

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

IMPLICATIONS AND LESSONS FROM COVID-19: RESILIENCE OF HEALTH SYSTEMS

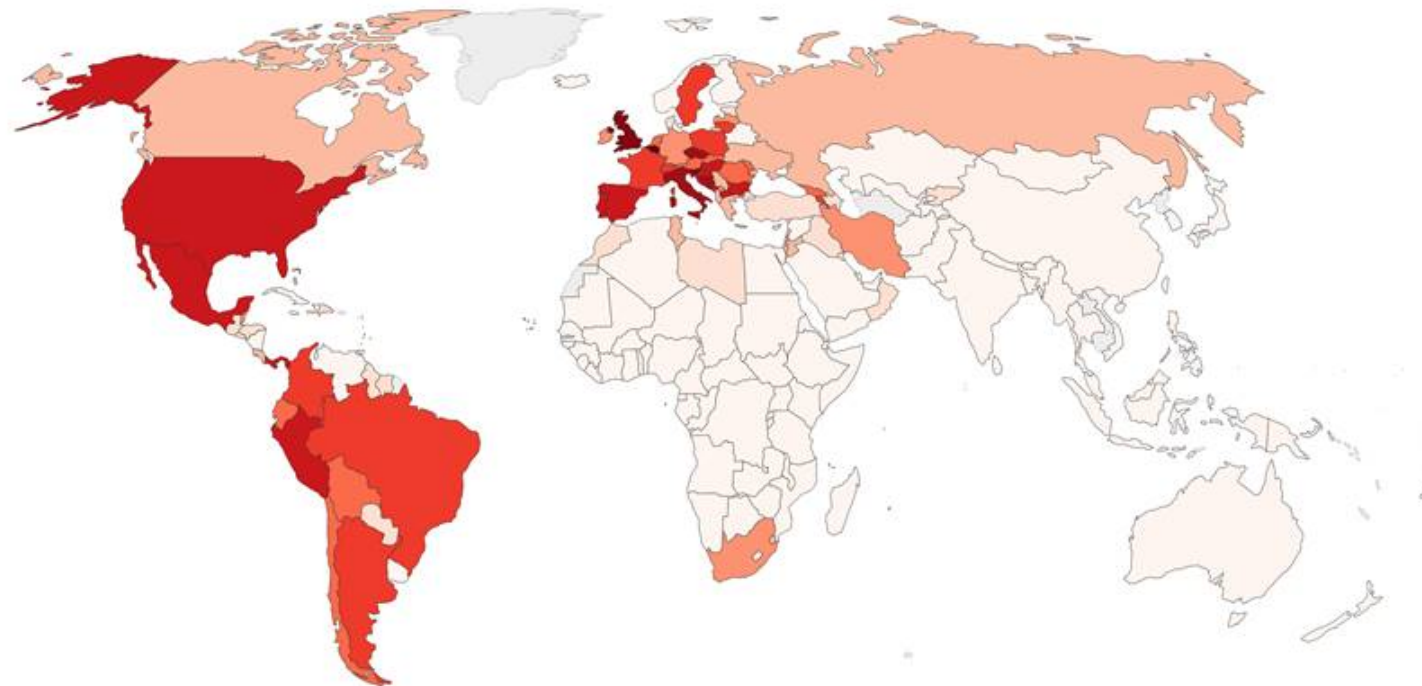
Global Parliamentary Network
10 February 2021





The COVID-19 pandemic continues to impose a heavy health toll in many countries

Cumulative confirmed COVID-19 deaths per million people, Feb 3, 2021
Limited testing and challenges in the attribution of the cause of death means that the number of confirmed deaths may not be an accurate count of the true number of deaths from COVID-19.



