

# Learning from international health care system responses to COVID-19

This webinar will begin shortly

24 February 2022



This is a Zoom webinar so you will be automatically muted throughout.



Your camera will also be off throughout the webinar.



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**TACKLING CORONAVIRUS (COVID-19)**  
CONTRIBUTING TO A GLOBAL EFFORT

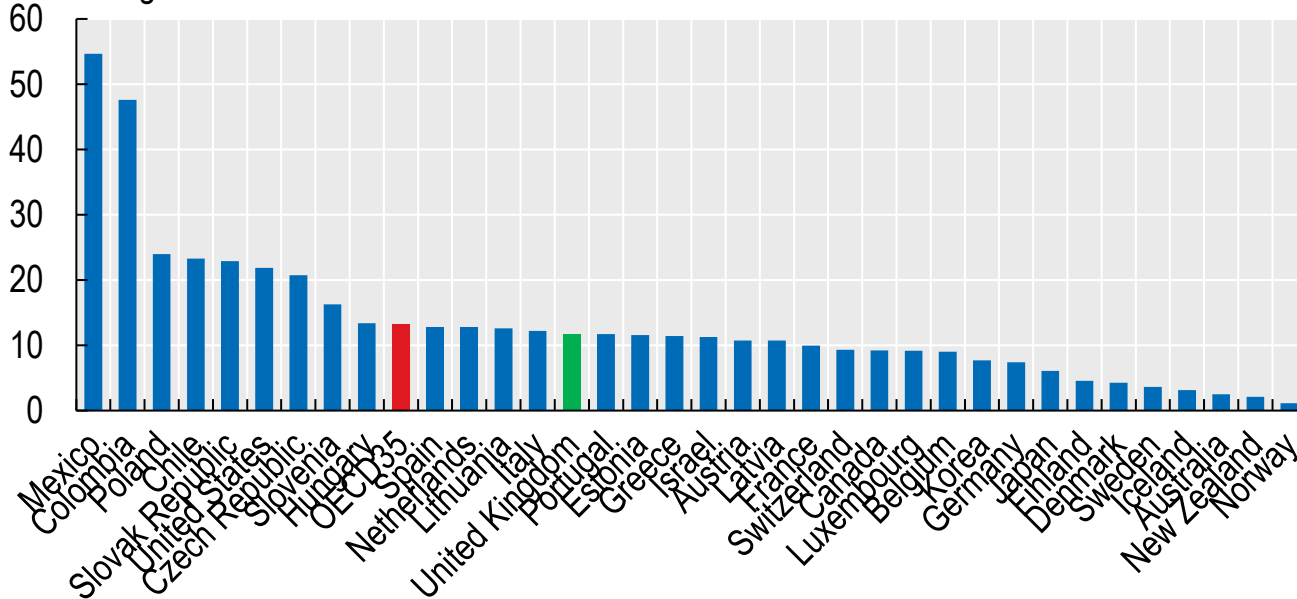
# IMPACT OF COVID-19: HOW RESILIENT HAVE OECD HEALTH SYSTEMS BEEN?

**Mark Pearson**  
Deputy Director  
OECD Directorate for Employment, Labour & Social Affairs

# COVID-19 has taken a massive toll on human life...

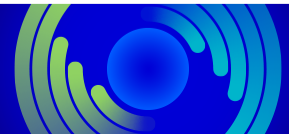
In 2020 and 2021, 13% more people died in OECD countries than expected

Percentage increase in total deaths in 2020 and 2021



- By mid-February 2022 more than 410m cases and 5.8m deaths globally
- In total across OECD, 3.5m more people died in 2020 and 2021 than expected
- Main peaks of excess mortality in Apr 2020 and Jan 2021

