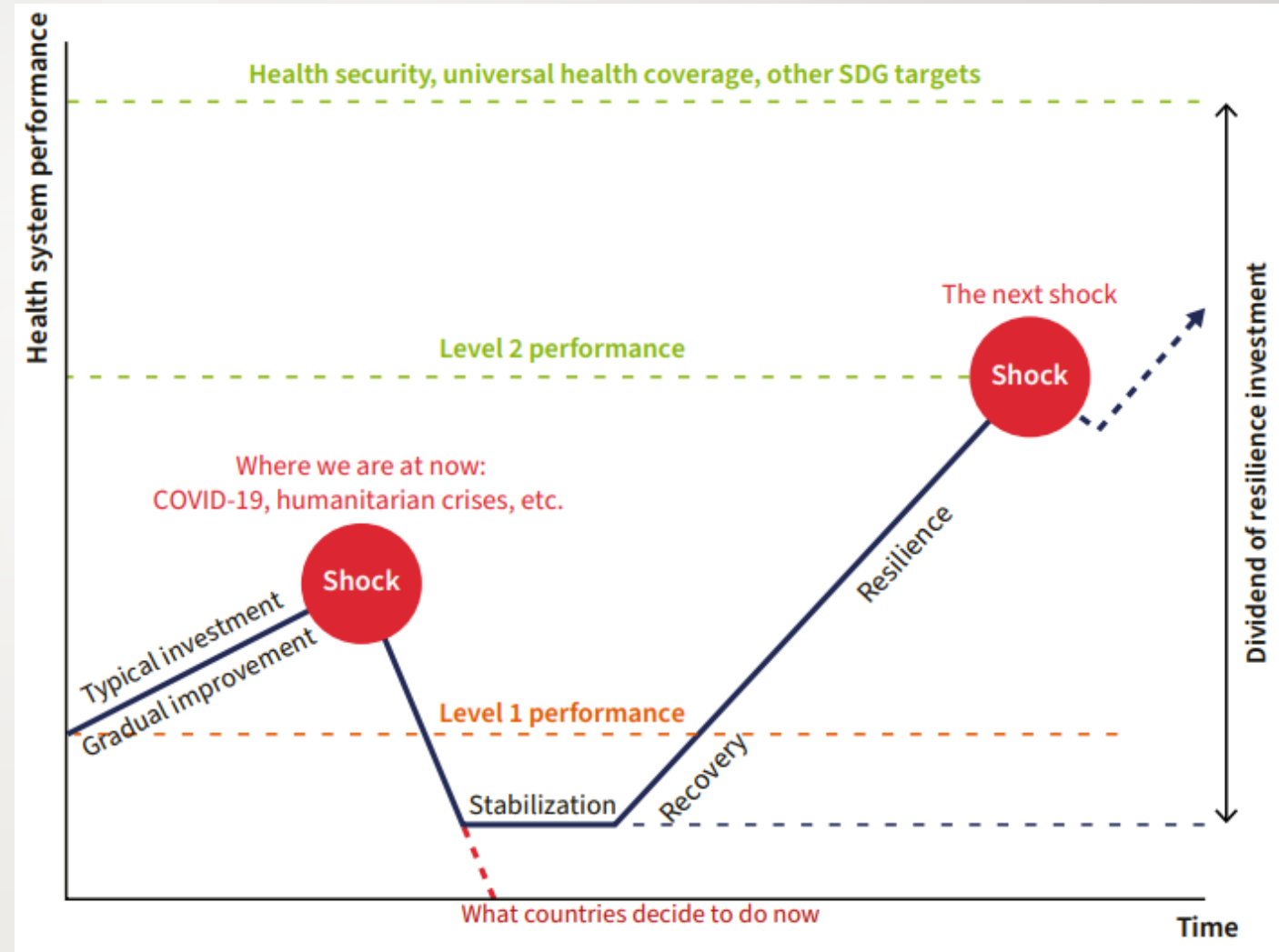


What health systems resilience is

Health system resilience means that health actors (including institutions and populations) are able to

- effectively anticipate, prevent, prepare for, absorb and adapt in response to, and recover from a wide variety of shocks and stressors
- while **delivering high quality individual and population health services** as needed,
- utilizing lessons from experiences within and outside their settings to continuously improve on their baseline capacities and performance in all contexts.