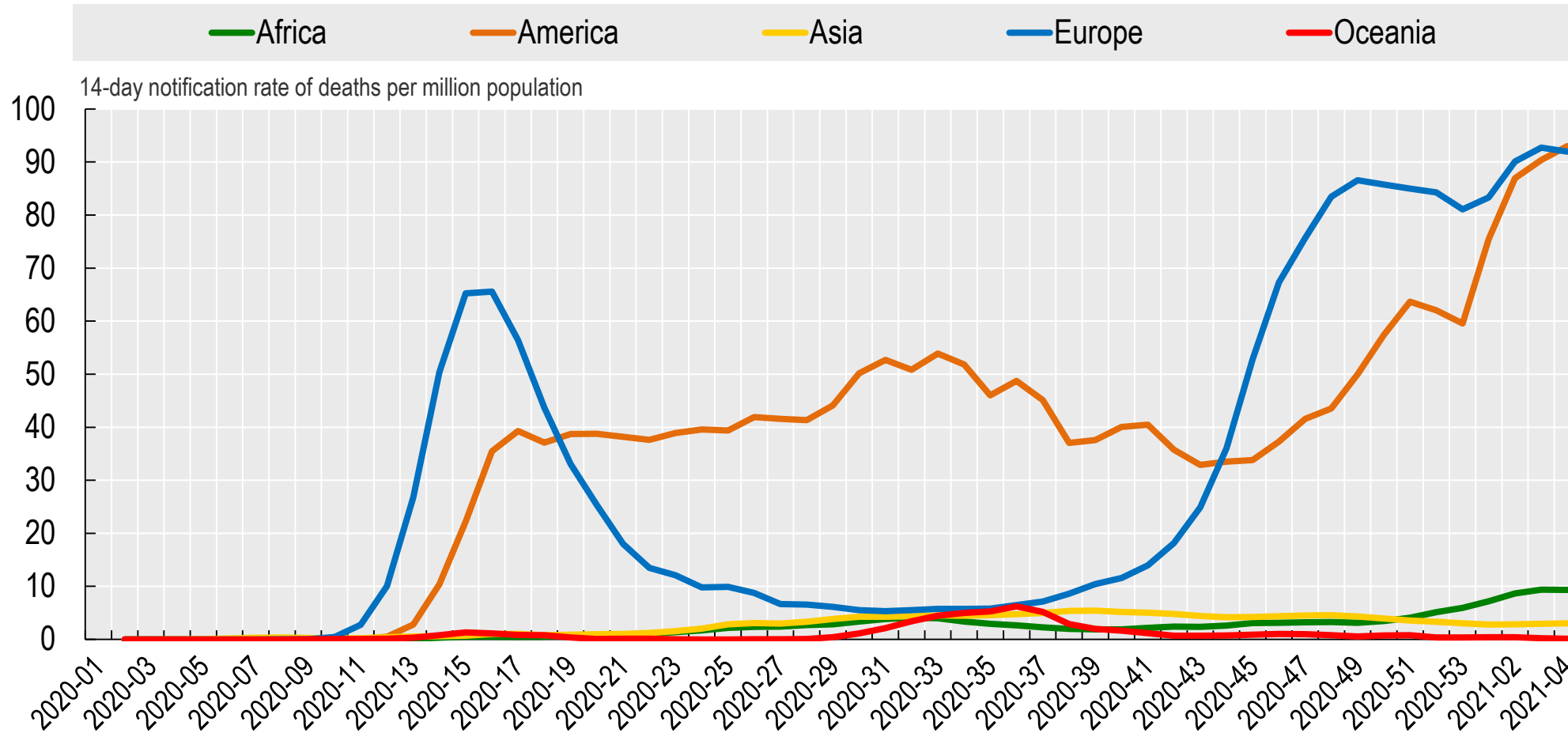
Source: Johns Hopkins University CSSE COVID-19 Data – Last updated 4 February, 15:00 (London time)