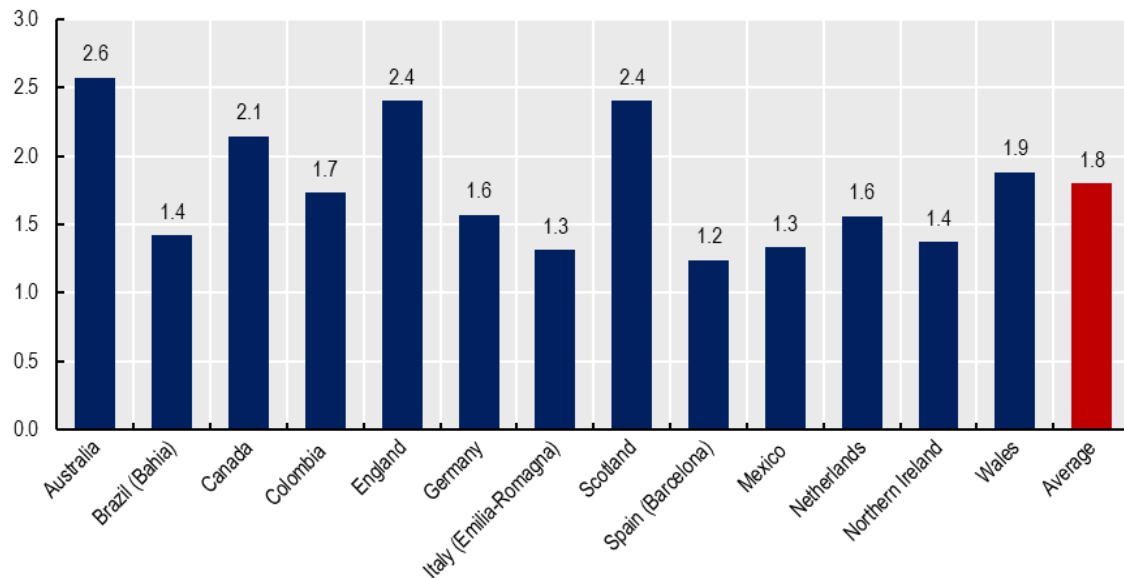
Note: No excess deaths data for Costa Rica, Ireland and Turkey. OECD average is weighted. Comparator years to calculate excess deaths are years 2015-2019.



# ... highlighting widespread inequalities...

People living in the most deprived areas have on average 80% higher risk of dying from COVID-19

Rate ratio for COVID-19 mortality

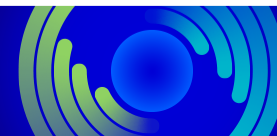


Inequalities in mortality are observed across several socio-economic and demographic markers

X 1.4 - 1.8 for low income groups

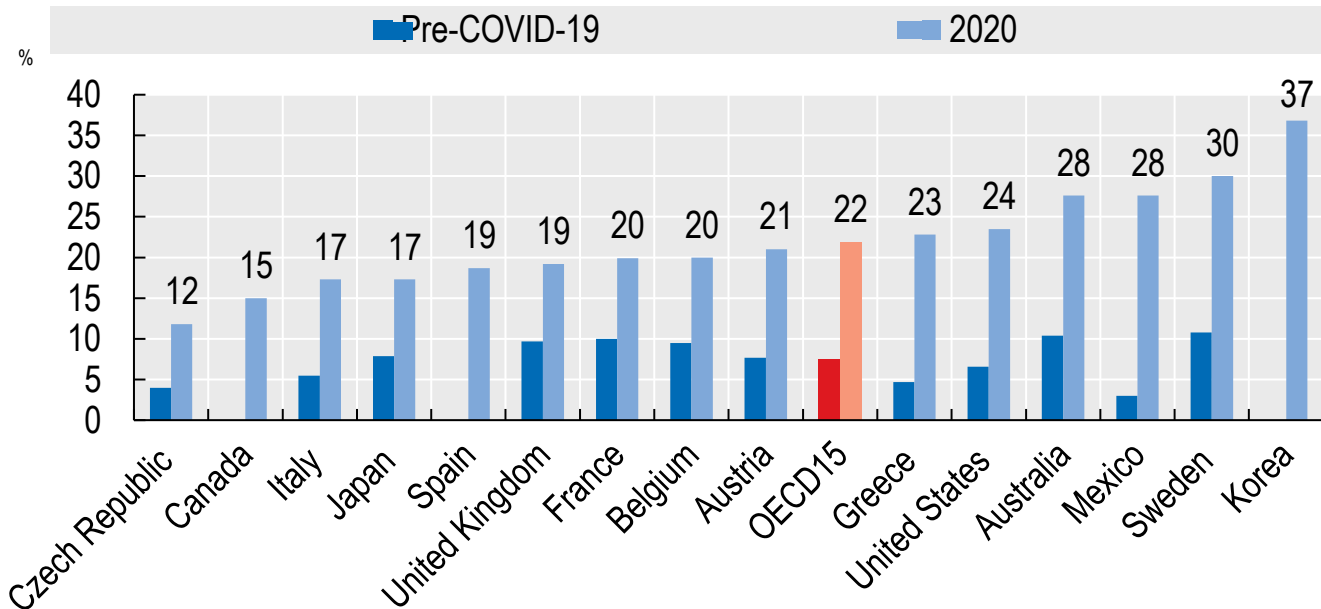
X 2.0 - 2.3 for Black and Hispanic people

