by Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems of the WHO Regional Office for Europe.

Session 1
Setting the scene
The WHO Regional Director for Europe opened the session, noting that the COVID-19 pandemic has spread rapidly across the WHO European Region and pushed many health systems to the brink. Health services have been rearranged and health-care workers reassigned to deal with the emergency. Since the onset of the pandemic, this has resulted in ongoing disruption of essential health services in most countries in the Region, creating long waiting lists for some services and leaving some populations without access to quality health care.

To tackle this situation, the WHO Regional Office for Europe has called for health systems to operate on a dual-track basis – providing an effective COVID-19 response, while at the same time monitoring routine health service activity and putting in place measures to ensure that essential health services are maintained.

The aim of the meeting was to harness the lessons of the past two years, hearing how countries had addressed service disruptions and backlogs, and their experiences of strategies to overcome these. This would set the stage for further action in the Region to rebuild strong, resilient health systems, as there is a strong case for investing in resilient health systems that are better prepared to weather any future threat to health.

Session 2
Launch of a report on health systems resilience during COVID-19
The meeting marked the launch of the report Health systems resilience during COVID-19: lessons for building back better, produced by the European Observatory on Health Systems and Policies, WHO Regional Office for Europe and European Commission, which presents new evidence on the way countries have coped with the COVID-19 public health emergency.

The Director of the European Observatory on Health Systems and Policies presented the key findings of this study. Countries in the WHO European Region have shown great resourcefulness and ingenuity when responding to COVID-19. Nevertheless, the pandemic has also exposed many pre-existing challenges, including weakened public health and primary care services and workforce shortages. The importance of taking note of these lessons was highlighted: had these vulnerabilities been addressed before the pandemic, provision of curative care could have been better protected and disruptions minimized during the emergency.

The new study is structured around the core functions of health systems, including governance, financing, health workforce, public health interventions and service delivery. It offers 20 strategies that policy-makers can use to assess the performance of their health systems and strengthen their resilience. These range from steering the COVID-19 response through effective political leadership to implementing innovative patient care pathways.

COVID-19 showed once more the effectiveness of and need for primary health care: those health systems with strong primary health care structures have been more resilient and able to provide health services throughout the pandemic than those without. COVID-19 was only one shock among many, but it presented an opportunity to learn and to strengthen the resilience of health systems.

A considerable amount of evidence on health systems innovation has been generated through health system responses to COVID-19. The principal question that remains is whether this can be harnessed to create interventions for reform – for example, in the areas of primary health care, health workforce and digital health – leading to higher resilience in the future. This will require decisive and effective political will, leadership and institutional capacity, among other factors.

**Session 3**

The WHO Regional Office for Europe’s work on rebuilding essential health services

The Head of the Health Workforce and Service Delivery Unit at the WHO Regional Office for Europe gave an overview of WHO’s work on rebuilding essential health services.

Various phases of service disruption had occurred across the Region, as captured via WHO’s pulse survey on continuity of essential health services during the COVID-19 pandemic. During the early stages of the of the pandemic in spring 2020, widespread disruption occurred to even very essential health services, while in the winter months of 2020/2021, countries experienced heavy continuous disruption in some services. This led to backlogs in these services, which are now under investigation in the ongoing third round of the pulse survey.

These findings highlighted the importance of a dual-track approach to health service delivery to address the double burden of providing care for the high – and growing – number of COVID-19 cases, while maintaining and recovering essential health services, including addressing the backlogs. This needs to include expanding primary care services and strengthening coordination between levels of care.

Key activities through which the Regional Office can support Member States include:

- facilitating exchanges of information between countries with the aim of sharing lessons learned;
- providing country-specific technical assistance for systematic assessment of the services that are disrupted; and
- working with ministries of health and WHO country offices to develop medium- and long-term plans for recovering and rebuilding disrupted health services, incorporating some reform components of a country’s health system.

Further, evidence suggests that symptoms of post COVID-19 conditions may affect 10–20% of all cases. Taking care of these large numbers of patients will put additional pressure on already strained health systems, and plans need to be put in place to address this.

