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F. RESILIENT HEALTH SYSTEMS: PROGRESS REPORT

Background

1. The 55th Directing Council of the Pan American Health Organization (PAHO), in adopting Resolution CD55.R8, Resilient Health Systems, and its corresponding policy document CD55/9 in 2016, noted that resilience is a critical attribute of a well-developed and well-performing health system (1, 2). In a resilient system, health actors, institutions, and populations prepare for and respond effectively to health crises. The health system maintains core functions when a crisis hits and reorganizes if conditions require it, informed by lessons learned. The purpose of this document is to analyze progress made during the period 2016 to 2019, since the adoption of Resolution CD55.R8; to review advances and challenges in each of the priority areas of action identified in the policy framework; and to propose actions to improve the resilience of health systems, taking into consideration the current context of the COVID-19 pandemic.

Analysis of Progress Achieved

2. The policy guidance document (CD55/9) provides a framework for reporting on advances in the development of resilient health systems in the Americas. Since 2016, when the policy was adopted, health systems in the Region have faced multiple and sustained challenges and crises stemming from public health events, natural disasters, and sociopolitical unrest, among other causes (3).

3. Progress and challenges are reported in critical areas for action, which are examined in more detail below. These areas include *a*) a whole-of-society commitment to achieving the Sustainable Development Goals (SDGs); *b*) progress toward the achievement of universal access to health and universal health coverage; *c*) application of the International Health Regulations (IHR) through strengthening of national core capacities as part of the essential public health functions; *d*) health information systems that support identification and isolation of public health risks and deliver appropriate responses; *e*) disaster and other risk reduction strategies; *f*) investing in health systems resilience, in particular through the organization of adaptive networks of health care institutions; and *g*) research on resilience and health system performance.

A whole of society commitment to achieving the Sustainable Development Goals

4. Policies aimed at inclusive and sustained economic growth, human development, and social participation improve equity, political, and social stability and create the necessary conditions to support the development of robust, responsive, resilient, and people-centered health systems. The 2030 Agenda for Sustainable Development (4), adopted by all United Nations Member States in 2015, aspires to leave no one behind. The SDGs and their targets pertaining to health and development have been adopted through reference regional mandates, including the Sustainable Health Agenda for the Americas 2018-2030 (5); the Strategic Plan of the Pan American Health Organization 2020-2025 (3); and the Global Action Plan for Healthy Lives and Well-being for All (6). Each of the frameworks provides guidance to countries on the adoption of policies to promote the development of people- and community-centered, inclusive, responsive, adaptive, and resilient health systems.

5. Resilient health systems intrinsically contribute to individual and collective health, well-being, and improvements in equity through a whole-of-government and whole-of-society approach, reducing the vulnerability of societies to health risks at the local, national, and international levels. Countries have taken important steps to address the social determinants of health in order to achieve health and health equity. The 2030 Agenda is being translated into national and local policies and strategies. The Strategy and Plan of Action on Health Promotion within the Context of the Sustainable Development Goals 2019-2030 (7) calls for addressing the social determinants through good governance, strengthened health diplomacy for intersectoral work, and effective community participation and action at local level. Cities are becoming the epicenter of intersectoral action, with leadership from mayors in the development of social, economic, and physical environments that promote health (8).

Universal access to health and universal health coverage

6. Countries of the Region have made major efforts to expand and strengthen their health systems, thus building resilience, within the framework of the Strategy for Universal Access to Health and Universal Health Coverage (9). During the study period, 34 countries and territories developed health strategies, plans, policies, and/or road maps to advance toward universal health. Of those, 26 countries included specific policy options on health financing to address issues of equity, sustainability, and resilience. In addition, the Global Monitoring Report, Primary Health Care on the Road to Universal Health Coverage (10), notes that in 2017 the Americas achieved the highest average universal health care service coverage index of all World Health Organization (WHO) regions. This suggests greater utilization of health services, particularly in the area of infectious diseases as well as in reproductive, maternal, newborn, and child health. The Region also reported an increase in public expenditure on health over the past five years, from an average of 3.8% to 4.2% of gross domestic product, contributing to improvements in access, equity, and resilience.