X 1.1 - 2.2 for foreign-born population

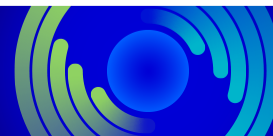


# ...and had a severe impact on mental health...

National estimates of prevalence of depression or symptoms of depression amongst adults pre-COVID-19 and 2020

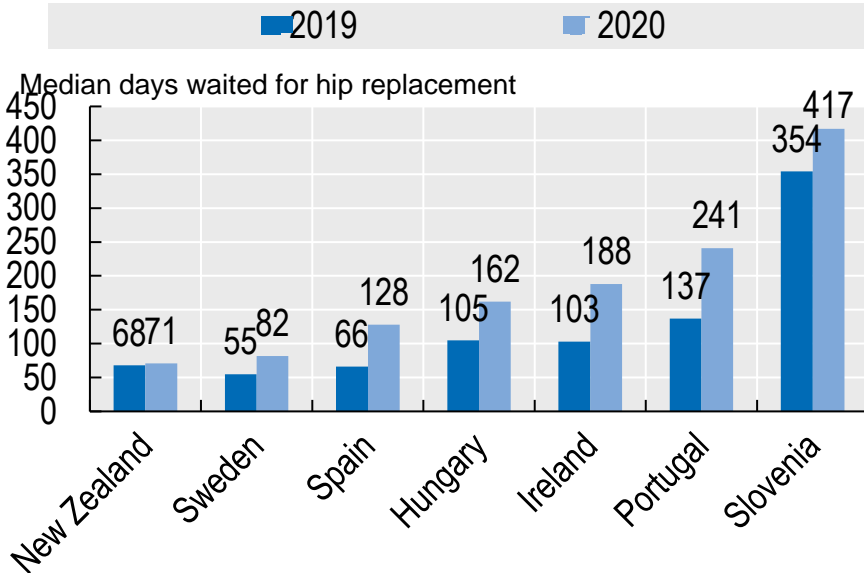


- Widespread increase of depression and anxiety with COVID-19
- Disadvantaged and young people particularly affected
- Mental health service disruption observed in many countries leading to unmet needs



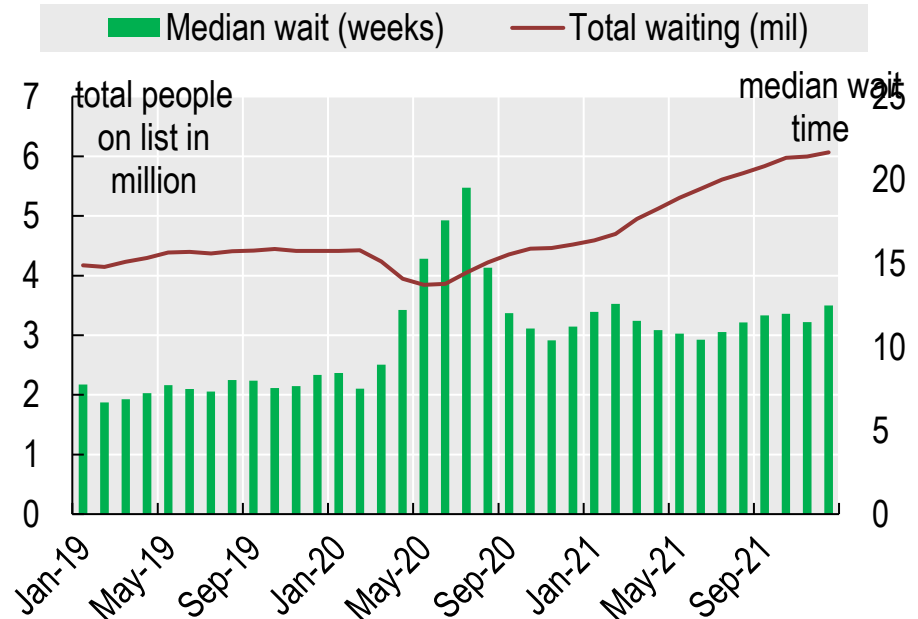
# ...while putting a strain on health systems

Waiting times increased in many OECD countries...