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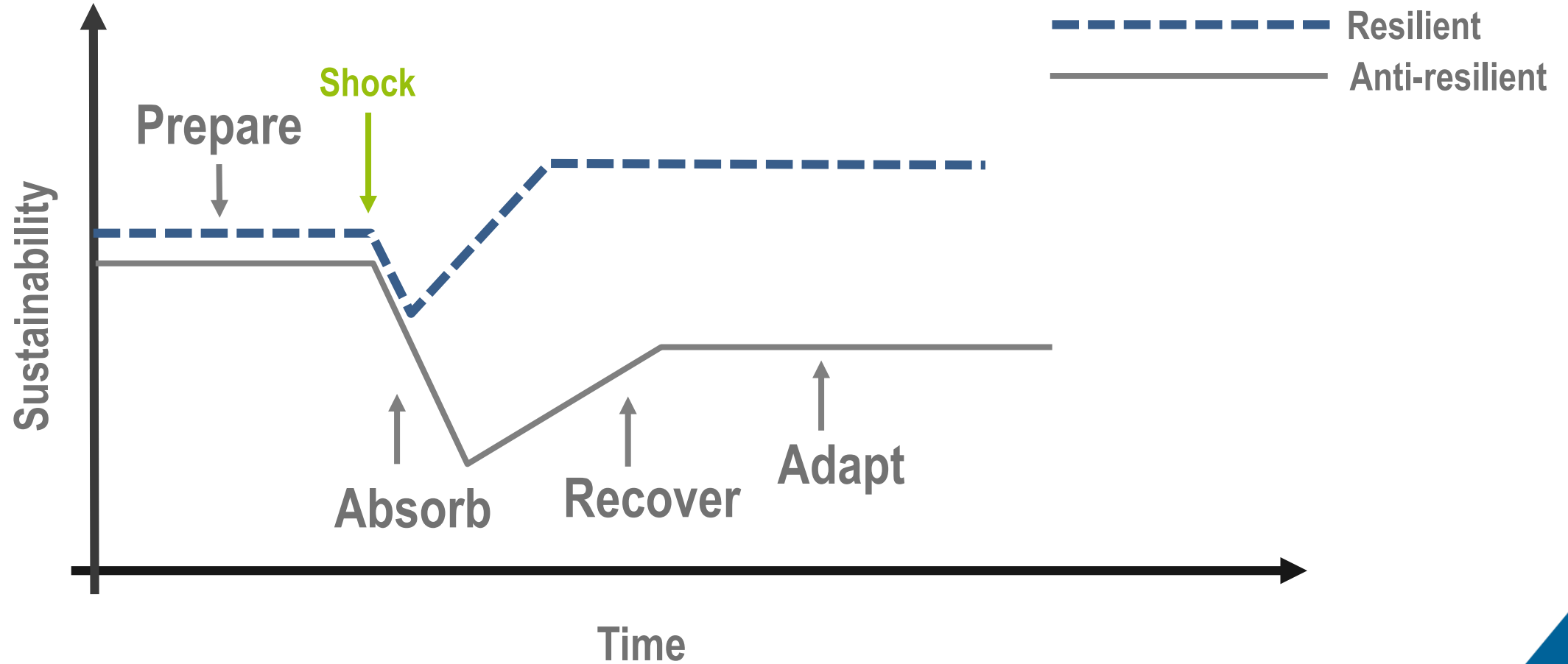
14-day notification rate of reported COVID-19 deaths per million population, by week





Resilience as a condition for sustainability of health systems

Prepare, absorb, recover, adapt:





More than ever, **investing in health** will help protect society and boost the economy

Additional investments required to strengthen health system resilience in OECD countries (preliminary estimation)	Investments needed, as % of GDP	
	Average	Range
Pillar 1: Fortify the foundations of health systems and people's underlying health		
1. Enhanced preventive care	0.20%	0.01-0.54%
2. Core equipment	0.21%	0.00-0.41%
3. Harnessing health information	0.17%	0.17-0.68%
Pillar 2: Contain the spread of the health shock (COVID-19 or other)		
4. Infection control	0.05%	0.01-0.20%
5. Effective testing & vaccination	0.19%	0.04-0.77%
Pillar 3: Manage and uphold care for affected people and those with other health care needs		
6. Strengthened service delivery	0.95%	0.00-3.29%
7. Establishing a medical reserve	0.03%	0.02-0.04%
Total	1.50%	0.50-3.41%



FOCUS ON: INVESTING IN PRIMARY HEALTH CARE



Strong primary care is needed to address the double burden imposed by the pandemic on vulnerable people