7. The Pan American Sanitary Bureau (PASB) has intensified advocacy and technical support to promote health system transformations toward universal health. In 2017 the Director of PASB convened the High-Level Commission: Universal Health in the 21st Century: 40 Years of Alma-Ata. The Commission's report, issued in April 2019, presented a path for action on primary health care, conceived as a comprehensive strategy for acting on social determinants, social cohesiveness, and resilience with a view to improving the health and well-being of people, families, and communities (11). The Director of PASB subsequently launched the Regional Compact on Primary Health Care for Universal Health: PHC 30-30-30, calling on countries to increase investment in primary care by 30%, reducing barriers to access health by 30%, and to achieve universal health and the SDGs by 2030. PAHO actively participated in the development of the new Astana Declaration on Primary Health Care, adopted at the Global Conference on Primary Health Care, and in the preparation of the Political Declaration of the High-level Meeting on Universal Health Coverage, adopted at the United Nations High-level Meeting on Universal Health Coverage held in New York in September 2019.

8. Notwithstanding the advances noted, countries continue to face important challenges in transforming health systems to achieve greater resilience and advance toward universal health. Segmentation and fragmentation of health systems continues to exacerbate inequities and barriers to access (12); out-of-pocket expenditures in health remain high, in particular for medicines and health technologies (12); coverage of health services remains low, in particular in rural and poorer peri-urban settings; and the health workforce continues to concentrate in urban centers and specialized health service delivery settings (13). These determinants disproportionately impact populations living in conditions of vulnerability, particularly during public health emergencies and/or in the event of an external shock to the health system.

Application of the IHR through strengthening of national core capacities as part of the essential public health functions

9. Resilience is a key health system attribute required to support the rapid response and scale-up of health services in the event of an acute public health event of potential international concern. From 1 July 2018 through 30 June 2019, 153 such events were reported in the Region of the Americas, according to the IHR progress report (14). In addition to the significant acute public health events that affected or had public health implications for States Parties and were reported to the 57th Directing Council, the Director-General of WHO declared on 30 January 2020 that the outbreak of the 2019 novel coronavirus (COVID-19) constituted a public health emergency of international concern, the highest level of emergency under the IHR. WHO has provided advice to countries and individuals on measures to protect health and prevent the spread of this outbreak, including disease surveillance and clinical approaches. As of 3 August 2020, 54 countries and territories have confirmed 9,741,727 cases of COVID-19 in the Americas, with 365,334 deaths. Detailed information on the COVID-19 pandemic in the Americas is provided in the PAHO/WHO Response Report 19 (15).

10. Countries have reported advances during the period in implementation of the 13 IHR core capacities, with the average regional scores close to or above 60%. The highest average score (76%) was recorded for IHR coordination and National IHR Focal Point functions. The average regional scores for the Americas related to 12 core capacities are above the global averages. However, the regional score for the health service provision core capacity is lower than the global average, and this is of concern for the resilience of health systems in the Region. It has obvious implications for the development of responsive and adaptive health services networks, with greater effort required to strengthen the service provision function in countries.

11. Countries are pursuing a more systemic approach to strengthening the national core capacities detailed in the IHR as part of a broader strategy to strengthen essential public health functions. In 2020, PAHO completed the development of a renewed conceptual framework for the essential public health functions in the Americas, with input from seven countries, 15 institutes and schools of public health, and public health experts (16). The renewed framework supports integration of the IHR as a component of national health governance and regulatory frameworks, fully embedded in national policy development and planning processes in health and human security.

Health information systems that support identification and isolation of public health risks and delivery of appropriate responses

12. Resilient health systems depend on formal and well-structured information systems for health as well as newer social digital platforms and technologies that support the real-time analysis of potential public health risks in a community. Despite developments in this area, surveillance capacity remains heterogenous throughout the Region, with Caribbean and Central American countries reporting lower IHR functional capacity in this area than countries in North and South America (14). In addition, evidence suggests that further capacity development is required to improve public health surveillance and risk analysis in vulnerable populations during processes of mass migration (17). PASB carried out regional, subregional, multi-country, and country capacity-building exercises to enhance public health preparedness, including but not limited to strengthening the early warning function of the surveillance system in countries (13).