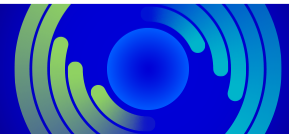


Source: OECD (2021), Health at a Glance

...including the UK (England), for elective treatment



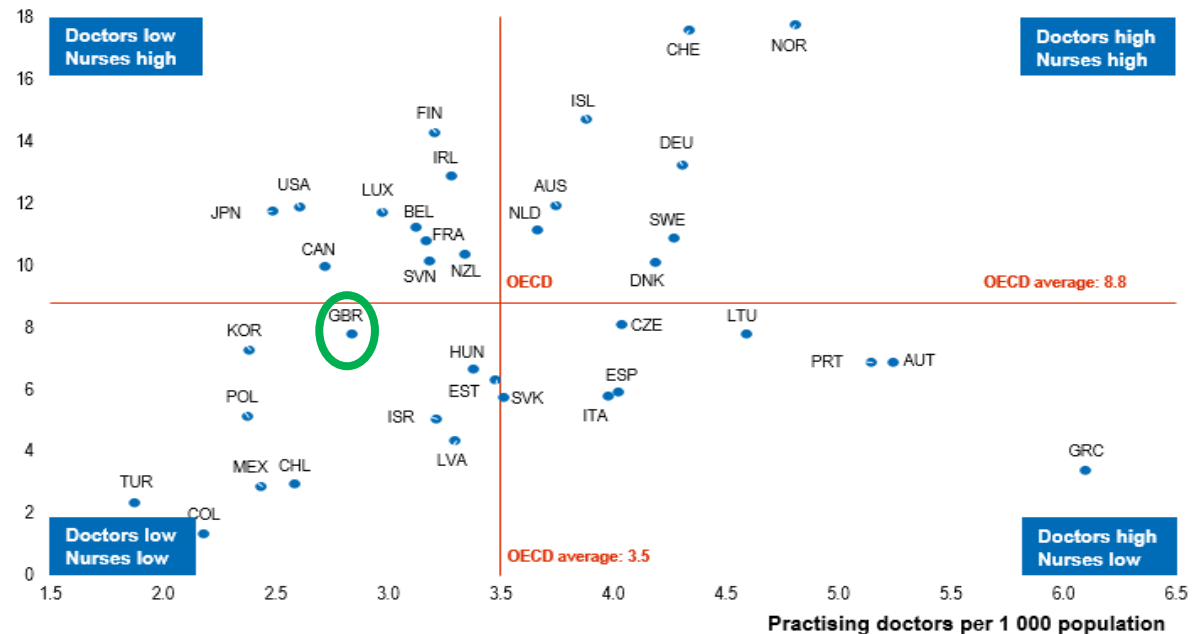
Source: NHS England and NHS Improvement (2022): monthly RTT data collection



# Workforce shortages are key barrier to the health system response to the pandemic

## Density of practicing nurses and doctors in OECD countries, 2019

Practising nurses per 1 000 population

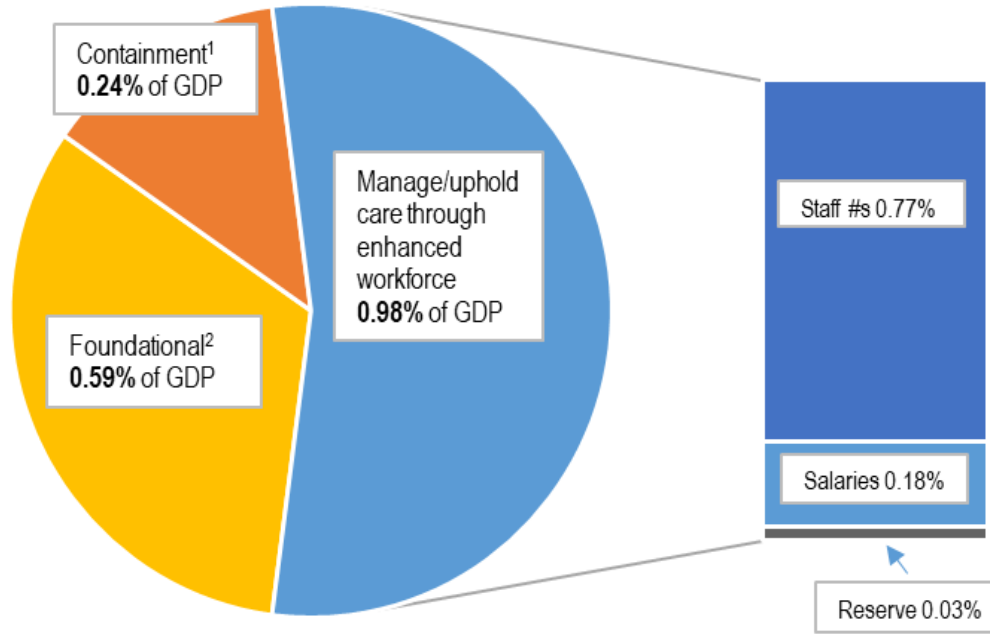


- UK generally has fewer health workers than many other OECD countries
- Increase in number of doctors over last 20 years in UK more pronounced than across OECD but level still below average
- Number of nurses in UK stagnated
- Lack of investment in training main reason for workforce shortage in UK
- Growing concerns about retention rates

Note: In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large over-estimation of practicing doctors (e.g. around 30% in Portugal). In Greece and Austria, the number of nurses is underestimated as it only includes those working in hospitals.

