

BUILDING RESILIENCE IN HEALTH SYSTEMS

Lino Briguglio and Natasha Azzopardi-Muscat



**Islands and Small States Institute
at the University of Malta**



**WHO Collaborating Centre
for Health Systems and
Policies in Small States**

**Prepared for the workshop
“Building Resilience to Improve Health and Well-being in Malta”
17 October 2017, University Residence Lija**



LAYOUT OF THE PRESENTATION

This presentation is structured as follows:

1. Introduction: meaning of resilience
2. Resilience in health systems
3. The vulnerability and resilience framework
4. Profiling vulnerability and resilience

1. Introduction: meaning of resilience

MEANING OF THE TERM RESILIENCE

The term “resilience” is increasingly being used in various disciplines, including ecology, psychology, sociology and economics, and has been applied to all living beings.

The word originates from its Latin root *resilire* referring to the ability to rise again suggesting that it is closely connected with the verb to recover. When applied to humans, the term is associated with individuals, communities or nations, who are actually or potentially exposed to harm and who adopt measures to withstand or counteract such harm.

VARIOUS DEFINITIONS

Various definitions of resilience have been proposed, and generally speaking certain words or phrases appear repeatedly in these definitions, including:

- recovering from
- coping with
- recuperating from
- counteracting
- bouncing back from
- adjusting to
- adapting to
- withstanding

an undesirable or harmful situation

ANOLOGY

An analogy would help to explain the connection of resilience with the concept of “bouncing back”. A naturally vulnerable tree, easily damaged when exposed to the negative impacts of the elements, including strong winds, could still survive and grow if tied to some strong structure. Such “artificial props” will not change the inherent condition of the tree, but permit it to survive in spite of this condition. To continue with this analogy, if the survival of the vulnerable tree is to be secured, it is necessary to take steps to build its resilience through some sort of sustenance so that, as much as possible, the negative effects of vulnerability are reduced.

2. Resilience in health systems

INDIVIDUAL AND COMMUNITY RESILIENCE

In its health aspects, resilience has been associated with:

- a) an individual's ability to cope with and recuperate from an unhealthy situation;
- b) a community's ability to withstand and recover from unfavourable circumstances;
- c) governance issues, relating to policy measures that enable society or a section of society to cope with and recover from harmful situations.

In a WHO publication*, health resilience is defined with reference to these three aspects as “the ability to react and adapt positively when things go wrong and suggests that these mostly have to do with the quality of human relationships, and with the quality of public service responses to people with problems.”

* http://www.euro.who.int/data/assets/pdf_file/0012/100821/E92227.pdf

RESILIENCE AND THE INDIVIDUAL

Resilience at the individual level has often been associated with psychology and mental health, and relates to the ability to recover from stressful experiences and trauma.

In this regard, the American Psychological Association (2009) defines resilience as “the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress – such as family and relationship problems, serious health problems, or workplace and financial stressors. It means “bouncing back” from difficult experiences”.*

* <http://www.apa.org/helpcenter/road-resilience.aspx>

COMMUNITY LEVEL

At the community level, resilience has been associated with formal and informal social relationships which could enable a community to withstand unfavourable situations arising from such factors as income inequality, unemployment, racism and natural disasters.

Social relations that are conducive to community resilience include such attributes as trust, understanding and participation in community affairs.

GOVERNANCE AND RESILIENCE

At the national level, health and social welfare policies can be major contributors towards fostering resilience within society at large. Policies that lead to better income distribution, for example, are likely to reduce problems associate with health, because amongst other things, they strengthen the ability of persons to afford health care. Health systems that offer free or affordable health care and medicines are also conducive to health resilience.

Power relationships and political ideologies also have a bearing on health resilience. Ideologies that, for example, demonize certain health problems (such as mental conditons and sextually transmitted diseasis) may lead to social exclusion, and lead to stigma, shame, humiliation, disrespect and even abuse.

