



CONCEPT NOTE FOR PLENARY SESSION 5

14th Priorities 2024 Conference

Plenary Session 5

The 14th Priorities Conference
Millennium Hilton
Bangkok, Thailand

Title: Navigating health systems during a crisis for effective preparation, response, and resilience

Date: 10 May 2024

Time: 10:30 – 11:45 am

Session coordinators: Aye Nandar Myint, Evan Huang-Ku, Piyada Gaewkhiew

Background:

The COVID-19 pandemic clearly highlighted, again, the urgent need to develop resilient health systems that are better prepared for epidemics. Millions of people died from COVID-19 itself, but almost three times as many people died from disruptions in their health systems.

Outbreaks, epidemics/pandemics, and humanitarian crises have a disproportionate impact in countries where health systems infrastructure, staffing and funding are insufficient, and which are already functioning close to the capacity limit at baseline. These systems, often catering to the most vulnerable, are rarely able to cope with additional demands and shocks. This was clearly evident during the Ebola outbreak in 2013 – 2016. Much discussion ensued regarding the need for more global solidarity, and the need to heed the lessons learned from Ebola to improve outbreak preparedness at the global level, as highlighted by Dzau and Sands in 2016:

*“With the immediate crisis over, the world’s attention has moved on. Ebola has vanished from the headlines and seemingly from policymakers’ to-do lists.... Yet it would be a huge mistake to turn away and declare the war over.... There will undoubtedly be new outbreaks; the only question is how well they will be contained.”*¹

As we know, these words soon turned prophetic, as the world was not prepared for the COVID-19 pandemic. Rich and poor countries all floundered and global inequities deepened. The same systemic weaknesses that were laid bare in Ebola, including lack of investment in health systems strengthening, insufficient technical capacity, neglect of the importance of community engagement, and lack of clear global leadership, solidarity and accountability were all still evident during COVID-19, and contributed to the inadequacy of local and global responses. Indeed, as starkly put by Dr Tedros during the pandemic:

¹ Victor j. Dzau & Peter sands, NEJM, 2016
(<https://www.nejm.org/doi/full/10.1056/NEJMp1605847>)

“The greatest threat we face now is not the virus itself, it’s the lack of global solidarity and global leadership.”²

The recent surge in the number and intensity of extreme weather conditions and conflicts, exacerbated by the risks superimposed by climate change, mass displacement and antimicrobial resistance, is concerning. The time is now for tangible steps to be taken to strengthen resilience of health systems everywhere.

This plenary will focus on the need to develop health systems resilience, starting with discussion of potential definitions and how resilience can be measured and identified. Much discussion around resilience has centered on “building back better” after a crisis, which, although necessary, is often too late or does not happen. Many issues that arise in a crisis cannot be anticipated, therefore it is important that health systems develop processes to enhance resilience during the various potential forms of crisis (acute short, acute long, acute repeated, chronic, chronic system dysfunction). This requires responsiveness, communication, flexibility, transparency and accountability especially among the leadership. Strategies to enhance resilience during a crisis, including potential interventions to strengthen health systems, and requirements for optimal leadership during crises will be discussed.

Research is important during and after a crisis to improve knowledge and build resilience at all levels across the health system. The value of implementation research during a crisis will be discussed, including the importance of data collection and data interpretation, the potential utility of artificial intelligence to enhance resilience, and development and testing of strategies to improve communication and data quality, improve procurement and distribution capacity, quality of care, support the healthcare work force, and ultimately to mitigate the impact of a crisis.

Given the lack of action taken to strengthen health systems after Ebola, and the almost inevitability of a future outbreak or pandemic, there is a moral and ethical imperative for health systems everywhere to become more resilient now. This imperative will be discussed within the framework of public health ethics, focusing on justice/equity in decision making and priority setting during a crisis, and identifying where the loci of responsibility lie across the spectrum of stakeholders who can contribute to efforts to reduce the risks (e.g. mitigating climate change, enhancing global solidarity) and to strengthen resilience during outbreaks. Examples will be given highlight dilemmas of priority setting during a crisis, especially when health systems are not resilient at country level and from the perspective certain highly vulnerable groups with urgent but expensive and logistically challenging demands such as dialysis.

Aim:

- To provide empirical evidence to approaches to prepare, response and ensure health system resilience during humanitarian crises.

² Tedros Adhanom Ghebreyesus, the director-general of the World Health Organization (WHO)

Objectives:

- Discuss the concept(s) of resilience in health emergencies, what are the components, how can this be monitored/assessed
- Use examples to highlight logistical and ethical challenges to enhancing/achieving resilience during emergencies
- Importance of data collection, research, communication, ongoing monitoring and evaluation to enhance resilience before, during and after an emergency

Expected outputs:

- Developing a comprehensive approach, we aim to establish a set of guiding principles and a framework for action to navigate health systems effectively during a crisis. This initiative encompasses various elements, spanning from innovative solutions and data simulation to generate real-time evidence in crisis settings, to considerations such as healthcare prioritization, ethical issues, leadership, and funding. The goal is to ensure effective preparation, response, and resilience, fostering sustainable healthcare operations in crisis settings.
- The expected outcome is to develop proceedings or a comprehensive report stemming from the presentations and discussions held during the plenary session.

Format:

The plenary session will follow the format of a presentation featuring case examples, followed by an open discussion, concluding with the closure of the session.