Nearly 40%

of the population aged 65 years and over live with at least two chronic diseases, on average

These people face a double threat from COVID-19:

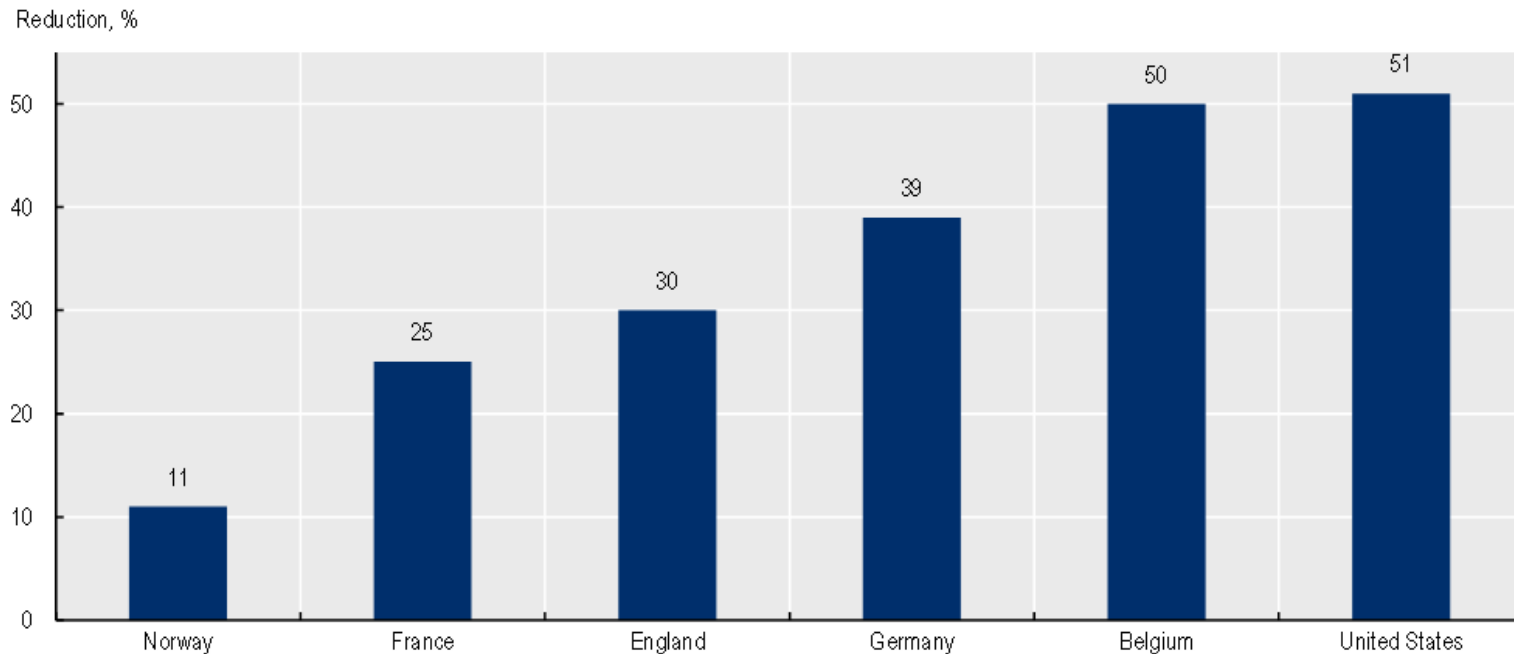
1 They more often need hospitalisation and ICU treatment and have higher mortality risks

2 They face indirect effects - disruptions of routine care, delayed care, etc.



Health care utilisation disrupted, affected vulnerable groups

Reduction in the volume of primary care consultations during the first wave



Reduction in cancer care

- In **France**, the number of cancer diagnoses decreased by 35%-50% in April 2020 (as compared to April 2019)
- In the **Netherlands**, the number of cancer diagnoses decreased by 26% in April 2020 (as compared to January 2020)



