Health system resilience testing in action - experiences from piloting a new tool in Finland

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Bio: Soila Karreinen

- **MD**, specialist in General Practice and Public Health Medicine
  - Former chief physician in primary care
- **Doctoral Researcher** in Tampere University, Faculty of Social Sciences
- Topics of interest:
  - change and **leadership** in (primary) social and healthcare
  - **resilience** in healthcare
- Part-time coach:
  - Lean, Solution-focused, and Nonviolent Communication approaches

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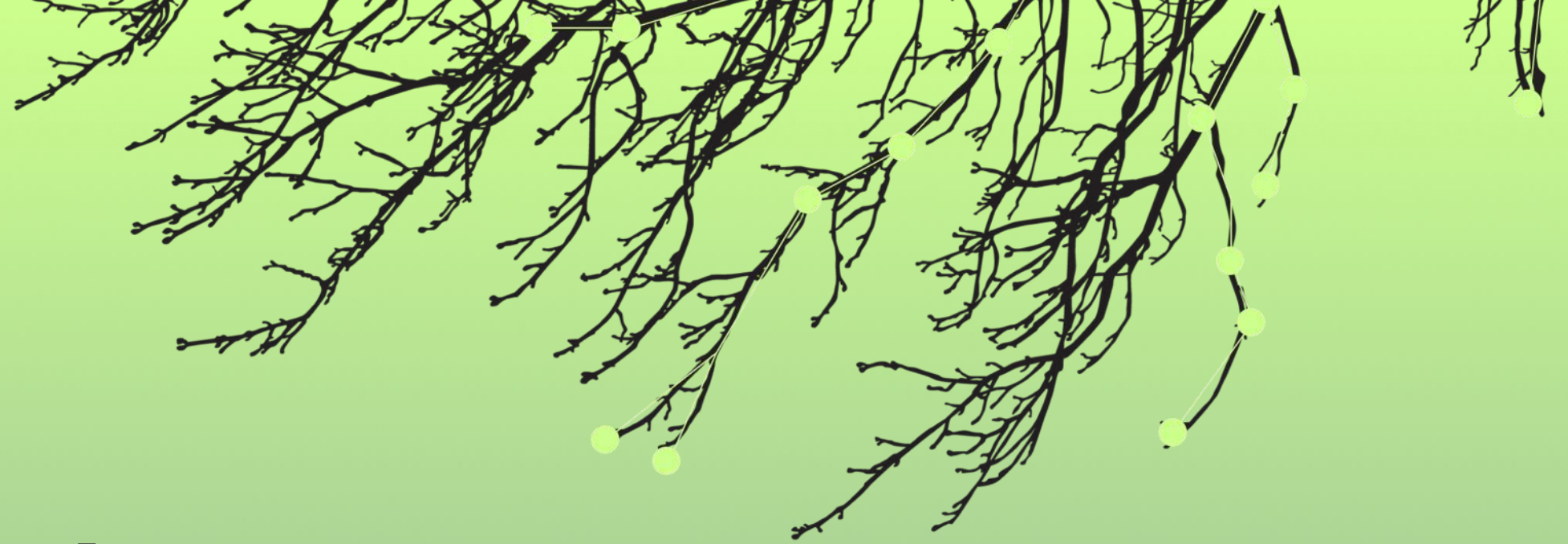
Photo: Sampo Herranen



Objective

To promote understanding of health system resilience testing.

To introduce the resilience testing pilot in Finland.

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In this presentation

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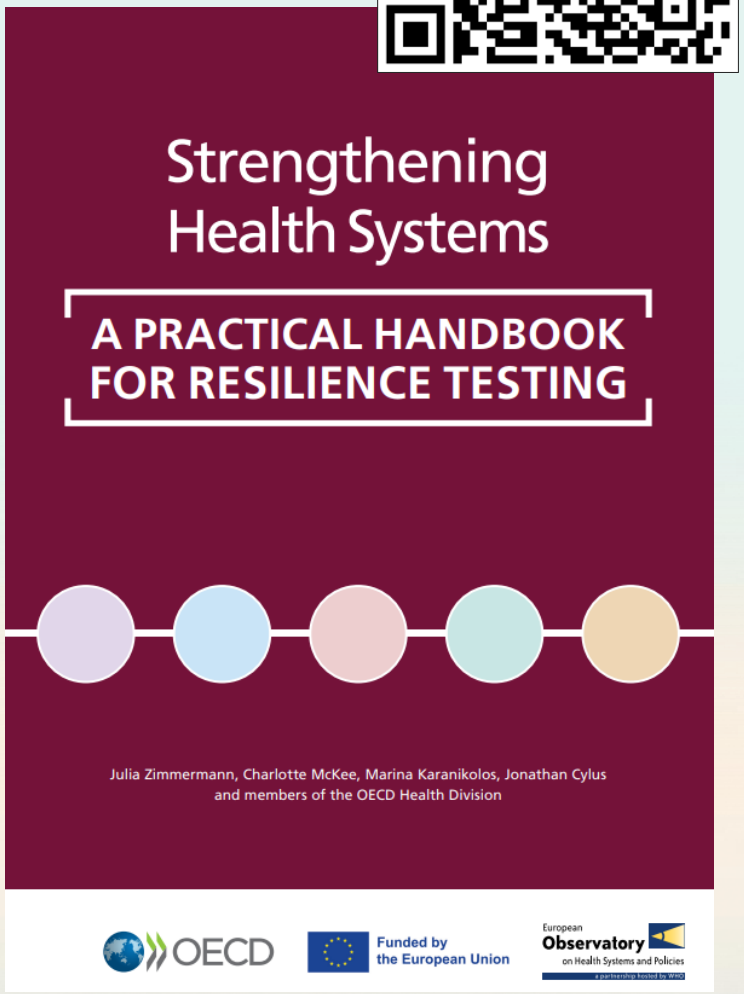
The resilience testing tool

- System-wide approaches to preparing for and managing the multiple shocks and stresses towards health systems are needed.
- The tool was developed by the European **Observatory** on Health Systems and Policies & the Organisation for Economic Co-operation and Development (**OECD**).
- The tool was piloted and further developed prior to publication.



