How to (or not) respond to health systems shocks - lessons from Ebola, climate change, migration and the financial crisis

November 14th 2016; 12 – 2pm

4th Global Symposium for Health Systems' Research

Vancouver

http://app.lshtm.ac.uk

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Key dimensions of the framework

- Six dimensions:
  - Health information systems
  - Funding/financing
  - Human resources for health
  - Population status (only when considering impact)
  - Governance
  - Values
- Need a mixture of responses programmatic areas (e.g. building blocks) and higher level governance and aspects of values.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Values	Health Information Systems	Human Resources for Health	Funding	Governance Planning	Population Status
• Often not thought of but the role of values is important in shaping responses. • This is often not driven by health (e.g. climate change & financial crisis) • Can also be the rationale for action or response (e.g. humanitarian crisis). DO NOT NEGLECT	• HMIS need to be linked to broader forecasting trends (e.g. financial crisis &climate change) • Also not fit for purpose for mobility and migration. • Extra capacity needed to forecast longer-term systems shocks that may not be linked to health. This will require integration with other areas.	• HRH are key to resilience, as first responders etc. • HRH are also the first and often hardest hit (Ebola &financial crisis) • Greater resilience will mean completely new and different skills for health workers relating to long-term shocks. It also means prioritising HRH. • Training needs are important in responding, but needs to include longer-term planning for what happens after emergency stage is over (e.g. Ebola &migration). • Opportunities can also be presented by shocks (e.g. political transitions)	**National level mechanisms:** - Inbuilt stabilisiers help. - Government actions do matter. - Often out of pocket expenditure increases (this might relate to meds or to lack of awareness of entitlements) **International** - Where international funding becomes available you often have duplication of efforts and perverse incentive structures + problems associated with this. - We actually do not have such great examples of an international funding mechanisms that would create greater resilience	- Very little thinking on governance, but crucial (all crisis) - Maybe as scary and unpredictable (e.g. climate change and financial crisis and migration). - In humanitarian crisis often top-down, military etc with associated problems and parallel structures created. - Loss of trust in institutions also affects governance during crisis. - Needs engagement by health in much higher level governance including where health might not lead. THIS IS CRUCIAL AND	Depends on crisis.

Health information systems

- HMIS need to be linked to broader forecasting trends (e.g. financial crisis & climate change).
- Not fit for purpose for mobility and migration.
- Extra capacity needed to forecast longer-term systems shocks that may not be linked to health.
- This will require integration with other areas.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Human Resources for Health

- HRH are key to resilience, as first responders.
- HRH are also the first and often hardest hit (Ebola &financial crisis)
- Greater resilience will mean completely new and different skills for health workers relating to long-term shocks.
- **It also means prioritising HRH.**
- Training needs are important in responding, but needs to include longer-term planning for what happens after emergency stage is over (e.g. Ebola &migration).
- Opportunities can also be presented by shocks (e.g. political transitions).

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Funding mechanisms

- **National level mechanisms:**
  - Often out of pocket expenditure increases (this might relate to medication or to lack of awareness of entitlements)
  - Inbuilt stabilisiers help.
  - Government actions do matter.
- **International**
  - Where international funding becomes available you often have duplication of efforts and perverse incentive structures + problems associated with this.
  - We actually **do not have such great examples of an international funding mechanisms that would create greater resilience** in national health systems.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Values

- Often not thought of but underlying values shape the response – whether it is for example military led or other. Or indeed what priority is given to health in a crisis.
- May not driven be by health (e.g. climate change & financial crisis).
- Can also be the rationale for action or response (e.g. humanitarian crisis).
- Often a tension in health – global health security and humanitarian action that has programmatic ramifications.

DO NOT NEGLECT

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Governance

- Very little thinking on governance, but crucial (all crisis).
- Maybe as scary and unpredictable (e.g. climate change and financial crisis and migration).
- In humanitarian crisis often top-down, military etc with associated problems and parallel structures created.
- Loss of trust in institutions also affects governance during crisis.
- Needs engagement by health in much higher level governance including where health might not lead (e.g. climate change, financial crisis)

THIS IS CRUCIAL AND UNDERCONSIDERED

You can have all programmatic responses in place but if you have not engaged with values or are linked to governance these will be ineffective.

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE

Questions for discussion

1. **What can we learn from shocks that can help our thinking for health systems resilience?**

2. **Where are the gaps in our knowledge?**

3. **What is current focus/commitment in policy and research?**

1. **Does this match with what we now know we need?**

http://app.lshtm.ac.uk

LONDON SCHOOL of HYGIENE &TROPICAL MEDICINE