Greater investment in primary health care workforce to strengthen the frontline:

The share of generalist continues to drop across the majority of OECD countries

% changes between 2000 and 2017



Source: OECD (2020). Realising the potential of primary health care



Innovative practices accelerated by the pandemic should be further encouraged and sustained



Reorganisation of service delivery

Team practices and a strong link with community services in France, Iceland, Ireland, Slovenia or the United Kingdom



Rearranging tasks and responsibilities

Expand the role of pharmacists for testing, or prescribe chronic disease medications in Ireland, United States



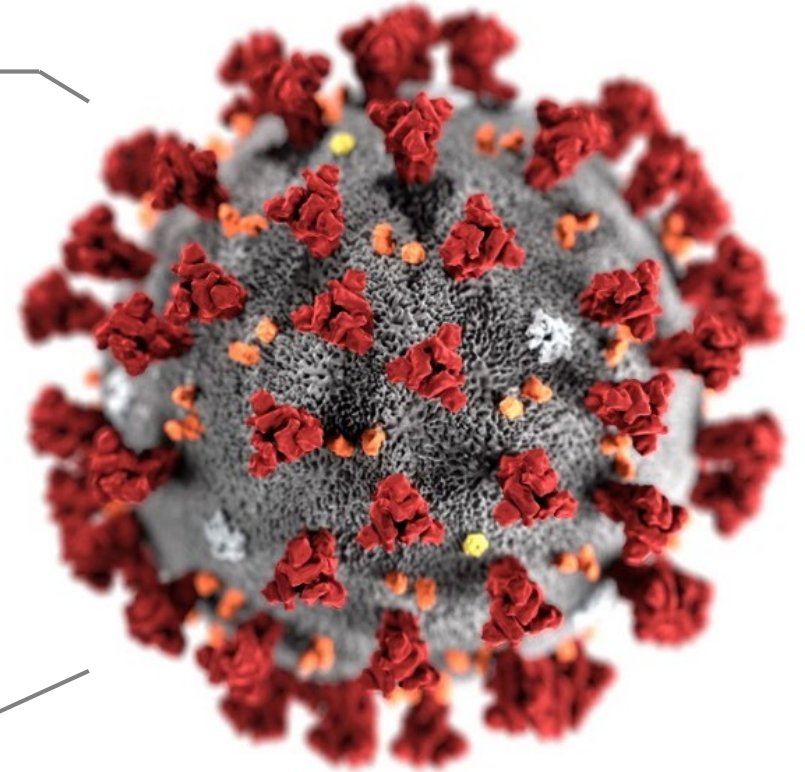
Leveraging digital tools

Leveraging e-health app in Israel, South Korea, and teleconsultation in Canada, Germany, France