3. The vulnerability and resilience framework

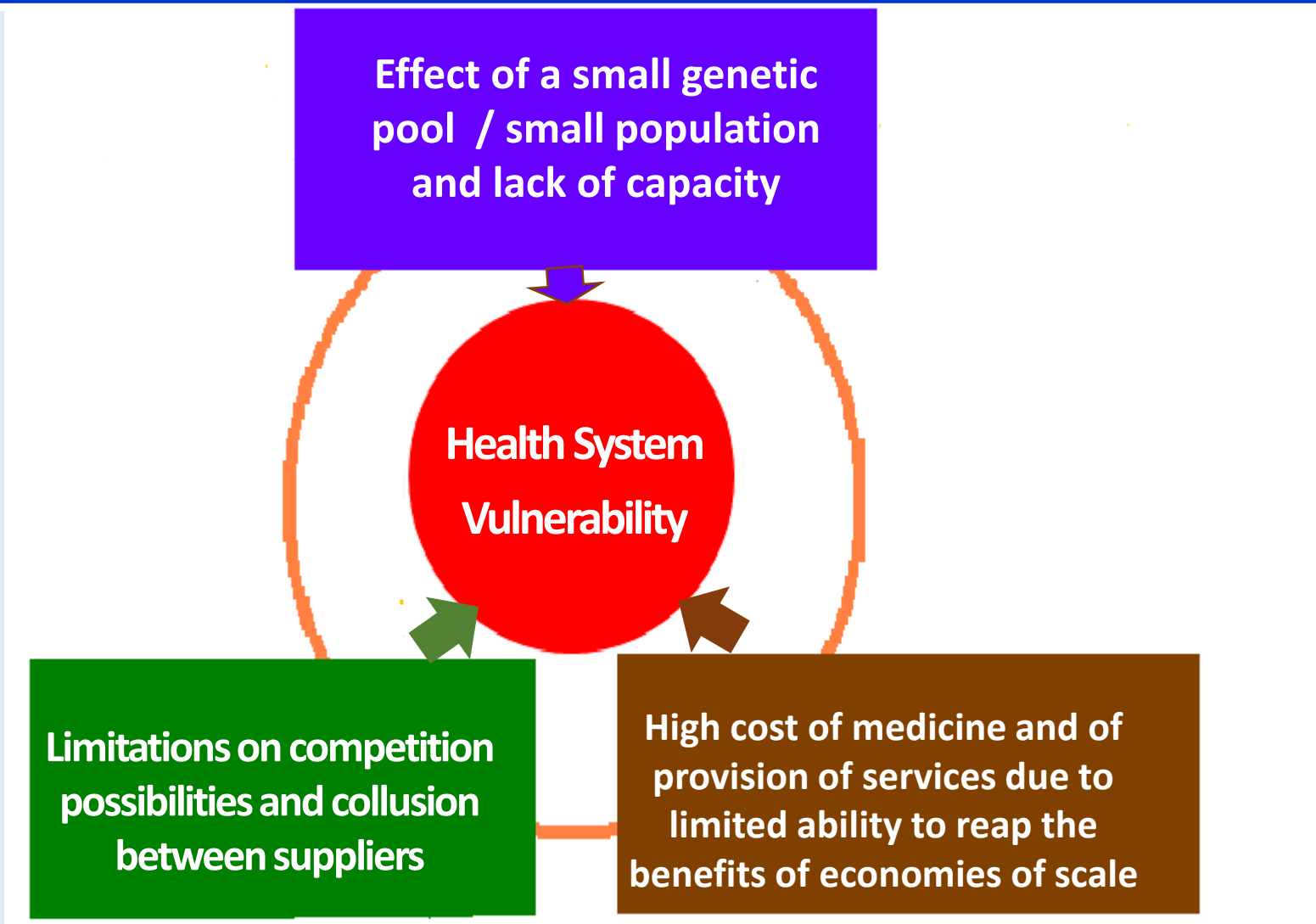
VULNERABILITY AND RESILIENCE IN HEALTH

In a presentation by Briguglio and Azzopardi Muscat titled “The vulnerability and resilience framework applied to the public health system”* the authors identified a number of inherent constraints or weaknesses faced by small states with regard to public health, including:

1. Small population leading to a small genetic pool and lack of capacity;
2. High cost of medicine and of provision of services due to limited ability to reap the benefits of economies of scale;
3. Limitations on competition possibilities and collusion between suppliers of medicinals.

*Delivered at the World Health Organisation (WHO) High-Level meeting of the European Small Countries Monaco, 11-12 October 2016