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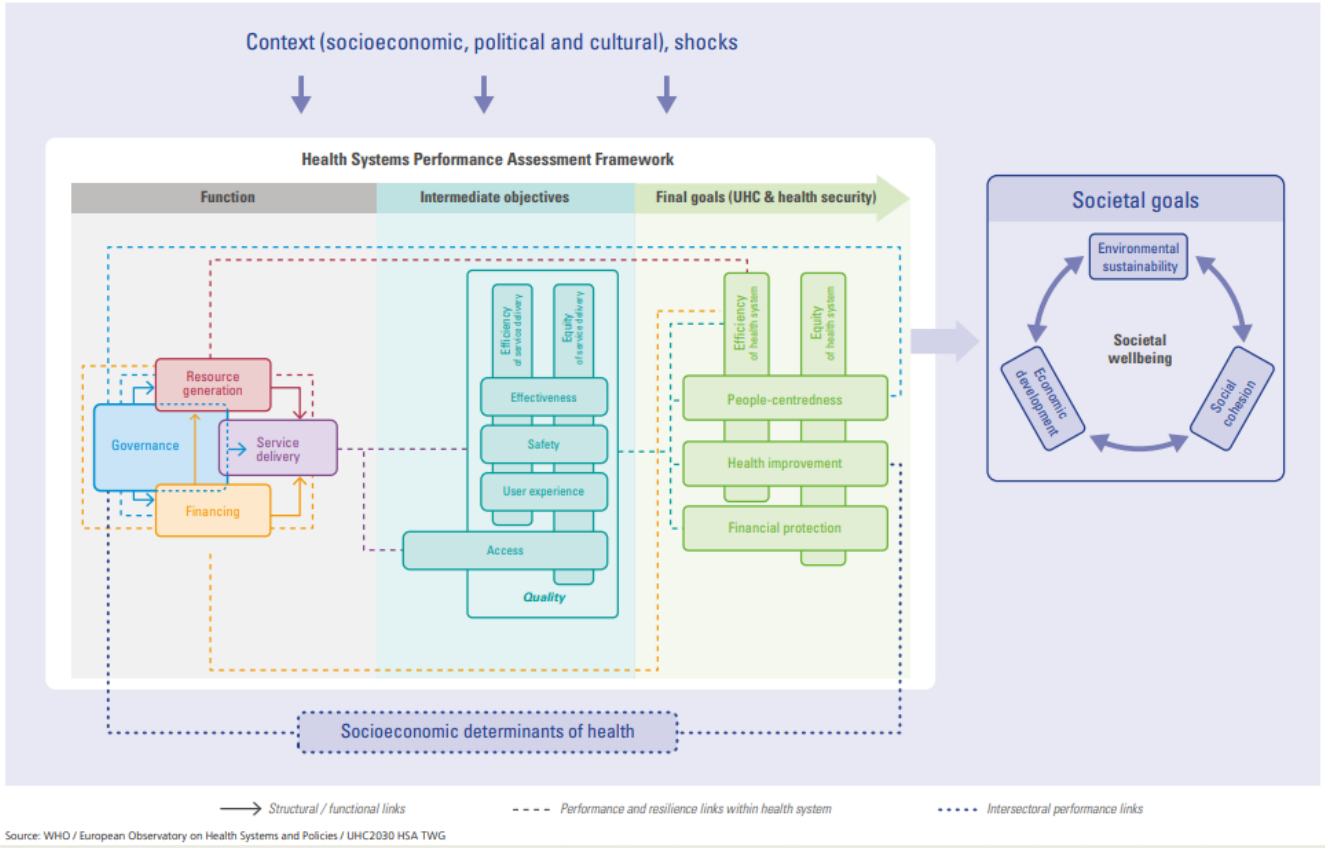
Health Systems Performance Assessment (HSPA) Framework

Figure 2.2.1 HSPA Framework



Source: WHO / European Observatory on Health Systems and Policies / UHC2030 HSA TWG