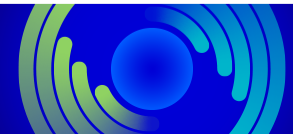
Source: OECD Health Statistics 2021 (data refer to 2019 or nearest year)

# To make health systems more resilient countries will need to invest an extra ~1.5% of GDP



- **Benchmarking analysis to estimate additional health workers, higher salaries & medical reserve needed (figures are OECD averages)**
- **Part of broader investment package to boost health system resilience**

<sup>1</sup> infection control, testing, vaccination. <sup>2</sup> prevention, core equipment, HIS





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**THANK YOU**

✉ [Mark.PEARSON@oecd.org](mailto:Mark.PEARSON@oecd.org)

# Strengthening Health Systems Resilience Lessons for *'Building back better'*



**Josep Figueras**  
24th February 2022

European  
**Observatory**   
on Health Systems and Policies

a partnership hosted by WHO



# Strengthening Health Systems Resilience Lessons from COVID-19 to build back better

COVID-19 Health System Response Monitor (HSRM)



- COVID-19 **only one shock** like many past or future ones...
- **Uncovered** structural / chronic **vulnerabilities** of the health system
- Twenty **key health system strategies** to strengthen resilience
- How do we **harness innovation**



# Leadership and Governance (1-9) were essential to an Effective Response

1. Steering the response through effective **political leadership**

2. Delivering a **clear and timely** COVID-19 response **strategy**

3. **Strengthening** monitoring, surveillance, and early warning systems

4. **Transferring** the best available **evidence** from research and policy

5. **Coordinating** effectively within (**horizontally**) and across (**vertically**) levels of government

6. Ensuring **transparency**, legitimacy and **accountability**

7. **Communicating** clearly and transparently with the population and relevant stakeholders

8. **Involving** non-governmental **stakeholders** including the workforce, civil society & communities

9. **Coordinating** the COVID-19 response **beyond** the **national borders**



# Increasing, Reskilling and Supporting the Health Workforce (13,14,15)

Scaling-up existing Capacity and Recruiting (13)

- Expanding existing workforce capacity
- Bringing in new or inactive workers
- Redeploy to areas with greatest need

Implementing effective and flexible skill mix in the workforce (14)

- Taking on new tasks
- Task shifting
- Reskilling to work in different roles
- Introducing multiprofessional teams
- Reskill to use digital technologies

Ensure physical, mental and Financial Support (15)

- Protect physical health
- Protecting mental health and wellbeing
- Financial compensation



# Essential role of public health (16,17,18) PHC and Social Services to protect Specialist Care

**Reducing transmission**



- Non-pharmaceutical interventions (NPIs)
- Find, Test, Trace, Isolate, Support (FTTIS)
- COVID-19 Vaccination