VULNERABILITY IN HEALTH

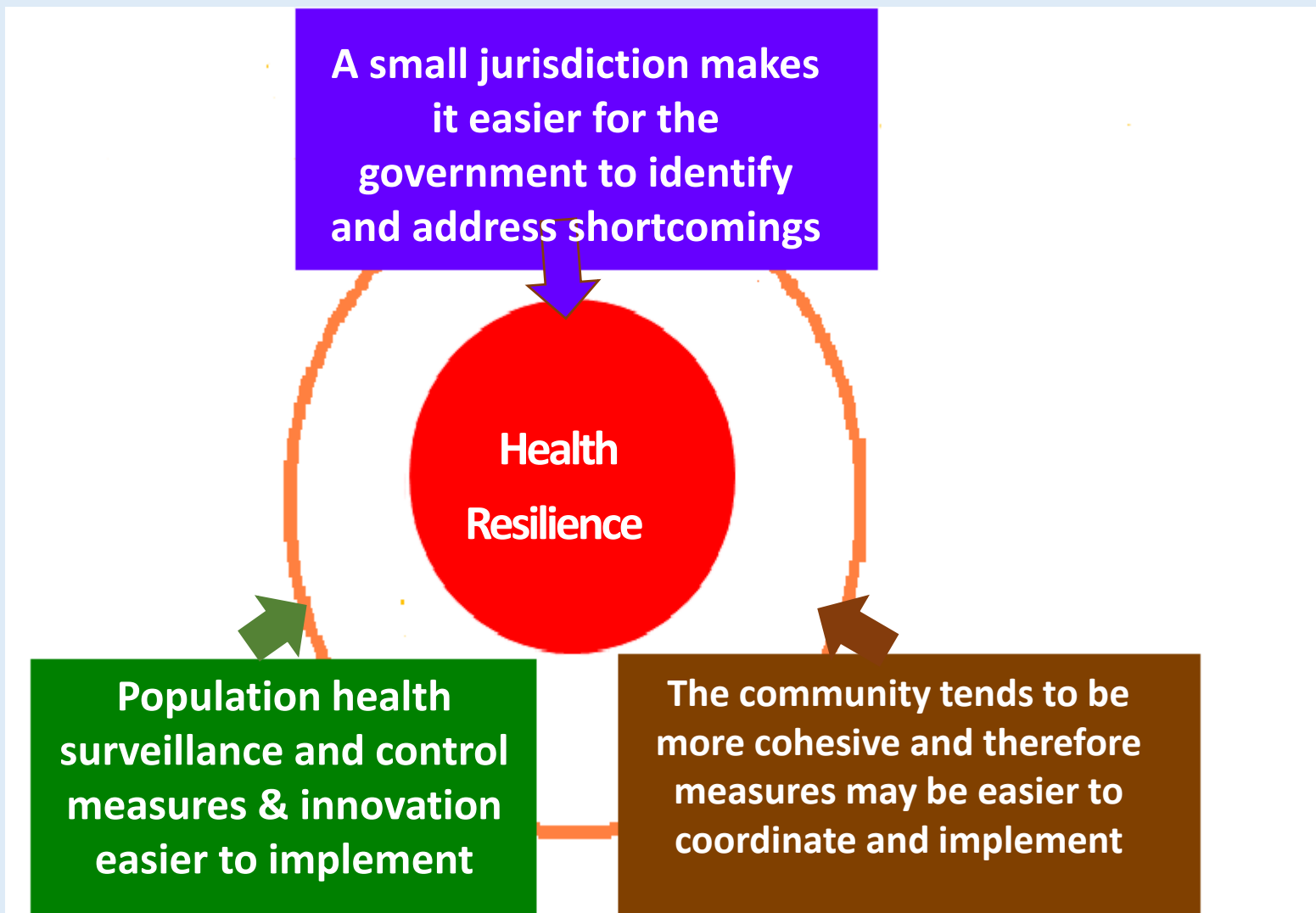


RESILIENCE IN HEALTH

However, on the other side of the coin:

- A small jurisdiction makes it easier for the government to identify and address shortcomings in health care;
- Policy makers have a “helicopter view” of health issues and implementation of health in all policies is therefore theoretically more feasible
- Measures may be put in place to enhance social cohesion, rendering it easier to coordinate and implement health policies;
- Population health surveillance through national registers is easier and more comprehensive;
- There is a “shorter distance” between research, policy and practice enabling more rapid uptake of innovation.