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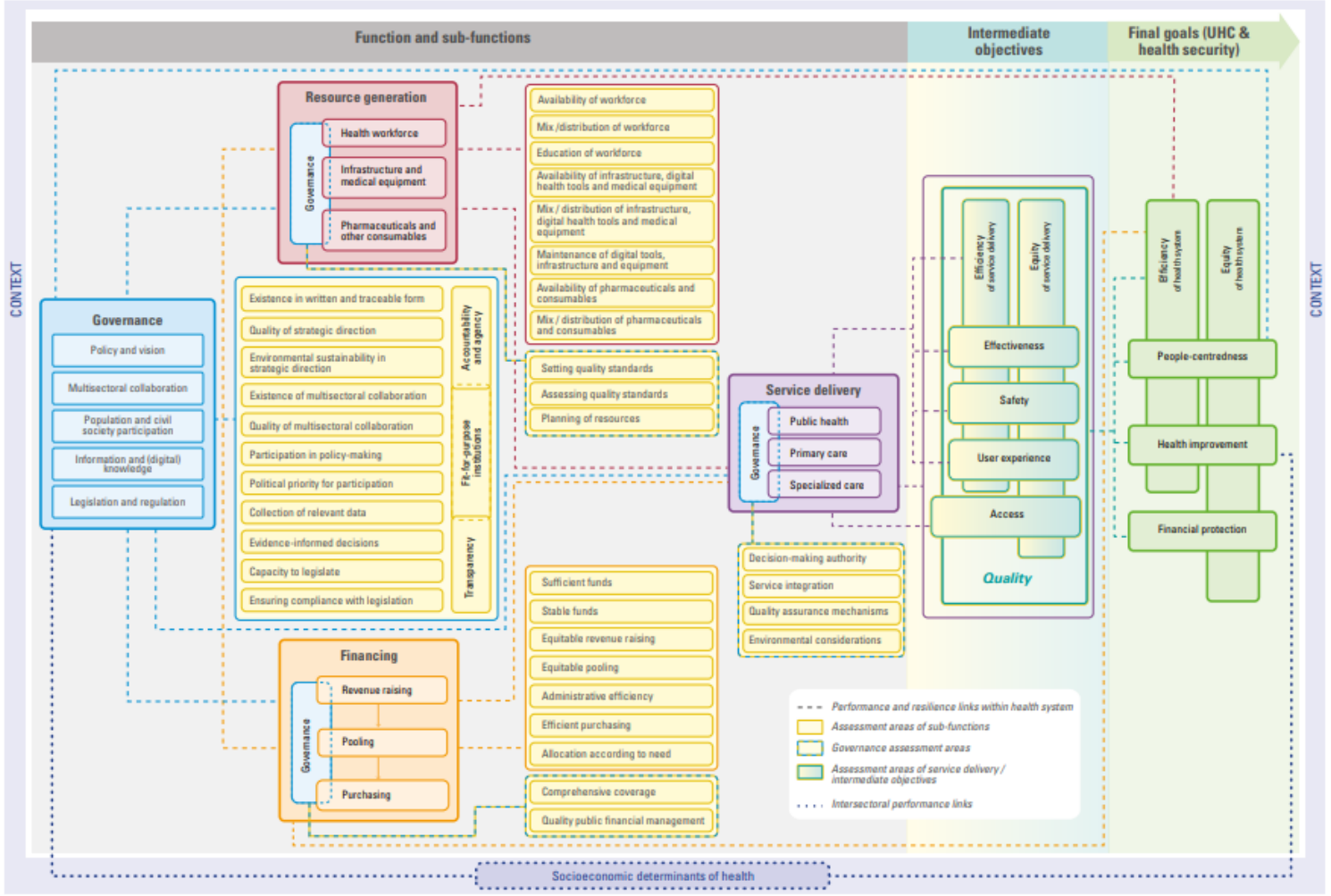
Health Systems Performance Assessment (HSPA) Framework

Figure 2.2.2 HSPA Framework including assessment areas



Source: WHO / European Observatory on Health Systems and Policies / UHC2030 HSA TWG

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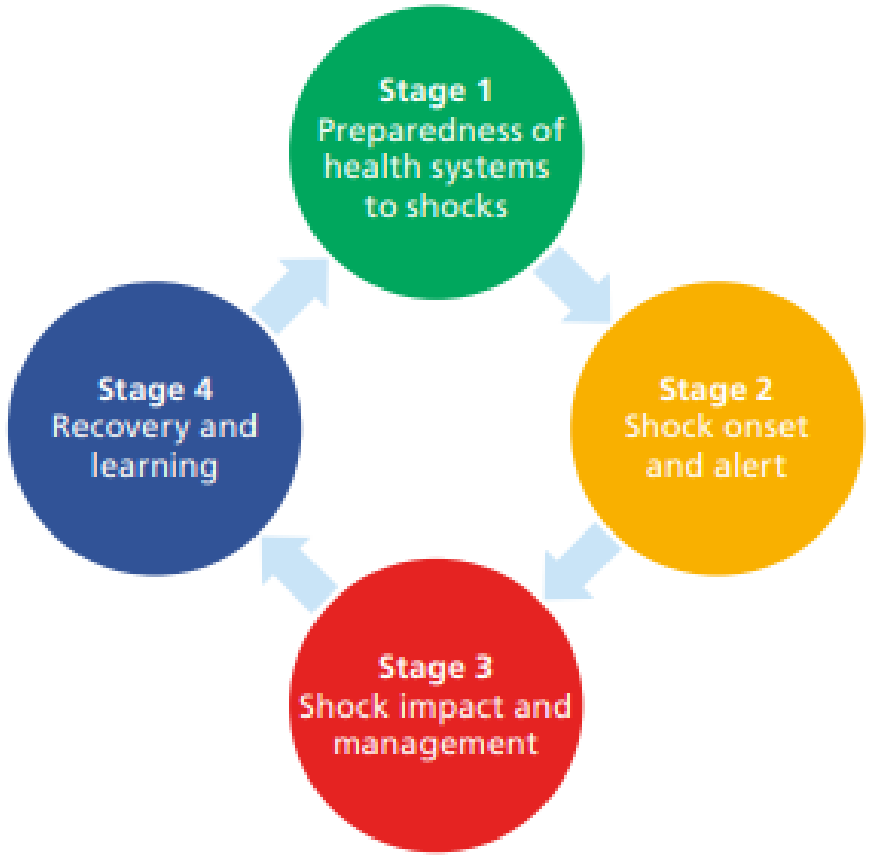
Shock Cycle Framework

Figure 2.1.3 The four stages of the shock cycle



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Thomas S, et al. Strengthening health systems resilience: Key concepts and strategies. European Observatory on Health Systems and Policies; 2020.