Implementing vaccination strategies

Involving primary care teams in the vaccination campaign in the United States



SARS-CoV-2

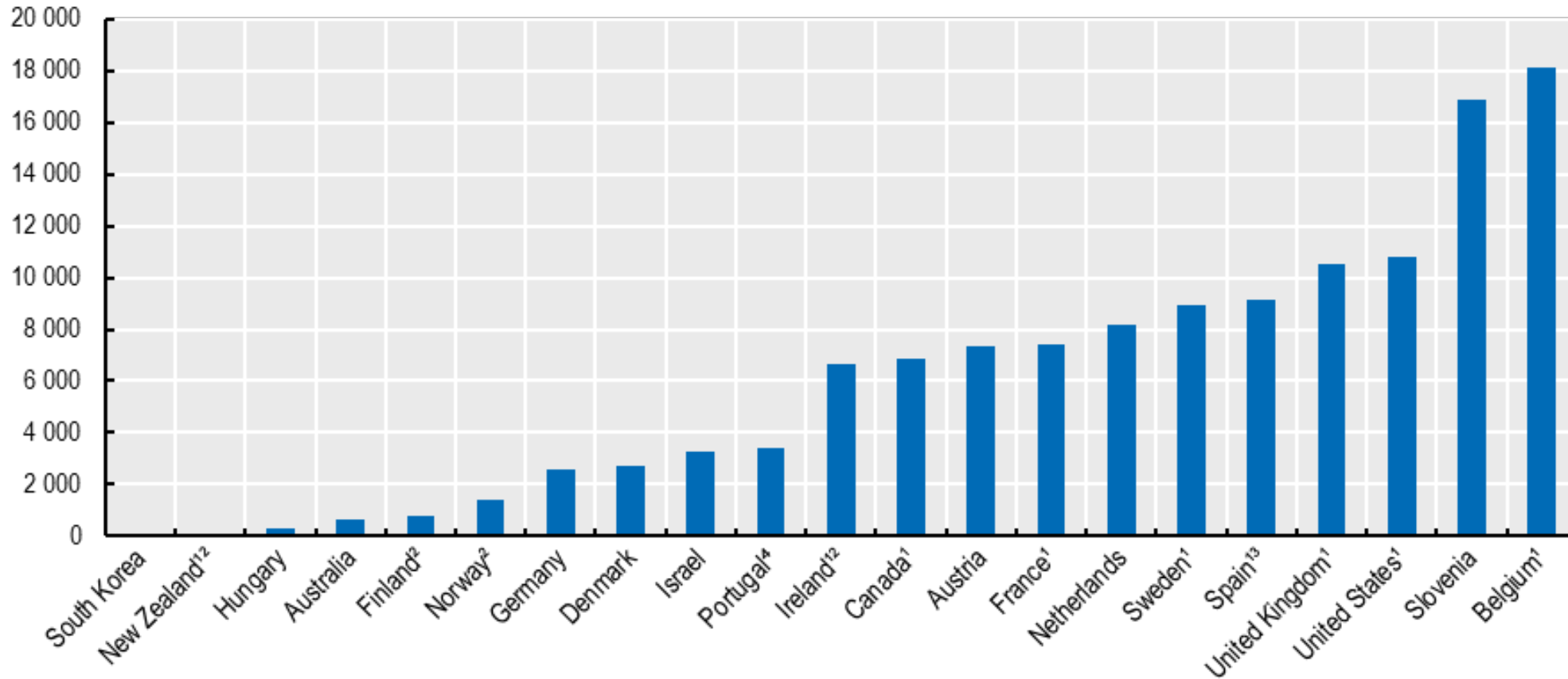


FOCUS ON: INVESTING IN LONG-TERM CARE (LTC)