**Session 4**

Presentations on strategies to resolve backlogs and get health services back on track

Countries and regions were invited to share their experiences of tackling health service backlogs accumulated due to disruptions during COVID-19, as well as strategies to rebuild health services back better than before the pandemic.

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Countries

In a spotlight presentation on the experience of Italy, the Director for European and International Relations at the Italian Ministry of Health described how service disruption due to COVID-19 has resulted in major backlogs and extended waiting times. This is particularly the case for cancer screening, knee replacements and cataract surgery, with the volume of services dropping by between 25% and 38% in 2020 compared to 2019.

As a key measure to tackle this issue, Italy is investing in health system recovery across all regions, based on needs and the extent of service disruption. This effort will focus on increasing resources for the health workforce, strengthening mental health services – especially for children and young people – and making regional health service structures more robust. The plans set out large investments in health-care innovation and research, including telemedicine and other forms of digital health, modern and environmentally friendly health facilities, and strengthening integration between services and facilities in local areas and through health-care networks. Strengthening primary health care is now more important than ever.

The Head of Department of International Relations at the Israeli Ministry of Health shone a spotlight on the experiences in Israel. Early in the pandemic (spring 2020), all elective surgeries in hospitals were cancelled to consolidate resources for the emergency response. This resulted in longer waiting lists for many essential procedures. In addition, substantial burn-out led some health-care workers to leave their jobs and resulted in requirements for more adequate working schedules.

To tackle these issues, the government created additional posts for 600 physicians, 2000 nurses and 700 paramedics and administrators, of which the large majority were recruited to hospitals to care for COVID-19 patients. These positions were initially created as one-year contracts, but they have now been recognized as permanent posts to help with recovery of the backlog of services and to address issues of workforce shortages.

At the same time, the sector began to offer a range of services digitally. Remote consultations and prescriptions increased significantly at the primary care level, and hospitals started offering phone consultations. New reimbursement schemes were built for these services and to facilitate collaboration between health maintenance organizations (HMOs) and hospitals, providing hospitals with more confidence and financial security. Financial incentives were further offered to small HMOs to encourage development of community services, to shift patients from hospitals into community care while providing the same quality of services.

These were all part of a bundle of measures that contributed to Israel’s current situation, in which the country is no longer facing major backlogs for essential surgeries or procedures.

The Public Health Consultant at the Maltese Ministry for Health gave a spotlight presentation on the experience of Malta, noting that – especially during the first wave of the pandemic in spring 2020 – the country had to limit elective services to keep intensive care unit capacity available. This increased waiting times for breast, colon and cervical cancer screening significantly. In addition, surgical activity dropped in 2020 compared to 2019.

Measures to counteract this included shifting patients from public to private health facilities, changing contractual arrangements with health-care workers to support weekend work and transferring patients from day-care oncology departments in hospitals to ambulatory and home-based care. All these actions led to a reduction in the number of patients waiting for services.

The main challenges associated with these processes were additional service costs and unprecedented change management processes for the new practice models. Nevertheless, the COVID-19 pandemic created the impetus to carry out these changes rapidly.

Another focus was on improving primary care activities with digital health solutions, such as a new round-the-clock telemedicine centre, telemedicine consultations and tele-prescriptions in community pharmacies. Outreach services were also increased, and innovative changes were implemented to strengthen mental health care, including the introduction of:

- dedicated COVID-19 wards in the psychiatric hospital;
- a new psychosocial helpline for health-care workers and the public;
• a geriatric mental health team; and
• new school-based mental health interventions.

Following the three spotlight presentations, a number of countries gave brief statements to highlight strategies and interventions they had implemented to address the backlog of services and to build back better.

Countries across the WHO European Region reported that a range of essential health services – including elective surgeries, rehabilitation, diagnostics, cancer and cardiovascular screening, mental health services and dental care – remain disrupted, with long and unmanageable waiting lists, primarily because of a shortage of health-care workers. They noted that overall, however, health systems have adapted relatively quickly to the external shock of the COVID-19 public health emergency, showing resilience.