13. PAHO developed and launched a new framework for information systems for health (IS4H) in the Americas.¹ Its purpose is to strengthen the organization of information systems and their capacity for the discovery, collection, analysis, interpretation, and modeling of health-related data to ensure more effective detection and characterization of incidents of public health concern. The 57th Directing Council adopted the Plan of Action for Strengthening Information Systems for Health 2019-2023 (18). The IS4H model is currently being implemented in 22 countries and is being used as reference by PAHO partners, including international financing agencies, as the preferred multisectoral approach to the development of structured and integrated information systems for health that will increase health systems resilience.

¹ More information is available at: <https://www.paho.org/ish/index.php/en/>.

Disaster and other risk reduction strategies

14. Countries reported advances in the adoption of action-oriented frameworks and strategies for disaster and risk reduction, contributing to health systems resilience. As of February 2020, 33 Member States and six territories were monitoring the Plan of Action for Disaster Risk Reduction 2016-2021 (19). Ten countries and territories have evaluated emergency and disaster risk in the health sector as a key element in strategic risk planning, and 18 countries and territories are updating their analysis of hazards, capacities, and vulnerabilities. In 33 countries the national policy for emergency and disaster risk management covers aspects related to risk reduction, preparedness, and response, while 26 countries have incorporated aspects of disaster recovery.

15. Efforts to improve capacity and resilience in health service delivery during disasters or emergencies are ongoing. The second version of the Hospital Safety Index was published in 2018, and 25 countries are applying its criteria in the evaluation of structural and nonstructural components, as well as hospital emergency and disaster management components. Seven Caribbean countries have included climate change considerations in their plans and programs aimed at reducing health risks in emergencies and disasters, and 23 additional countries are taking steps to address climate change through the planning, design, construction, and operation of health services. To improve the level of inclusion of persons with disabilities in disaster risk management, particularly in terms of hospital preparedness and response to emergencies and disasters, the INGRID-H methodology was developed. INGRID-H (Spanish acronym for Disability Inclusion in Hospital Disaster Risk Management) is being implemented in 23 hospitals in four countries (Chile, Ecuador, Mexico, and Peru).

Investing in health systems resilience, in particular through the organization of adaptive networks of health care institutions

16. Investment in health systems is central to achieving resilience. Investing in health systems preparedness is considerably more efficient than financing emergency responses when an event has happened. PASB has continued advocating for increased fiscal space for health as well as increased efficiency in the use and allocation of financial resources. During the period, 35 countries updated their health expenditure estimates in the WHO Global Health Expenditure Database, with specific interventions undertaken to improve health expenditure statistics in eight countries. Evidence from studies in 13 countries (20) highlighted opportunities to create fiscal space for health but showed that economic growth alone is not sufficient to produce the resources needed to achieve health goals. Additional financial resources for health can be generated through the formalization of economies, general taxation, and improvements in the efficient allocation and use of existing resources.

17. PASB has worked with international financing agencies and countries to assess health system readiness after the Zika and Ebola outbreaks, examining capacity in health services delivery, health workforce availability, health financing needs, and the adaptiveness of health services in the face of a disease outbreak. Building resilience

depends above all on investing in a network of health care services that are adaptive and responsive. The Region continues to make important strides in implementing integrated health service delivery networks and other interventions to increase the resolution capacity of the first level of care and the integration of priority programs in health care delivery. Twenty-four countries have invested in developing national capacities for the expansion of services through new legal frameworks, policies, and road maps; the redefinition and configuration of the structure and organization of services at municipal, departmental, and national levels; and human resources capacity building. In addition, Member States approved the Strategy and Plan of Action to Improve Quality of Care in Health Service Delivery 2020-2025 (21). Nonetheless, countries need to continue to invest in health systems based on primary health care and to strengthen the service provision function of the IHR, in particular the capacity of health services to rapidly adapt and respond to a public health event and or risk while maintaining essential health services.