RESILIENCE IN PUBLIC HEALTH



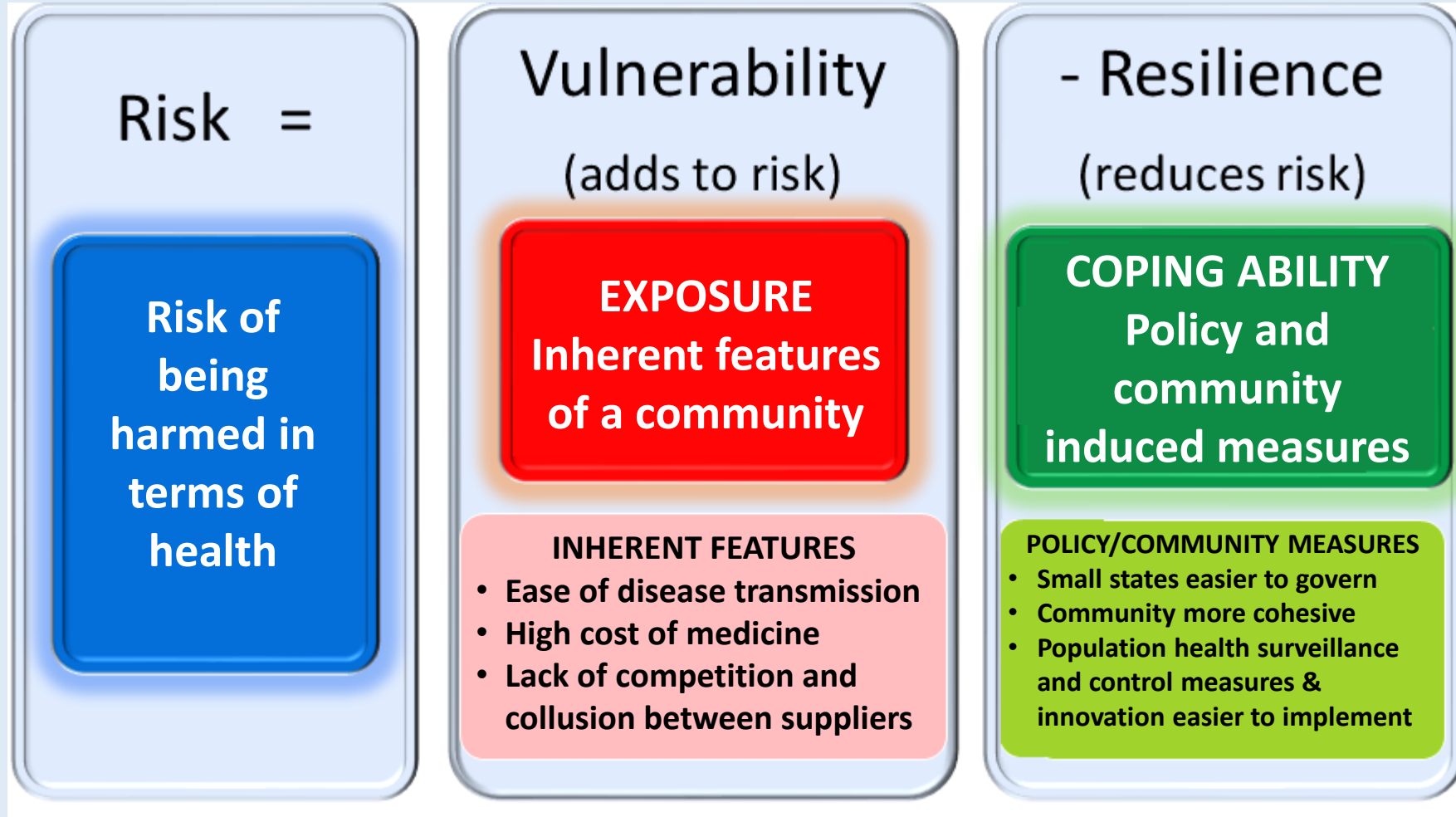
THE VULNERABILITY/RESILIENCE FRAMEWORK

The vulnerability/resilience framework developed in Briguglio (2014) (shown in the next diagram) proposes the following scheme: **RISK OF HARM = VULNERABILITY MINUS RESILIENCE**