Measures countries have taken, showing similarities with the experiences of Italy, Israel and Malta, include:

• repurposing of facilities and redistribution and recruitment of medical staff to continue delivering essential health services;
• levelling up of partnerships between public and private health care providers to use all available surge capacity for both COVID-19 cases and essential health services; and
• unprecedented uptake of digital health solutions, such as telemedicine consultations (especially in rural facilities), e-prescriptions and phone helplines for both health-care workers and the public.

All these measures are intended to ensure timely care for COVID-19 patients while maintaining essential health services and the functioning of the health-care system. They often also included a particular focus on vulnerable subgroups of the population, such as those with pre-existing chronic health conditions.

Countries anticipate that these response activities have the potential to constitute and accelerate long-term overall health system reform, such as redesigning the health system through effective organizational reforms, implementing a new quality framework, reorienting health services towards prevention and health promotion and reforming primary health care. The European Union Recovery and Resilience Facility has become a pertinent funding mechanism for those countries that are eligible.

Throughout the presentations, Member States made it clear that, at all stages of the pandemic, those countries that were able to build and rely on a robust primary care system and an existing e-health infrastructure were generally better equipped to respond to the disruption caused by COVID-19.

Regions
Delivering a regional perspective, the Regional Advisor and Unit Lead for the Health Systems in Emergencies Lab at the WHO Regional Office for the Eastern Mediterranean stressed that the integration of emergency preparedness and response into health systems is a necessity. It is essential to learn from the pandemic and to examine the adaptations made to maintain essential health services. This will help to determine which should become key features of rebuilt and transformed health systems.

As in the European Region, countries and regional entities in the Eastern Mediterranean Region have started to prepare for and undertake health systems recovery, in addition to responding to ongoing waves of the pandemic and preparing for future episodes. The Regional Office for the Eastern Mediterranean has developed an implementation guide for health systems recovery in emergencies, with an all-hazard and building-back-better approach. The focus of this is on investment to strengthen primary health care, the essential public health functions, and regional and global information-sharing, as well as coordination for resource management.

The Team Lead for Data Analytics and Knowledge Management at the WHO Regional Office for Africa pointed out that stress events placing undue pressure on service provision can arise from multiple sources – such as disease, environmental, economic and social factors. They can be either acute (as with COVID-19 and Ebola virus disease) or chronic (as with cholera outbreaks).
Not all stress events can be anticipated and planned for. Hence, the resilience work in the WHO African Region has a twofold focus of capacity enhancement, consisting of:

- building inherent system resilience, focusing on the intrinsic characteristics of the health system to anticipate, absorb, adapt and transform in response to multiple forms of shock; and
- building targeted resilience, focusing on the system’s capacity to respond to known and potential stress events – specifically acute pandemic and epidemic-prone events.

Various flagship programmes from the African Region around which this support is built were highlighted.

The Director of Health Systems and Services at the Regional Office for the Americas introduced the strategy for building resilient health systems and post-COVID-19 pandemic recovery to sustain and protect public health gains, adopted at the Pan American Health Organization Executive Committee in June 2021. The strategy’s framework will support Member States’ actions to recuperate lost public health gains in the Americas. It also seeks to advance transformation towards more resilient, sustainable and inclusive health systems in the Region.

While the strategy’s focus is on the immediate post-pandemic period, it also aims to guide future strategic public investment to protect and promote health. It contains four strategic lines of action to guide countries in the transformation of health systems for greater resilience, with strengthened leadership, stewardship and governance central to all four. A working group of Member States will monitor implementation of this plan and feed back into Pan American Health Organization governance boards.

**Conclusions and next steps for the WHO European Region**

The Regional Director for Europe thanked all the participants and summarized the meeting sessions. Drawing on national and regional experiences, interventions to maintain and restore essential health services and to tackle backlogs built up during COVID-19 range from system-wide to individual facility actions. As no blueprint exists for any of these, and actors across the Region are still very much in the process of developing and trying out practices, continuous sharing of experiences across countries will remain paramount to the response to the pandemic and its impact on essential health services. This will be of even greater importance as health systems prepare for a winter of increasing COVID-19 cases, with a health workforce on the edge of its capacities.