The scenario

Step 2 Planning

Step 2.1 Build the shock scenario

Creating a shock scenario is an iterative process between the research team and the facilitator. Together they make decisions on the scenario and its effects on health, society and the health system in view of the national context. The shock scenario should be designed to push the health system beyond or close to breaking point and highlight health system weaknesses. It should be designed around the resilience test objectives and contain sufficient detail to illustrate the likely impact of the shock on the health system. Box 1.2.3 provides an example shock scenario and Part 3 of this handbook contains worked sample scenarios. Examples of past resilience test scenarios can be found on the repository website.

The shock scenario should be designed to push the health system beyond or close to breaking point.

Prompts to build the scenario:

1. Make short notes to answer "Who?", "What?", "When?", "Where?" and "Why?" to help you define the basic parameters of the scenario.
2. Conduct a PESTLE analysis to determine potential immediate, short term and long-term impacts of the shock and the likely response on wider society (Basu, 2004). PESTLE stands for:
   - **P**opulation health
   - **P**olitical
   - **E**conomic
   - **S**ocietal
   - **T**echnologic
   - **L**egal
   - **E**nvironmental

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The dialogue and resilience evaluation

Table 2.2.4 Example use of the HSPA Framework and the shock cycle in conjunction to identify priorities for the resilience test (marked in bold)

Function: Financing	Sub-function: Revenue raising	Assessment area #1: Sufficient funds	**Preparedness**
			Onset and alert
			Impact and management
			Recovery and learning
		Assessment area #2: Stable funds	**Preparedness**
			Onset and alert
			Impact and management
			Recovery and learning
		Assessment area #3: Equitable revenue raising	**Preparedness**
			Onset and alert
			Impact and management
			Recovery and learning

By bringing together the HSPA Framework and the shock cycle, policy-makers can locate potential areas of weakness within the health system and then assess their vulnerabilities to a particular shock. The shock cycle supports the development of actionable policy responses and recommendations by prompting policy-makers to consider how shocks are experienced within a system.

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The Finnish scenario

- A scenario of a pandemic affecting predominantly children was developed.

The outline of the pandemic scenario	
What	Pandemic caused by a new infectious disease
Where	Finland
When	Long-term crisis / duration about 2 years
Why	Rapid global spread of the pathogen to a population with no previous immunity
Target population	The whole population, with young children and the elderly at risk for severe disease

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The participants (n=18)

The participants should be selected so that **discussion and assessment on multiple areas concerning health system resilience** can be conducted. **Impacts on other sectors** should be identified as these affect the health system.

- Ministry of Social Affairs and Health
- The Ministry of Education and Culture
- The Prime Minister’s Office
- Ombudsman for children
- The wellbeing services counties (regional authorities responsible for the provision and financing of health, social and rescue services)
- Municipalities
- University hospitals

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The facilitation process

TIP

While facilitators should be health system experts with facilitation experience, facilitators are not expected to have in-depth knowledge of different facilitation techniques. During one of the resilience test pilots, a professional facilitator was consulted, advising on a suitable facilitation technique. This was deemed to be very helpful.

- The tool is not intended to measure resilience
  - Instead it is meant to help identifying strengths and weaknesses in the health system in question.
- Choose a facilitation method best suited for the setting and the scenario before finalising the list of questions.
- We used me-we-us facilitation:
  - Individual familiarising with the questions
  - Small group discussions
  - Round-table discussion