Agenda for Plenary Session 5 on May 9, 2024: 10:30 – 11:45 AM

Time	Particular	Person (s) responsible
10:30-10:35 AM	Introduction of presenters/panel	Prof Wee Hwee Lin
10:35-10:50 AM	Approaches to facilitate timely and equitable global access to quality, safe effective and affordable medical countermeasures against pandemic threats	Mr. John Lee
10:50-11:05 AM	Principles and values in public health, how these apply in emergencies and for resilience	Dr. Valerie Ann Luyckx
11:05 -11:15 AM	The disconnect between Humanitarian and Development efforts in the face of protracted crisis: missed opportunities for health system resilience and sustainability	Dr. Wahid Majrooh (recorded zoom video)
11:15 -11:30 AM		

11:30 – 11:45 AM	Moderated discussion	All
11:40 -11:45 AM	Concluding remarks	Prof Wee Hwee Lin

Discussion points:

Mr. John Lee

- As the COVID-19 pandemic and large-scale outbreaks continues to remind us, these events can claim millions of lives, disrupt societies and devastate economies. The future risk of pandemic emergence is real, considering the increasing number of high-threat infectious hazards.
- Discuss increasing number of diverse partners, including networks and new initiatives formed during COVID-19, shaping a complex and evolving landscape.
- Collective global coordination efforts in this ecosystem are essential for the world to be better prepared for a new pandemic threat.

Dr. Valerie Ann Luyckx

- Discuss ethics principles and values in public health, how these apply in emergencies and for resilience.
- Example of highly vulnerable group often overlooked even at baseline – recent experiences with kidney care/dialysis in Ukraine, Sudan, Turkey, Syria, Gaza – highlight how differently the world approached these issues during the crisis, need for considered approach to improving resilience in the 5 possible types of shocks
- Major concern about priority setting and protecting the most vulnerable...often in opposition to each other (e.g. Gaza, prioritizing water, and feed vs. dialysis supplies). “Triage” has been thought of with people acutely dying, but very hard when people will be “chronically” dying – i.e. sick but stable and not imminently dying before a disaster, then treatment cut off during a disaster, so death will be inevitable in days to weeks unless treatment is restored...a sword of Damocles.

Dr. Wahid Majrooh


- The disconnect between Humanitarian and Development efforts in the face of protracted crisis: missed opportunities for health system resilience and sustainability.
- Discuss experience/examples of leadership for resilience and sustainability in (chronic) crises.

Speakers:

1) Mr. John Lee	
	Mr. John Lee as a Technical Officer within the High Impact Events Unit of the Epidemic and Pandemic Preparedness and Prevention Department at the WHO Health Emergencies Programme, bringing expertise in medical technology and biotechnology commercialisation. Beginning his WHO journey in 2022, Mr. Lee played a pivotal role in advancing the organization's community-centred epidemic and pandemic platform, Hive. Since 2023, he has been integral in developing a coordination mechanism aimed at ensuring timely and equitable global access to high-quality, safe, effective, and affordable medical countermeasures against pandemic threats
2) Dr. Valerie Ann Luyckx	
	Dr. Valerie Ann Luyckx obtained her MBBCh from the University of the Witwatersrand, South Africa. She trained in Internal Medicine at the University of Miami and in Nephrology at Harvard Medical School. Her research activities include the challenges of justice, ethics and moral distress relating to resource allocation and the prevention and management of kidney disease and in resource limited regions. She is an active advocate for prevention of non-communicable diseases, especially kidney health, with the goal of supporting equity, local expertise, and fair priority setting for quality kidney care in resource limited settings. She is actively involved in international efforts to support kidney care in Disasters/Emergencies.
3) Dr. Wahid Majrooh	
	Dr. Wahid Majrooh is the former/last Minister of Health of the Islamic Republic of Afghanistan, he previously served as Deputy Minister for Healthcare Service Delivery, Senior International Relations Advisor and Technical Advisor to the Health Minister. Dr. Wahid Majrooh is a Medical Doctor by profession with two master's Degrees in Global Health Policy and Political Science and 15 years of experience in different capacities with national and international institutions. He currently sits on the WHO's Executive Board. As part of his recent initiatives, Dr. Majrooh founded and leads a Geneva-based Organization – Afghanistan Center for Health and Peace Studies (ACHPS).
Mr. Chris Potranandana	
	Founder of Zen-Dai foundation, Member of Parliament Committee on expressway and Bangkok Transit System (BTS) concession extension, 2018 Co-founded Future Forward Party, Assistant Researcher at King Prajadhipok's Institute

--	--

Moderator:

Dr. Wee Hwee Lin	
	<p>Dr. Wee Hwee Lin is Associate Professor at the Saw Swee Hock School of Public Health (SSHSPH), National University of Singapore. Dr Wee spends her time thinking about how health services may be redesigned to maximise the value that they provide to patients and the health system. Her research has been used to inform policy making in Singapore and Thailand. She has written articles for or been interviewed by the major news channels in Singapore (Straits Time, TODAY and Channel News Asia). She has also represented Singapore in several international professional organizations, including the ISPOR Health Science Policy Council.</p>

Related materials:

- Fukushima after the Great East Japan Earthquake: lessons for developing responsive and resilient health systems. <https://doi.org/10.7189%2Fjogh.07.010501>
- Guidance for Health Care Leaders During the Recovery Stage of the COVID-19 Pandemic: A Consensus Statement. <https://doi.org/10.1001/jamanetworkopen.2021.20295>
- Health system resilience: a critical review and reconceptualization. [https://doi.org/10.1016/S2214-109X\(23\)00279-6](https://doi.org/10.1016/S2214-109X(23)00279-6)
- Health system resilience: a critical review and reconceptualization. [https://doi.org/10.1016/S2214-109X\(23\)00279-6](https://doi.org/10.1016/S2214-109X(23)00279-6)
- Shifting the paradigm: using disease outbreaks to build resilient health systems. <https://doi.org/10.1136%2Fbmjgh-2020-002499>