The elderly and care recipients have been particularly hit by the pandemic

Rate of LTC deaths per one million population aged 80 or over

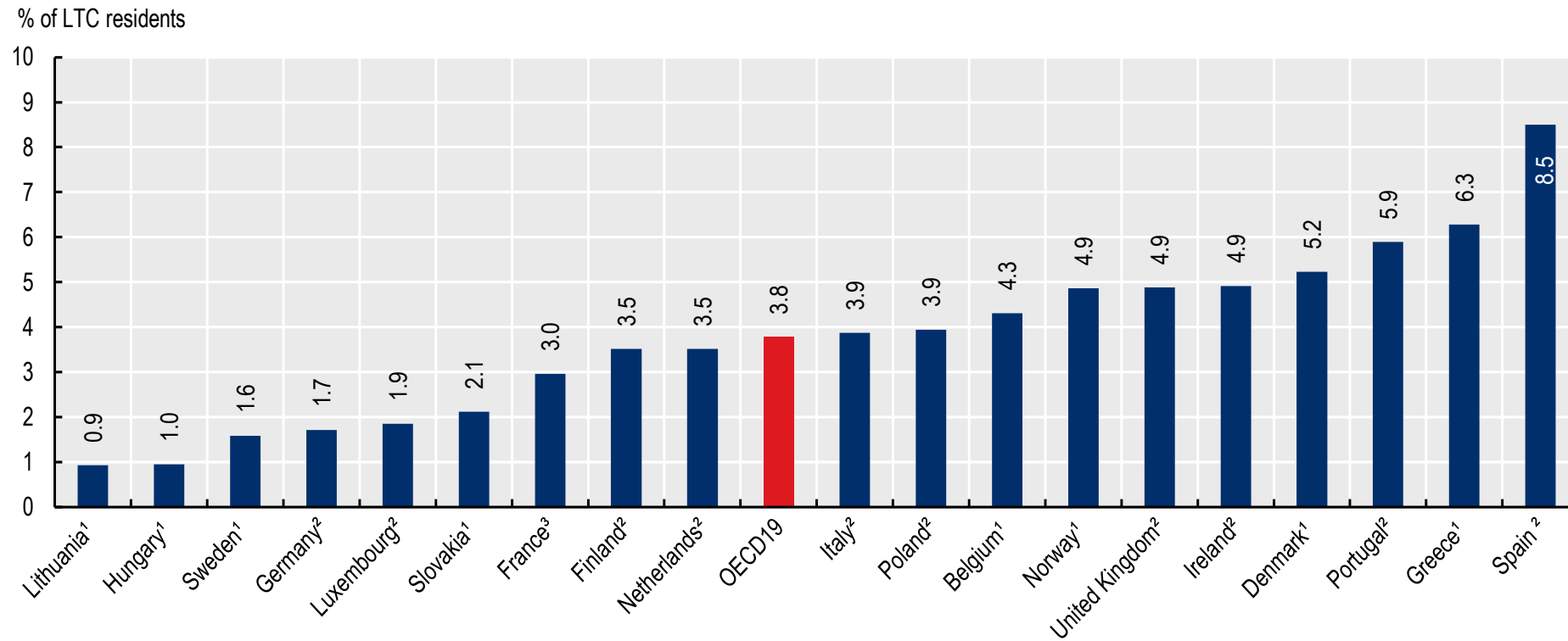


Note: Data on cumulative deaths up to January, except for the except for the Ireland (December), Israel (October), South Korea (September), Hungary (August). Reporting of countries not fully comparable due to different testing, reporting and coding standards. Unless otherwise stated, LTC deaths refer to confirmed deaths of LTC residents, including deaths that occur within LTC facilities and elsewhere (e.g. hospitals, homes). 1. Includes confirmed and suspected deaths. 2. Only includes deaths occurring within LTC facilities. 3. Data come from regional governments using different methodologies, some including suspected deaths. 4. Unclear methodology.
Source: Comas-Herrera, A. and al (<https://ltccovid.org/international-reports-on-covid-19-and-long-term-care/>), Eurostat Database and OECD Health Statistics 2021 for population data.



LTC suffers from structural weaknesses: safety risks and insufficient infection control

Percentage of LTC residents with at least one health care-associated infection, 2016-17