  + voting for strengths and weaknesses

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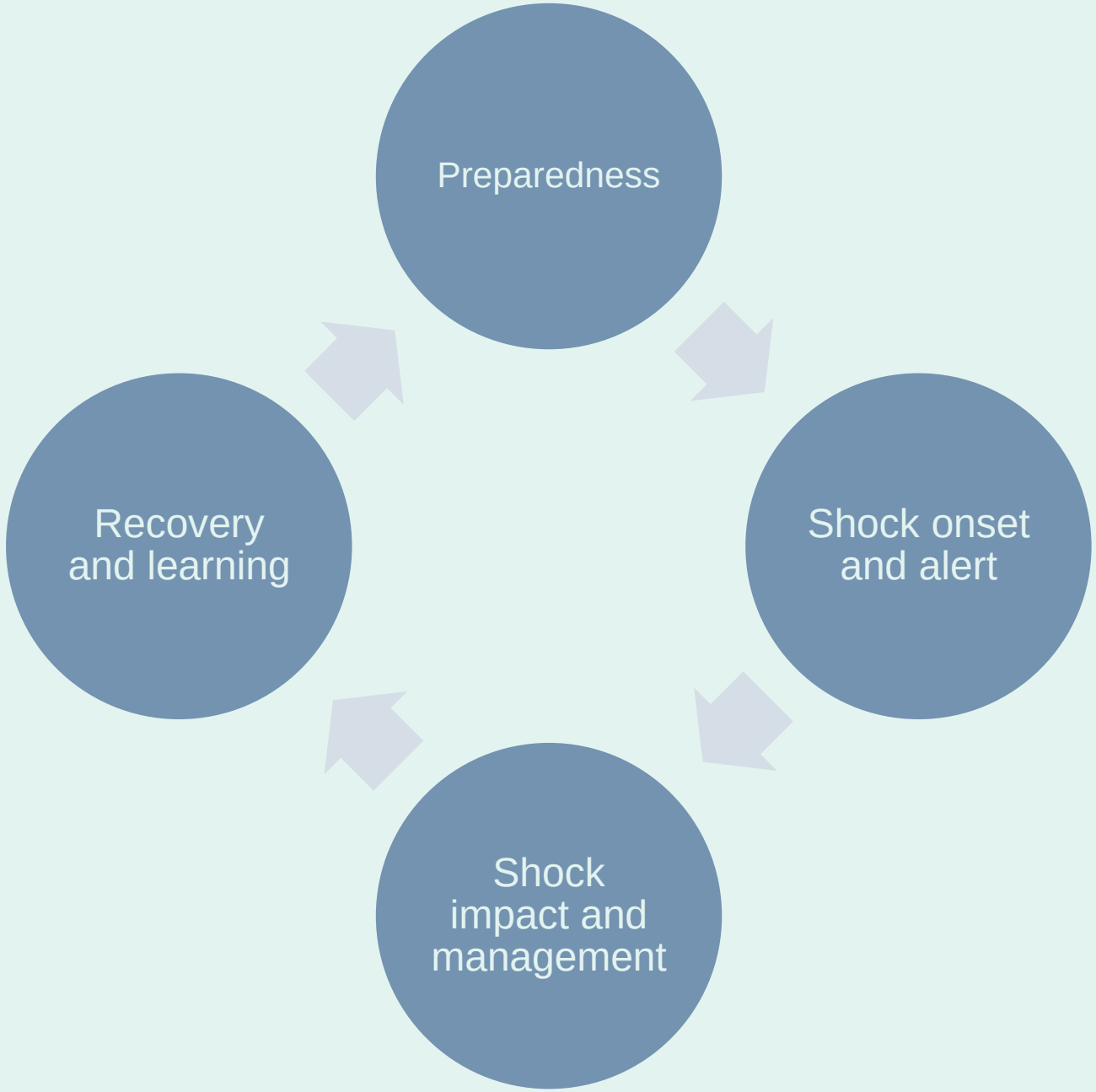
Governance

Resources

Financing

Service delivery



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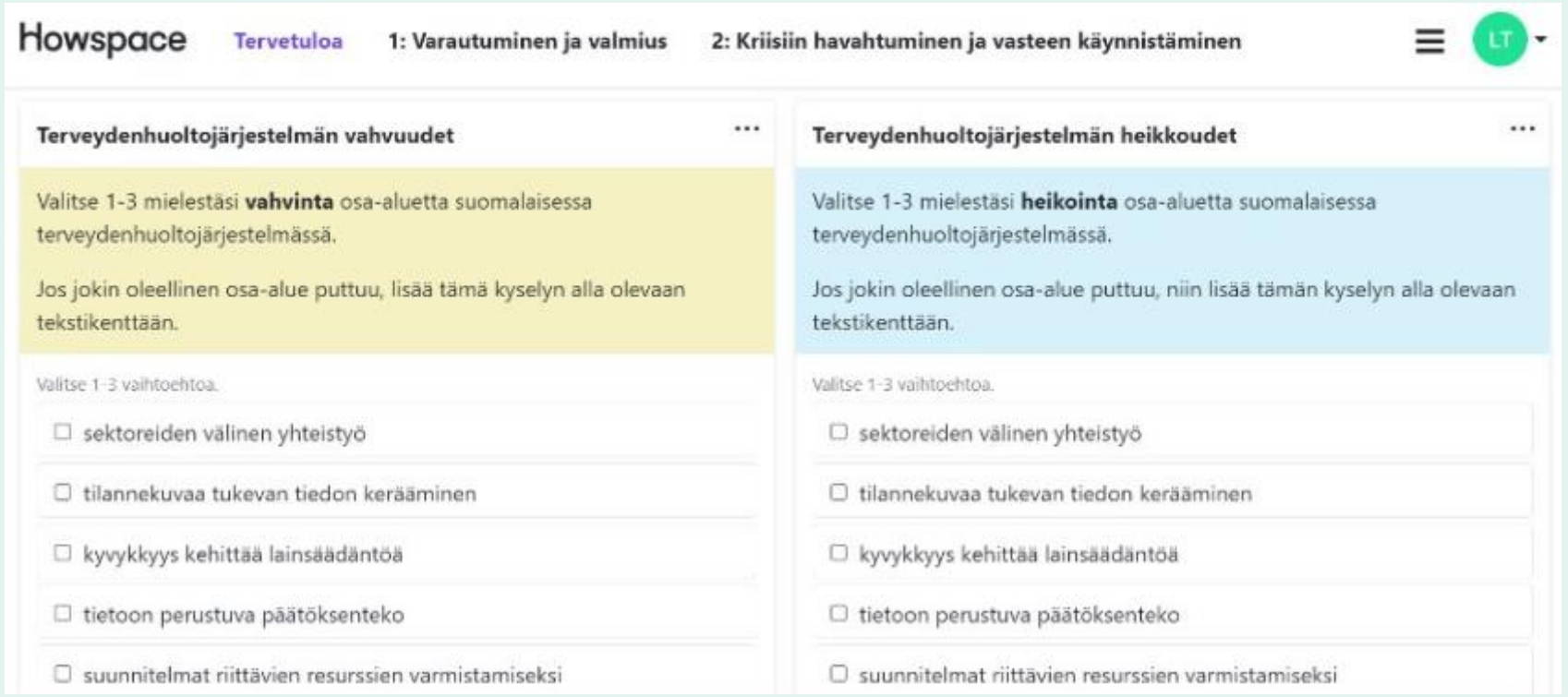
Resilience evaluation