Research on resilience and health system performance

18. There is growing research interest in assessing and measuring the capacity for resilience in health systems using an approach that is more standardized, with a view to determining critical and preparatory actions that can optimize systems' preparedness and readiness for external shocks while addressing public health risks. Research areas of interest include the analysis of vulnerabilities in core functions of the health system prior to a crisis and evaluation of the health system response after the crisis (or in the recovery period) (22). The Fourth Global Symposium on Health Systems Research, under the theme "Resilient and responsive health systems for a changing world," was held in Vancouver, Canada, in 2016, with participation from 16 countries in the Americas and the Director of PASB. In the Caribbean, work is under way to develop a multi-dimensional vulnerability index that examines the economic, social, and environmental resilience of countries to external and internal shocks (23).

19. PASB carried out a systematic review in 2018 of published articles on health systems resilience and crises impacting the health system, including disease outbreaks, social unrest and war, mass migration, and economic, environmental, or political upheaval. Of the 2,679 studies assessed, 38 met the criteria for inclusion. Results highlighted the need to *a*) distinguish between planned resilience (pre-existing plans for actions to minimize the impact of a crisis) and adaptive resilience (development of new capacities during and after the crisis); *b*) distinguish resilience capacity and preparedness according to the intensity (acute or prolonged) of the event; and *c*) understand better the key characteristics for health systems resilience corresponding to different events (24). The empirical literature suggests that preparedness and adaptiveness constitute the two most critical attributes of a resilient health system. Continuous investment and improvements in health systems performance and assessment build resilience, but research needs to place more emphasis on the resilience of health systems during sustained crises.

20. While health systems performance assessment continues to improve in the Region, there is a need to systematically incorporate health systems performance measurements, especially those that assess equity, access, adaptiveness, and responsiveness, within standardized household surveys and national census surveys. Data on the key health systems attributes that measure resilience directly or indirectly are often limited in countries and not standardized, particularly in lower-income countries. To support capacity development in this area, PASB has finalized a methodology for assessing health systems performance toward universal health, which was piloted during the period in four countries of the Region.

Action Needed to Improve the Situation

21. The COVID-19 pandemic is exposing structural deficiencies in health, social, and economic policies and sectors in the Americas. It is undermining the resilience of health systems and societies while intensifying the inequalities already present in the Region. Against this backdrop, there is a need to realign core societal values in favor of health and social development with economic development; to prioritize investment in health and in social cohesiveness, development, and protection; and to accelerate the transformation of health systems based on primary health care. In light of the progress reported and the challenges facing countries during the COVID-19 pandemic, steps should be taken to continue building resilient health systems along the lines set out in CD55/9 and other policy documents. The following actions are recommended:

- a) Elevate health as a priority essential to human security and as a driver of economic and social development. Accelerate the development of inclusive health, social protection, and economic development policies, strategies, and plans that support the progressive achievement of universal health based on primary health care, in line with the SDGs and the Sustainable Health Agenda for the Americas 2018-2030.
- b) Prioritize health sector reform processes in accordance with the Strategy for Universal Access to Health and Universal Health Coverage, based on the primary health care approach and addressing central issues of fragmentation, segmentation, inequities, and barriers to access, as well as health system responsiveness and adaptiveness.
- c) Intensify implementation of the IHR core capacities, in particular the health service provision function, integrated within a more systemic approach to strengthening the essential public health functions and risk reduction and mitigation.
- d) Strengthen information systems for health by evaluating maturity levels of current systems, implementing national development plans that apply standards of interoperability, and increasing the functional capacity of early warning surveillance systems.
- e) Continue to increase investment and public expenditure in health, assessing fiscal space for health and opportunities for improved efficiencies, promoting the

- development of responsive and adaptive health systems and services, and progressively eliminating out-of-pocket payments at the point of service.
- f) Continue to revise and update national plans for disaster and risk reduction strategies based on the continuous evaluation of response capacity, and invest in health services and facilities that are resilient in the event of natural disasters or public health events.
 - g) Promote increased research on health systems resilience, taking into consideration the national context and focusing on, among other priorities, health systems preparedness and adaptiveness in the face of a public health risk or event.
 - h) Increase investment in science, technology, and innovation to ensure equitable access to medicines and other health technologies.

Action by the Directing Council

22. Considering the extraordinary and unprecedented circumstances presented by the COVID-19 pandemic, and in accordance with Resolution CE166.R7, this report will be published for information purposes only, and will not be discussed by the Directing Council.

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