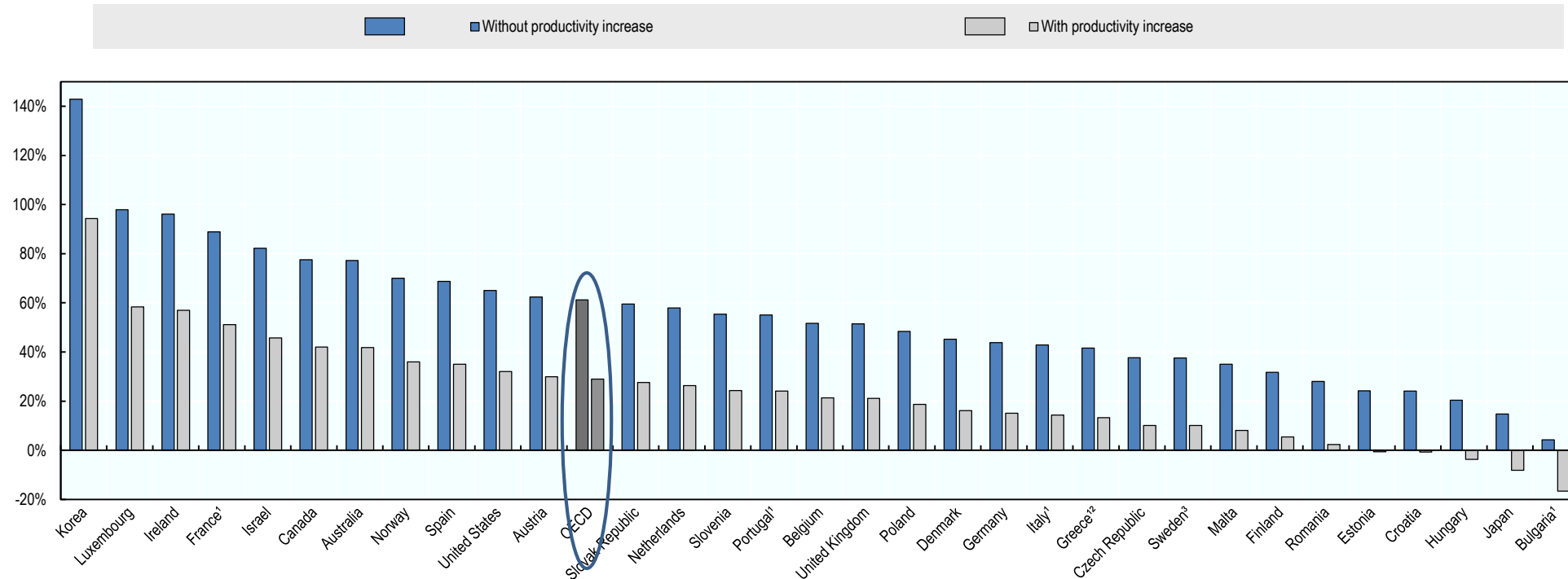
1. Under 45% of residents sampled were wheelchair bound or bedridden. 2. Over 45% of residents sampled were wheelchair bound or bedridden. 3. No data was available on the proportion of wheelchair bound or bedridden residents.

Source: ECDC, CDC.



LTC suffers from structural weaknesses: workforce shortages, linked to poor working conditions

Number of additional LTC workers needed by 2040 to keep the ratio constant as a share of the total number of workers in 2016



Notes: 1-Data were calculated based on ISCO 3 digit and NACE 2 digit. 2-Data must be interpreted with caution, as sample sizes are small. 3-The decrease in the Netherlands is partly due to a methodological break in 2012, but also reforms (see Box 2.1).

Source: Who Cares? Attracting and Retaining Care Workers for the Elderly



Beyond investing in workforce, resilient Long Term Care needs innovations

- Technologies help professionals work in smarter ways
 - It can free professionals' time from tasks that can be automated
 - It can help with monitoring the health condition and supervision.

Remote care and disease monitoring technologies

CanAssist (*Canada*) prevent or delay the need for residential care services.



Assistive technologies

Personal alarm button service at home (*Estonia*)
Tablets and smartphones are starting to make their way into nursing homes.



To conclude:

- COVID-19 has **huge health impacts**; too many health systems are not resilient enough to pandemics and high risk shocks.
- Building more resilient health systems requires **significant future investments** to help prepare, absorb, recover and adapt to future shocks
- Two areas needing investment are **primary health care and long-term care**
- Both require efforts to **boost jobs and modernise care practices**.
- **Innovations** triggered by the pandemic should be accelerated and efforts to modernise the sectors continue

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www.oecd.org/coronavirus/en/#policy-responses

+ Strengthening the frontline: How primary health care helps health systems adapt during the COVID-19 pandemic

- Workforce and safety in long-term care during the COVID-19 pandemic
- Treatments and a vaccine for COVID-19: The need for coordinating policies on R&D, manufacturing and access
- Testing for COVID-19: How to best use the various tests?; and Testing for COVID-19: A way to lift confinement restrictions
- Flattening the COVID-19 peak: Containment and mitigation policies
- Beyond Containment: Health systems responses to COVID-19 in the OECD
- Supporting livelihoods during the COVID-19 crisis
- Supporting people and companies to deal with the COVID-19 virus
- Migrant doctors and nurses in COVID-19 crisis
- Public employment services on the frontline for jobseekers, workers and employers
- Children and COVID-19
- Women at the core of the fight against COVID-19 crisis



Thank you



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