- After each round of discussions, a digital voting was conducted:
  - What are the most important weaknesses and strengths of the health system that are exposed at this stage in the context of this scenario?



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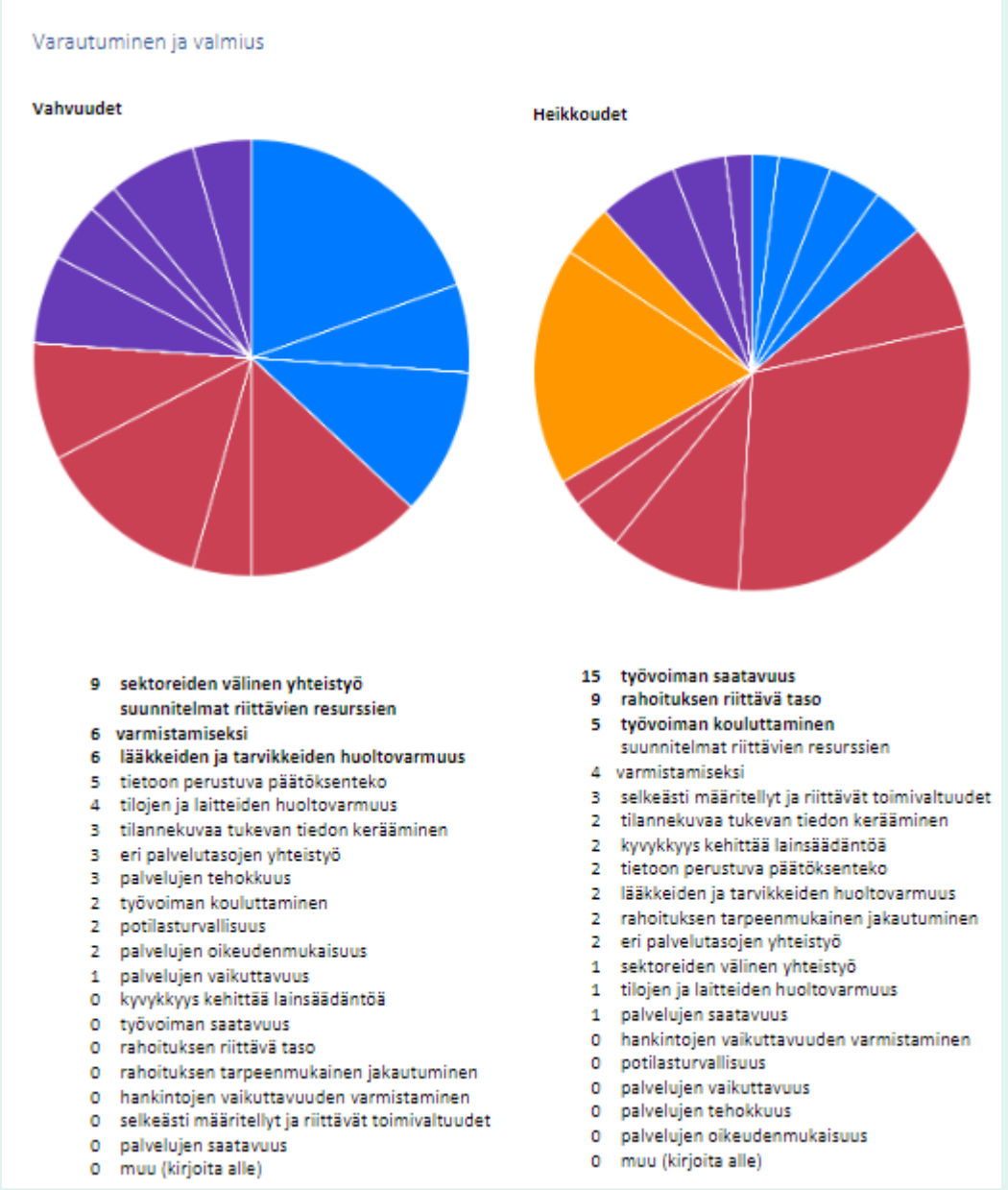
Resilience evaluation

- Voting on an online platform (Howspace)
  - In the beginning of the pilot day
  - After each ”shock cycle round”
  - At the end of the pilot day
- The colours represent health system functions.



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1

Provided a forum to bring the key actors together and to address different perspectives in a **multidisciplinary and cross-level discussion**

2

Gives the key decision makers an opportunity to better **understand** the perspectives and input of the other actors

3

Structure and facilitation of the resilience test day: HSPA and shock cycle frameworks as well as understanding of facilitation methods

4

NOT a table-top simulation to find a solution to the scenario → focus on **systemic problems and policy solutions**

5

Can serve as a platform to **draw lessons** from prior experiences and supporting both intra-crisis and inter-crisis learning → the **4th shock cycle stage** should not be omitted!