- Routine vaccination
- Screening
- Check-ups



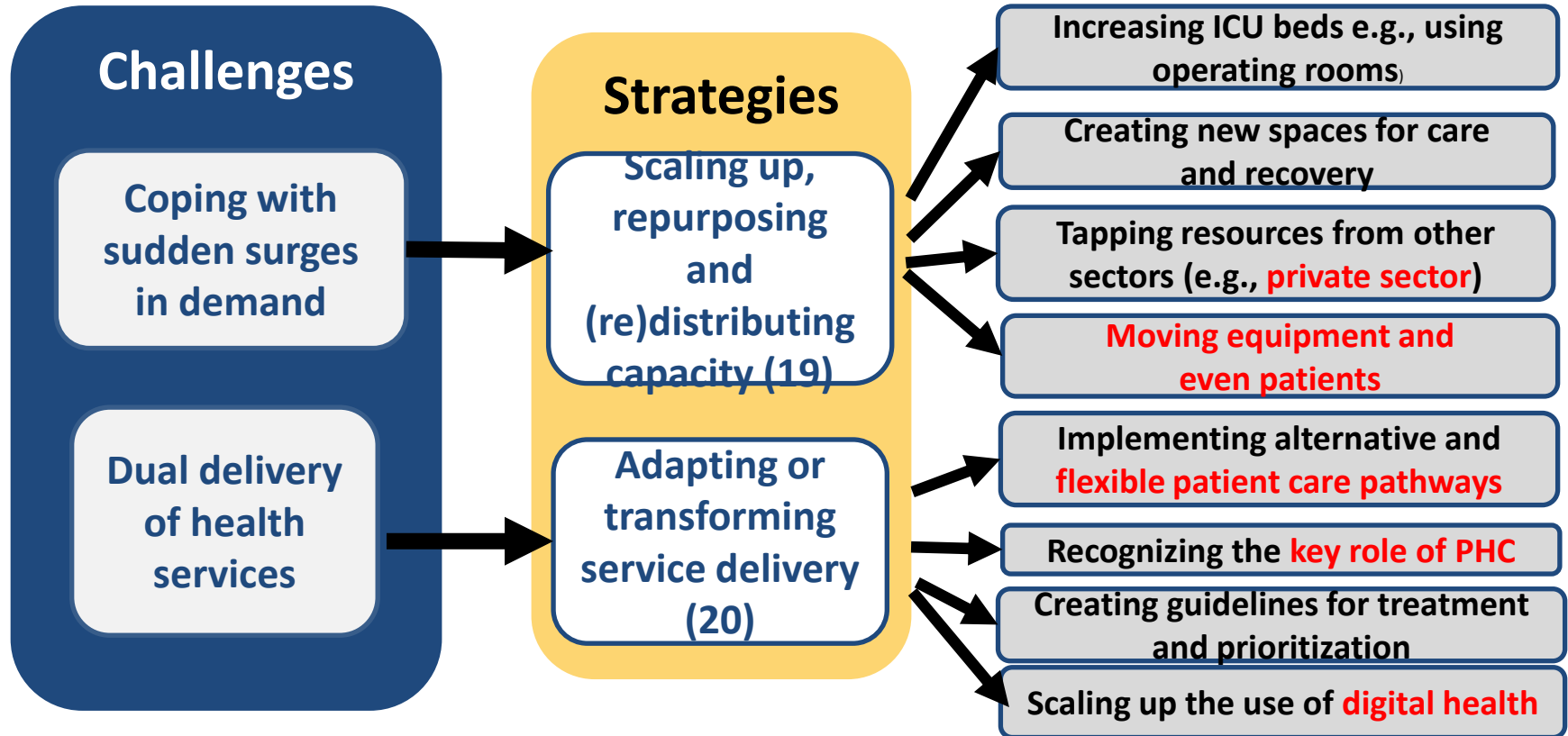
**Maintaining preventive services**

**+ treating mild COVID-19 cases**



# Transforming Service Delivery

## Challenges & Responses (19 & 20)

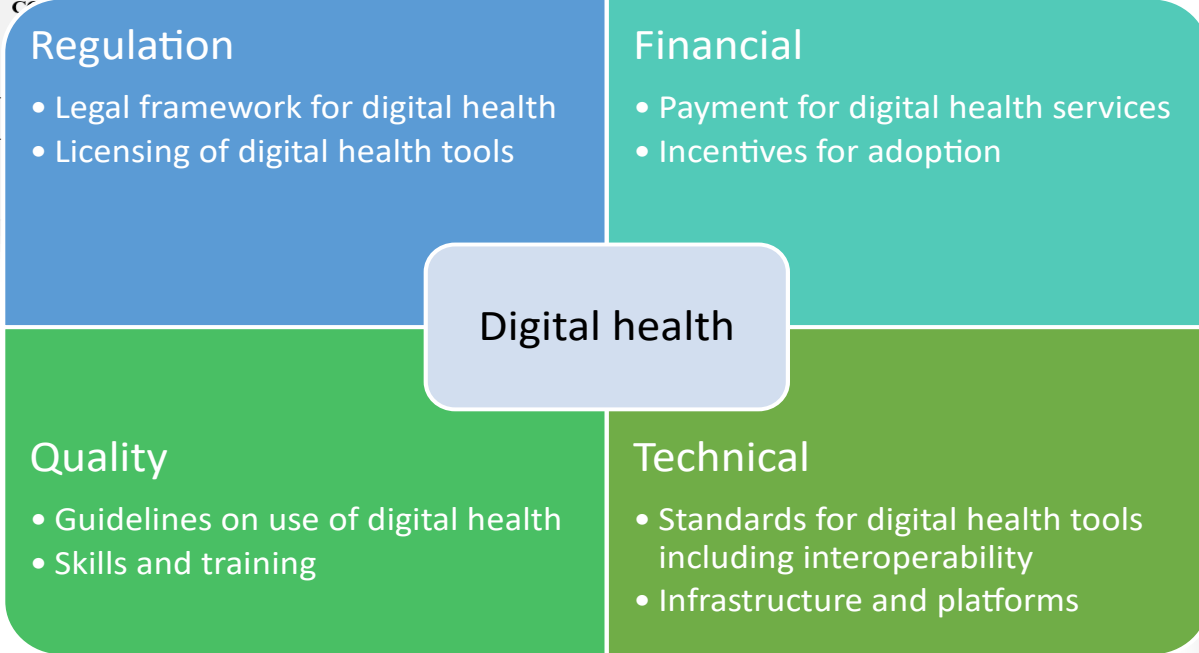




# Adapting or transforming service delivery (20)

## Scaling up the use of Digital Health

Area of application	Digital technology	Examples of countries
Remote management of	Videoconferencing; virtual care or telemedicine platforms;	France, Iceland, Italy,





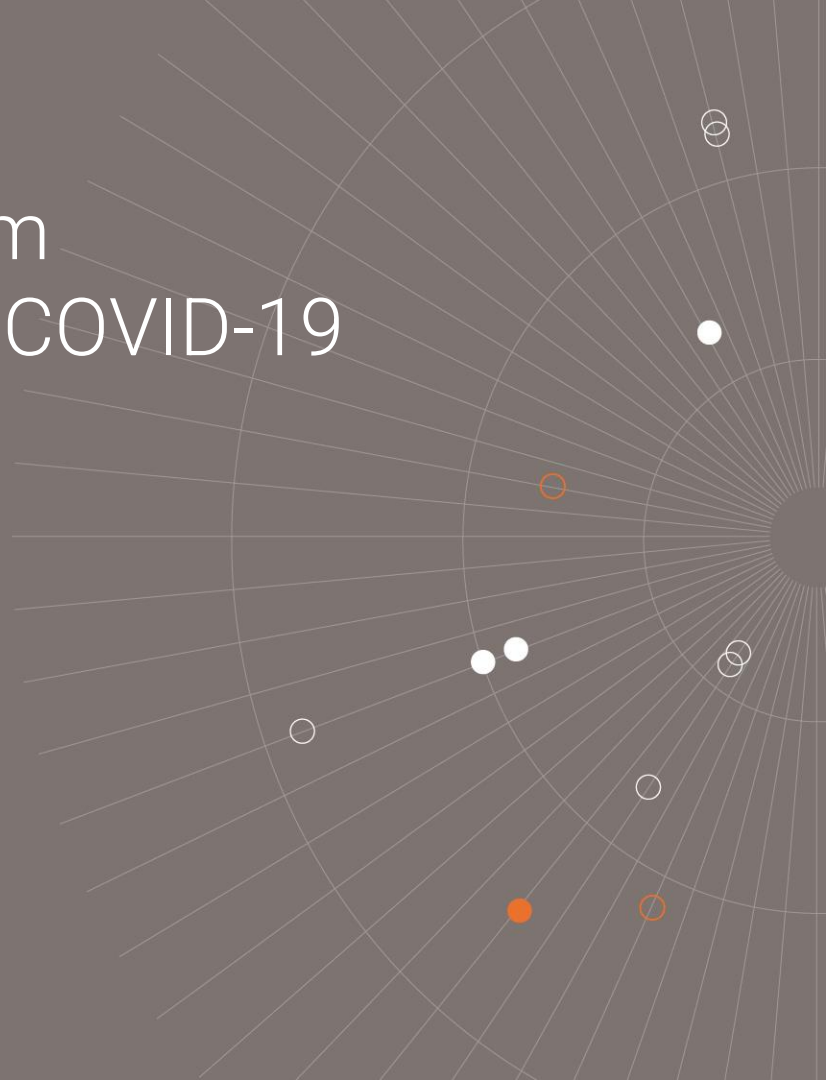
# Health Care Delivery System Adaptation in Response to COVID-19

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## International Lessons Learned

February 24, 2022

Caroline Pearson



## Research Overview

**Context:** The speed, scope, and duration of the COVID-19 pandemic has challenged health care delivery systems around the world

**Summary:** NORC's research examined how international delivery systems adapted to the pandemic and identified lessons learned for the U.S.

### **Approach:**

- Convene an advisory board of U.S. experts to inform priority research topics and countries
- Interview international experts in five countries to understand COVID-19 delivery system response
- Assess relevance of international innovations for the U.S.