A series of tools for building health system resilience incl. health services continuity



Policy and
planning

Operationalization

Monitoring and
evaluation, and
learning

Health systems resilience toolkit

<https://apps.who.int/iris/handle/10665/354177>

Health service continuity planning for public health emergencies: a handbook for health facilities

<https://www.who.int/publications/i/item/9789240033337>

Health system recovery planning

<https://www.who.int/publications/i/item/9789240097810>

Guidance for building health system resilience to public health challenges

<https://www.who.int/publications/i/item/9789240094321>

An integrated approach to building health system resilience: online training

<https://openwho.org/courses/health-service-resilience>

Health Systems Resilience Simulation Exercises

<https://www.who.int/teams/primary-health-care/health-systems-resilience/integrated-health-system-strengthening/health-systems-resilience-simulation-exercises>

Health system resilience indicators

<https://www.who.int/publications/i/item/9789240088986>

Special collection issue on “Health Systems Recovery in the Context of COVID-19 and Protracted Conflict”

<https://www.frontiersin.org/research-topics/38177/health-systems-recovery-in-the-context-of-covid-19-and-protracted-conflict>

WHO's position paper on building health systems resilience for UHC and health security during the COVID-19 pandemic and beyond

Leverage the emergency response to strengthen health systems and preparedness

Invest in EPHFs including those for **all-hazards emergency risk management**

Strengthen PHC approach for health security and UHC

Invest in institutionalized mechanisms for whole-of-society engagement

Promote enabling environments for research, innovation and learning

Increase domestic and global investment in health system foundations and all-hazards emergency risk management

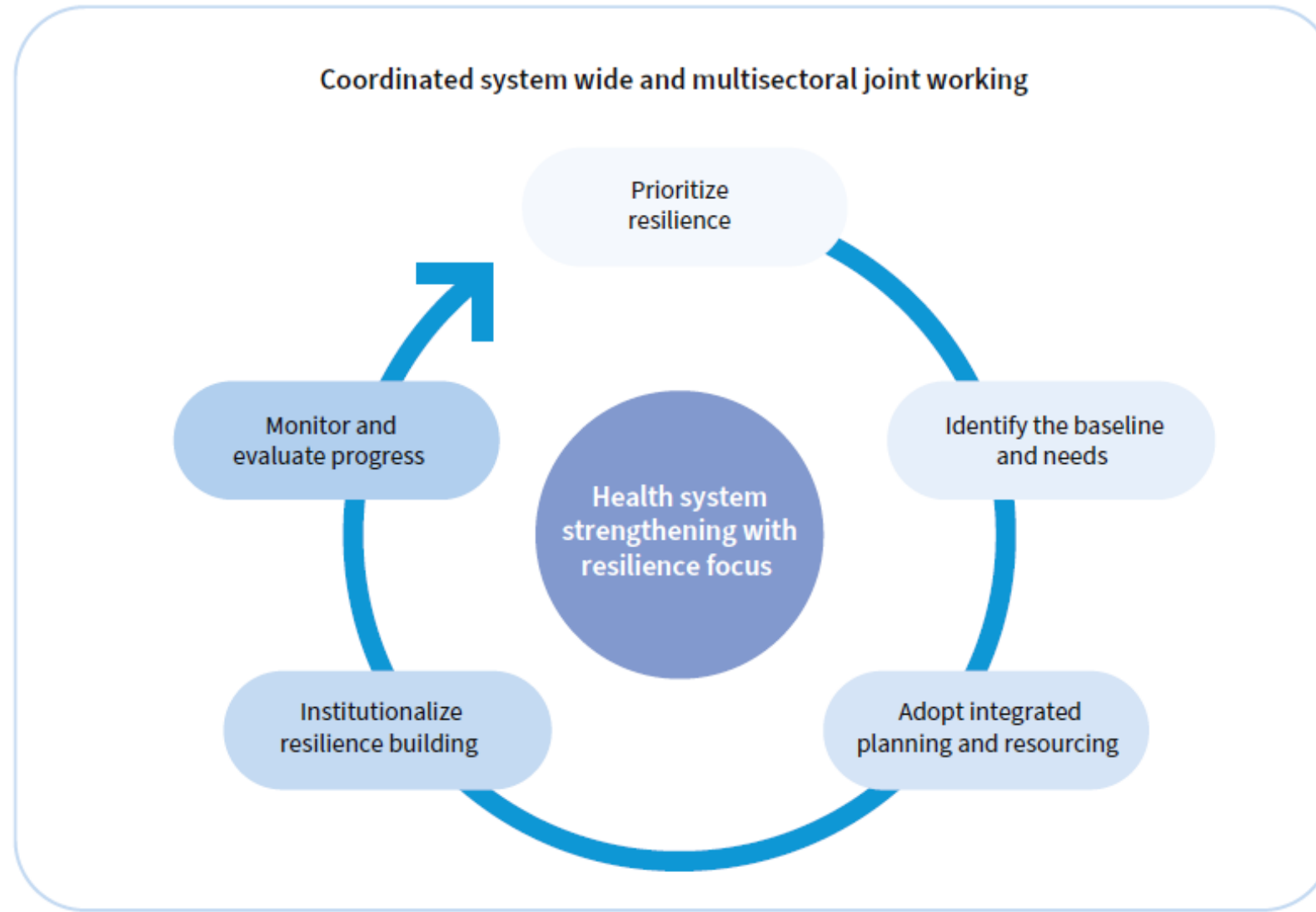
Address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations