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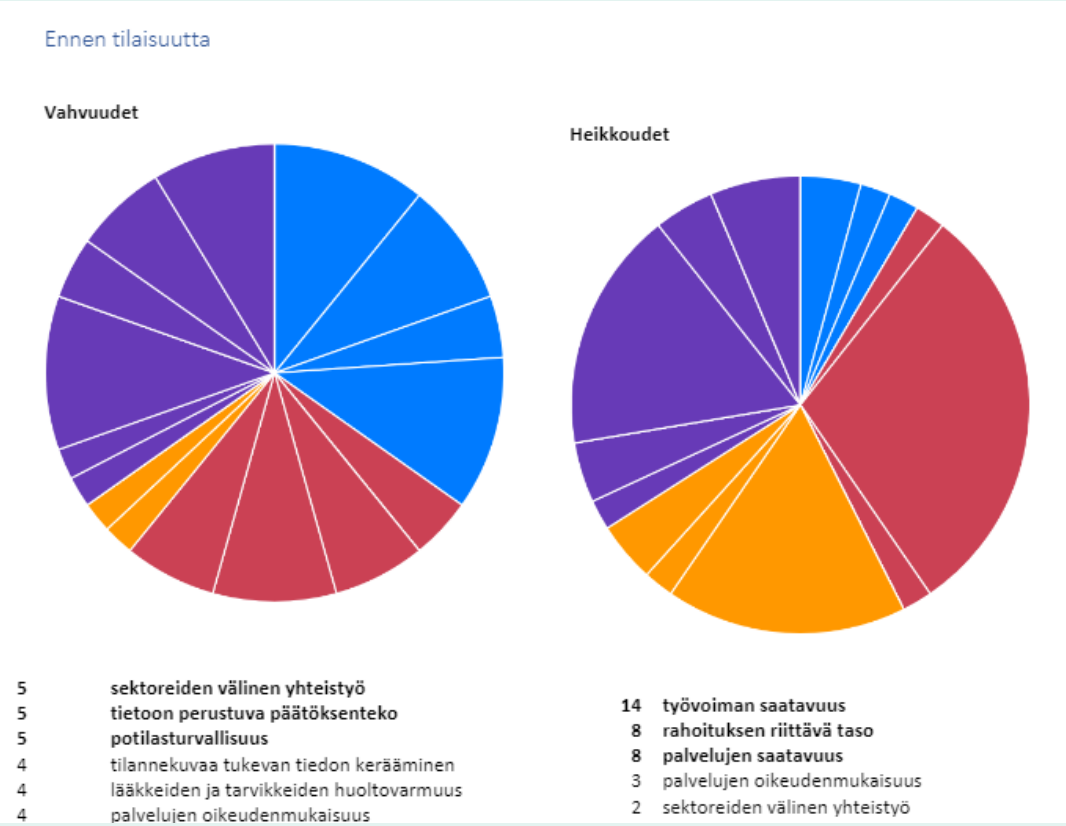
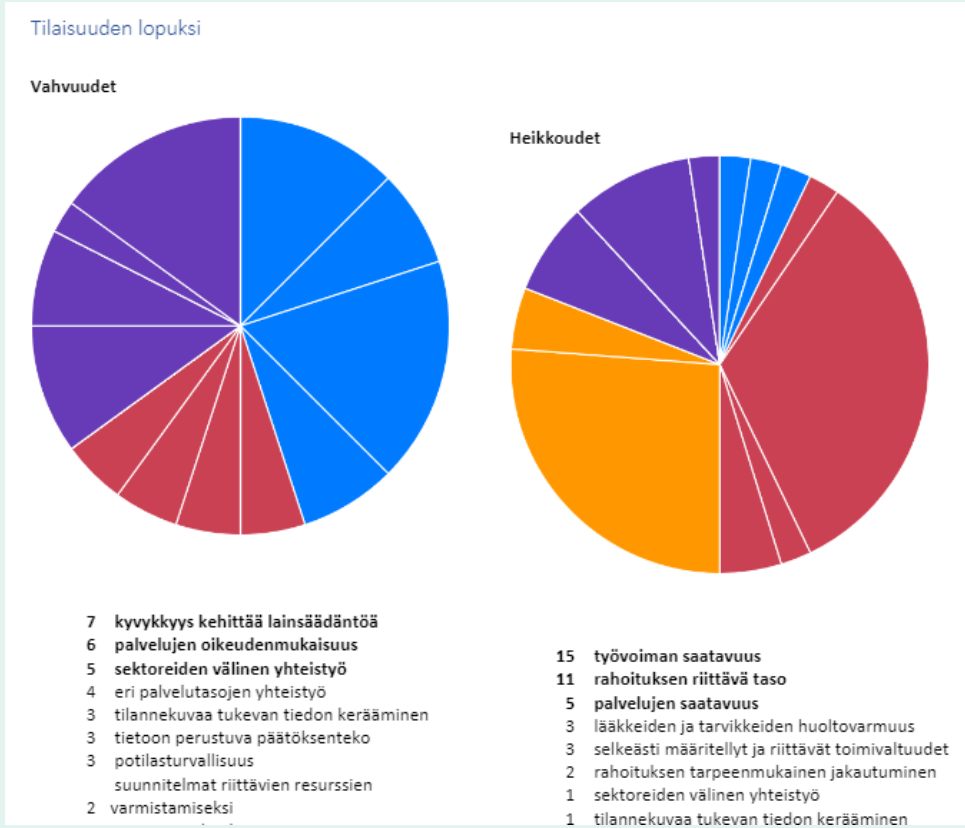
Strengths and weaknesses