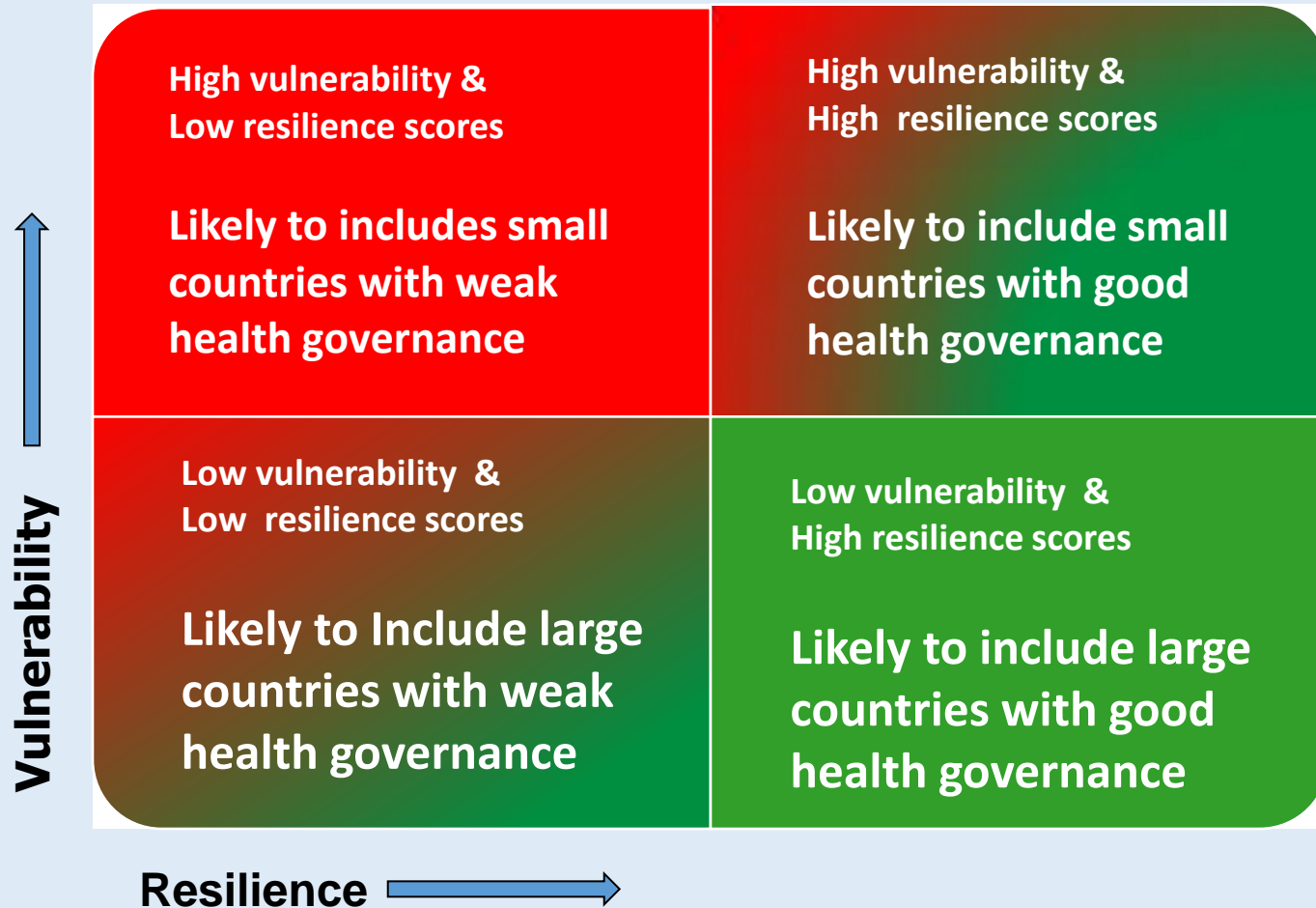
Increased risk (vulnerability): This is associated with inherent conditions that expose a system to harm.

Reduced risk (resilience): This is associated with policy-induced and deliberate measures leading to a reduction of harm

THE VULNERABILITY/RESILIENCE FRAMEWORK



OVERALL TENDENCIES



THE IMPLICATION OF THE V&R FRAMEWORK

The most important implication of the Vulnerability and Resilience Framework is that small states can succeed in having a strong public health system in spite of the disadvantages associated with small size, if these states adopt policies leading to good governance.

The Islands and Small States Institute of the University of Malta, as a WHO Collaborating Centre, proposes to take forward the theoretical and empirical development of this proposed framework.

4. Vulnerability and resilience profiling

THE PURPOSE OF THE EXERCISE

V&R profiling is an exercise intended to find out the main constraints associated with providing health services and the policy measures that need to be put in place or improved to address these constraints. A similar exercise was carried out by the Islands and Small States Institute, in collaboration with the Commonwealth Secretariat, in the field of economic development, an exercise that can also be applied to the health system.

One way of doing this is to convene a national conference, structured in such a way as to involve major stakeholders in identifying the major constraints affecting the health system in the country and the appropriate policy measures to address such constraints.

STAKEHOLDERS AND DIMENSIONS

The stakeholders involved should include the government, health practitioners, the private business sector, the trade unions and civil society.

The policy measures should focus on strengthening resilience in the health sector, with reference to the economic, social, environmental and political implications of such measures.

The results of this profiling exercise would ultimately be a set of policy recommendations for the attention of the authorities.

FURTHER DISCUSSION LATER TODAY

Later today, during the session that is due to start at noon, we will further discuss the type of stakeholders that should be involved in the profiling exercise and the dimensions (economic, social, environmental and political) that are relevant to the health sector. Are we missing anything? Should we amalgamate one or more of these dimensions?

We will also discuss how this exercise can usefully feed into plans for the future health strategy :

- evaluation of Health 2020
- working towards 2030 SDG agenda?

Thank you for your attention