Integrated approach



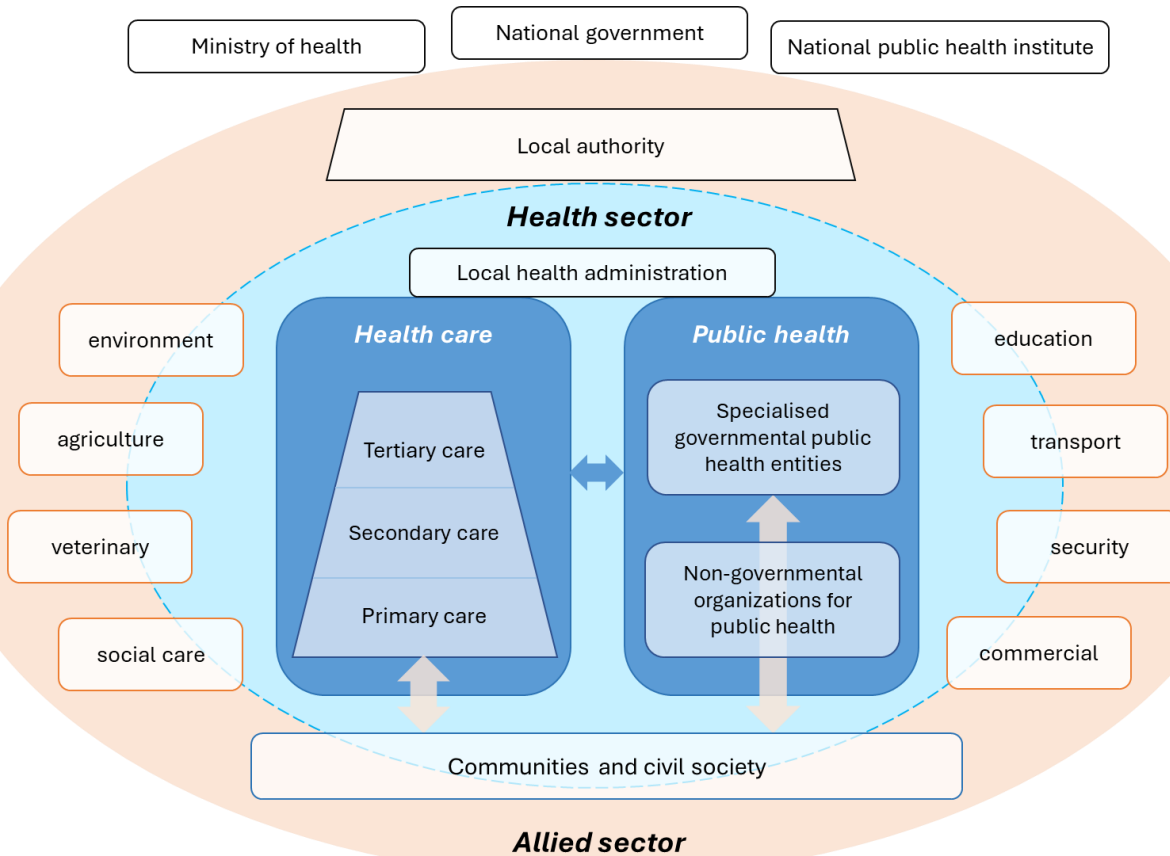
Guidance for building health system resilience