Interventions must be adapted to individual health system features, specific contexts and challenges. While lessons can be learned from examples across countries, these are hardly ever directly transferable; rather, they require well designed adaptations that take the setting into account.

The priority areas where action is urgently needed to respond to service disruption and backlogs include:

- increasing health workforce capacities;
- scaling up those digital health interventions that are working; and
- strengthening primary health care structures, with a focus on mental health and social care.

Partnerships and integration across facilities and sectors have proved fundamental throughout the pandemic, including with the private sector and civil society.

This meeting could only be a beginning. The aim should be not only to share experiences and provide systematic advice and guidance but also to transform knowledge into actionable plans that have the potential to improve the performance of health systems. The meeting and newly launched report are part of the work begun in response to recommendations issued by the Pan-European Commission on Health and Sustainable Development (Monti Commission) in September 2021.

The Regional Director closed the meeting by reaffirming the WHO Regional Office for Europe’s commitment to work with all Member States on finding answers to ensure that health systems learn from this crisis, aiming to come out of it more resilient and robust than before.
Annex 1
List of Participants

Member States

Albania

Nejsi Lleshi  Advisor to the Minister, Ministry of Health and Social Protection

Bosnia and Herzegovina

Ljuljjeta Goranci Brkić  Project Coordinator at the Health Department Ministry of Civil Affairs

Croatia

Vera Katalinić Janković  Special Adviser to the Minister, Ministry of Health

Georgia

Tamar Gabunia  First Deputy Minister, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs

Greece

Lilian Vilviridi  Alternate’s Minister of Health Advisor, Ministry of Health

Israel

Asher Salmon  Head of Department of International Relations, Ministry of Health

Italy

Gianfranco Pasquadibisceglie  Director for European and International Relations Ministry of Health

Malta

Kenneth Grech  Public Health Consultant, Ministry for Health

Montenegro

Ivana Zivkovic  Director-General for Public Health, Ministry of Health

Portugal

Vanessa Ribeiro  Head of Health System Planning and Innovation Administration of the Health System

Serbia

Danijela Urosevic  Assistant Minister, Ministry of Health

Slovenia

Tit Albrecht  Head of the Centre for Health Care National Institute of Public Health

European Observatory on Health Systems and Policies

Josep Figueras  Director

World Health Organization

Regional Office for the Eastern Mediterranean

Ali Ardalan  Regional Advisor and Unit Lead of Health, Systems in Emergencies Lab

Regional Office for the Americas

James Fitzgerald  Director of Health Systems and Services

Regional Office for Africa

Humphrey Karamagi  Team Lead for Data Analytics and Knowledge Management

WHO Regional Office for Europe

Natasha Azzopardi-Muscat  Director of the Division of Country Health Policies and Systems

Hans Henri P. Kluge  WHO Regional Director for Europe

Tomas Zapata  Head of the Health Workforce and Service Delivery Unit
Annex 2

Meeting Agenda

High-level Meeting on Health System Resilience: From disruption to delivering better – strategies to promote health services recovery

Monday 15 November 2021, 11:00 to 12:30 CET

Moderator Notes

**Moderator:** Dr Natasha Azzopardi Muscat, Director Division of Country Health Policies and Systems

**11:00-11:05** Opening remarks by the Regional Director of WHO Regional Office for Europe, Dr Hans Kluge (5 min)

**11:05-11:20** Presentation by the Director of the European Observatory on Health Systems and Policies, Dr Josep Figueras (15 min)

**11:20-11:25** Presentation by the Head of Health Workforce and Service Delivery Unit of WHO Regional Office for Europe, Dr Tomas Zapata (5 min)

**11:25-11:40** Spotlight presentations from three Member States: Israel, Italy and Malta (5 minutes per country) (15 minutes)

**11:40-11:50** Reflections from other Regions of the World Health Organization (10 minutes)

**11:50-12:20** Virtual round table with interventions from Member States (30 minutes)

**12:20-12:30** Next steps for the WHO European Region & Wrap up by the Regional Director of WHO Regional Office for Europe, Dr Hans Kluge (10 min)
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

**Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
North Macedonia  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
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