Before



After



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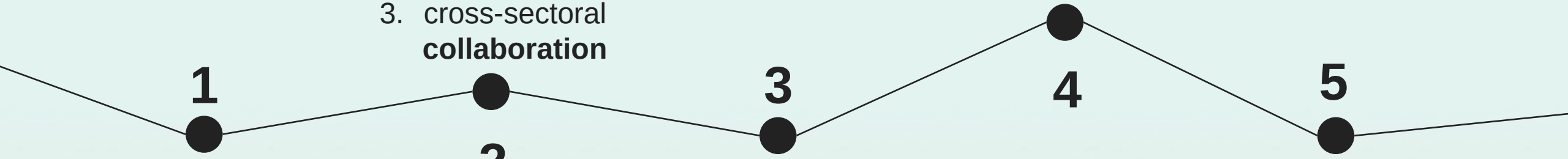

Weaknesses:
1. availability of health **workforce**
2. **financing**
3. **access** to services

Strengths:
1. ability to develop **legislation**
2. **equity** of services
3. cross-sectoral **collaboration**

To be promoted:
1. clarity and openness of the processes and **value-basis** of decision-making
2. sustaining **trust** towards and between authorities
3. cross-sectoral **collaboration**
4. safeguarding the health **workforce**
5. comprehensive **knowledge base**

A rare opportunity to engage in a multidisciplinary discussion and a possibility to **reflect** on experiences – **stakeholders of the community** should be represented

Facilitated discussions opened new **exchange of ideas** between different professionals – deeper learning?

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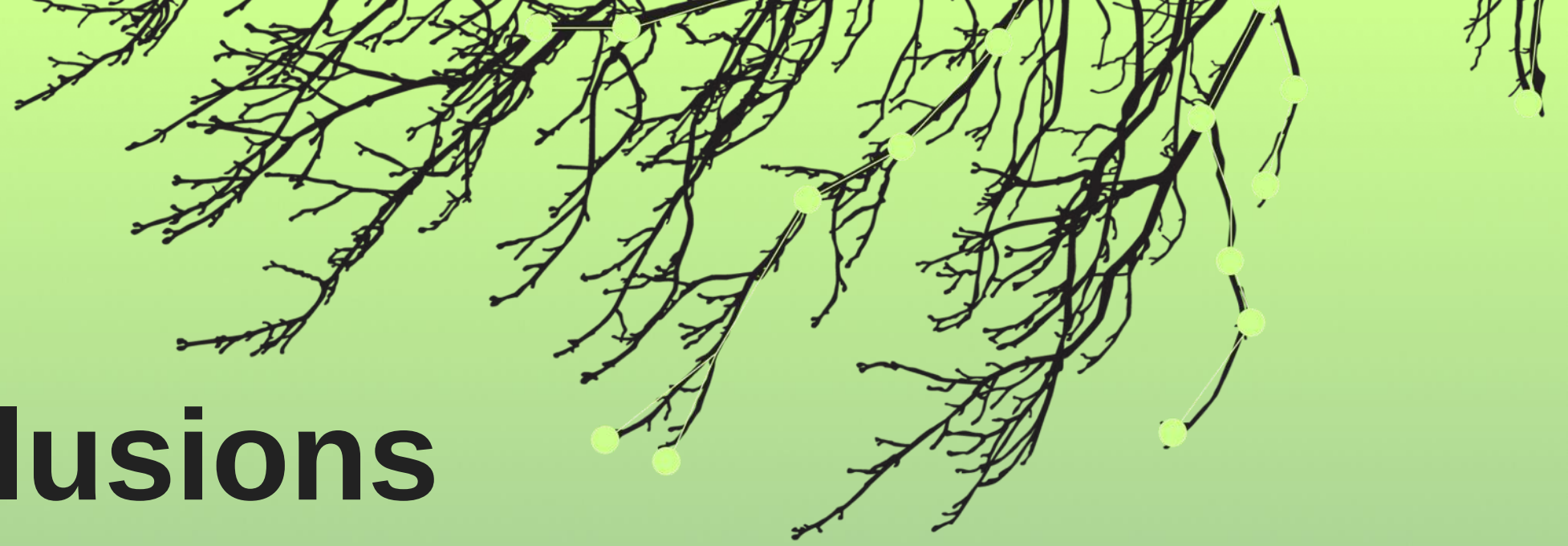

Conclusions

1. There is a need for a mechanism to grasp the range of challenges and complexity of health system resilience with a potential to address them.
2. The discussions captured themes that are not routinely identifiable through existing performance assessment and learning mechanisms:
   - ethical considerations, values, political determinants of health system response etc.
3. A series of resilience testing exercises with different scenarios as part of legislative work and quality improvement might provide new insights and a more complete picture of resilience.

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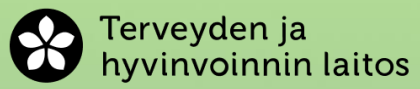
Thank you!



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