### **Funding from The Commonwealth Fund**

## Explored Lessons Learned from Five Countries

NORC reviewed literature and conducted in-depth interviews of health system and government leaders in five countries

### United States

Population: 331M  
Cases per 1M: 102,024  
Deaths per 1M: 1,831



### Australia

Population: 25.5M  
Cases per 1M: 1,211  
Deaths per 1M: 36



### Finland

Population: 5.5M  
Cases per 1M: 17,515  
Deaths per 1M: 176



### Germany

Population: 83.8M  
Cases per 1M: 44,645  
Deaths per 1M: 1,087



### Singapore

Population: 5.9M  
Cases per 1M: 10,709  
Deaths per 1M: 6

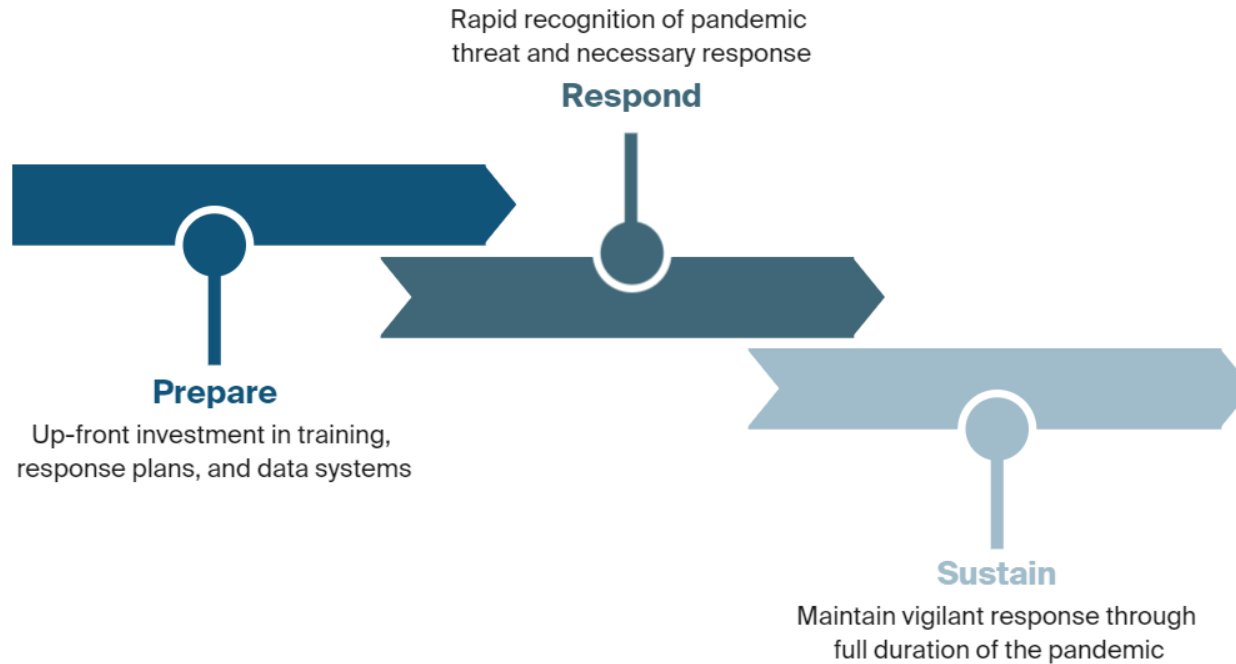


### South Korea

Population: 51.3M  
Cases per 1M: 3,199  
Deaths per 1M: 6



# Phases of Pandemic Response



# Key Areas of Delivery Innovation

## Staffing

- Maintain adequate staffing during COVID-19 surges
- Manage stress and burnout among staff
- Provide financial incentives for staff work

## Access To Care

- Maintain ongoing access to non-COVID-19 care
- Develop triage protocols to limit risk of in-person care
- Expand telehealth eligibility to reduce in-person care

## Decision Making

- Coordinate between federal and state governments
- Coordinate between public and private entities
- Use adaptive management approaches to speed decision making

## Data

- Use data systems to share information and manage COVID-19 resources
- Monitor local area risk and manage health care triage

## Communication

- Deliver consistent, uniform, messages to avoid confusion and conflict
- Educate patients on COVID-19 risk and staying healthy
- Increase communication between local providers and government officials

# Thank you.

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 Research You Can Trust™

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 **NORC** at the  
University of  
Chicago

# Stay in touch

- Read a collection of our work looking at responding to COVID-19:  
<https://www.health.org.uk/what-we-do/responding-to-covid-19>
- Sign up to receive webinar updates here:  
<https://www.health.org.uk/form/webinar-updates>
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Thank you

