

HOW THE HEALTH WORKFORCE CONTRIBUTES TO HEALTH SYSTEM RESILIENCE – COMPARING POSSIBILITIES FOR INNOVATION UNDER COVID-19

Viola Burau (Aarhus University, DK)

Ellen Kuhlmann (Medical School Hannover, DE)

Michelle Falkenbach (University of Michigan, US), Emmanuele Pavolini (University of Macerata, Italy),
Stephen Peckham (University of Kent, UK), Iris Wallenburg (Erasmus University Rotterdam, NL)

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BACKGROUND

- ‘No health without a health workforce’;
Even more true in times of crises like the present
- Health system resilience as central influence on crisis response;
Ability to prepare, manage, recover and learn from a crisis like the COVID-19 pandemic and better handling any similar crisis in the future
- However, little systematic knowledge about how examples of health workforce innovation connect to health workforce, its professionalism and embodied capacity to drive change in different health systems



AIMS

1. To map out key areas of possible workforce innovation

based on the most important challenges the health workforce has been facing during the Covid-19 pandemic in the individual health systems.

2. To identify innovative responses at policy and organisational levels

in relation to each area of workforce innovation in the individual health systems.

3. To account for the underlying factors

in relation to individual health systems, which have influenced these responses.



HEALTH WORKFORCE INNOVATION

Areas and examples of health workforce innovations

AREAS OF HEALTH WORKFORCE INNOVATION	EXAMPLES OF HEALTH WORKFORCE INNOVATION
<i>(1) Planning</i>	<u>Expansion of public health workforce</u> (Germany) -Employment of additional staff in municipal public health offices -Creation of a new job category of ‘contact manager’
<i>(2) Training</i>	<u>Extensive training of health workforce</u> (UK) -Retraining of hospital staff in operating theatres -Supported by national guidance
<i>(3) Organisation</i>	<u>Upscaling cross-sectoral coordination</u> (Denmark) -Nested structure of ad-hoc meetings to set-up of new Covid-19 ward -More frequent meetings in existing fora to support hospital discharge



THE INFLUENCE OF HEALTH SYSTEMS

Framework for understanding how health systems support health workforce innovation

(1) FUNDING	-Regular funding -Relative flexibility of funding
(2) PROVISION	-Organisation of service delivery -Organisation of health workforce
(3) GOVERNANCE	-Control over health system/workforce -Integration of health workforce



COMPARATIVE RESEARCH DESIGN

Overview of selection of countries for comparative analysis

	<i>NHS</i>	<i>Social Insurance</i>
<i>Low burden</i>	Denmark	Germany/Austria
<i>High burden</i>	Italy/UK	Netherlands



POINTS FOR DISCUSSION

Pockets of innovation

- How to distinguish between short-term changes and those changes with significant impact on health system resilience

Influence of health systems

- What institutional contexts matter and how
- Relative influence of the health workforce as collective actors

Redefining health system resilience

- How to understand health system resilience from the inside-out





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