Figure ES.1 **Roadmap for building health system resilience**

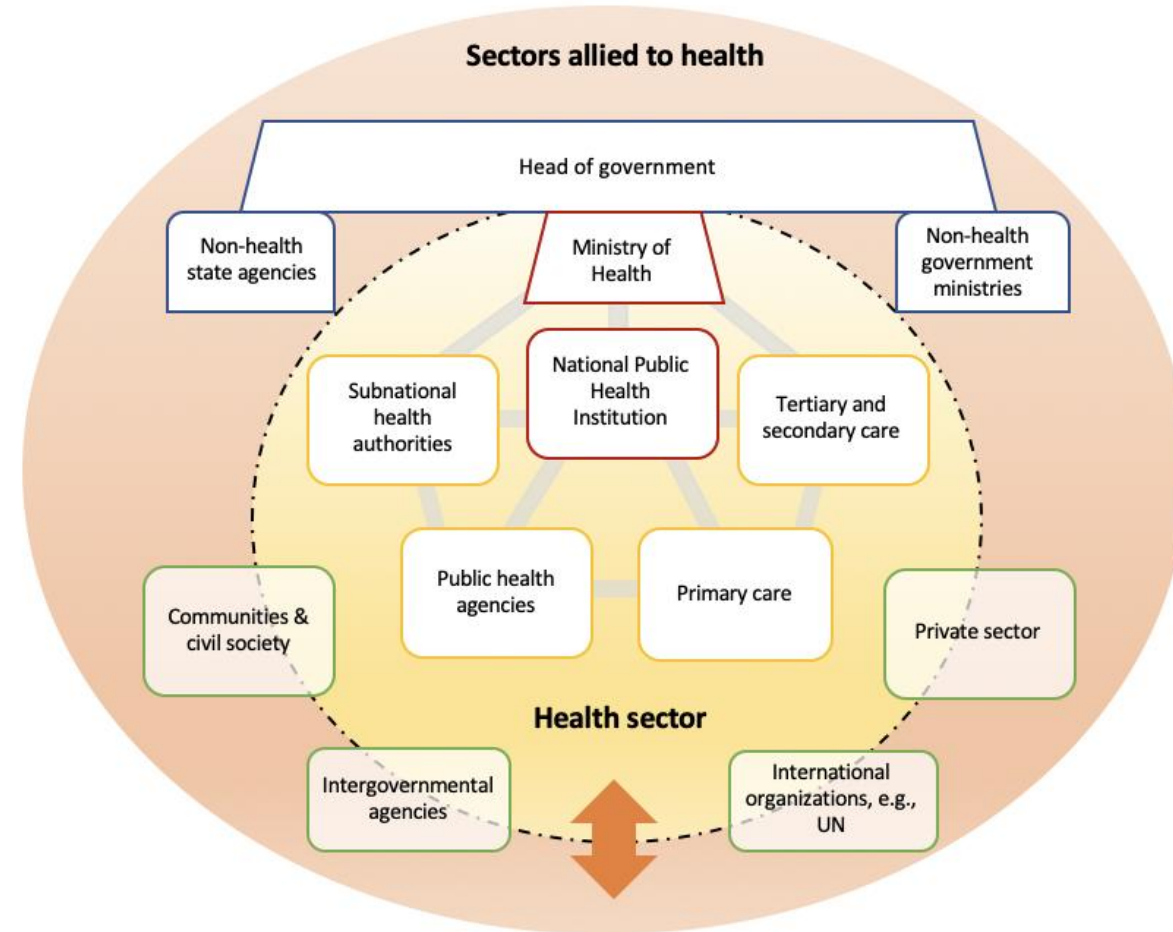


Multisectoral collaboration for public health

Local public health environment



Country-level public health governance environment



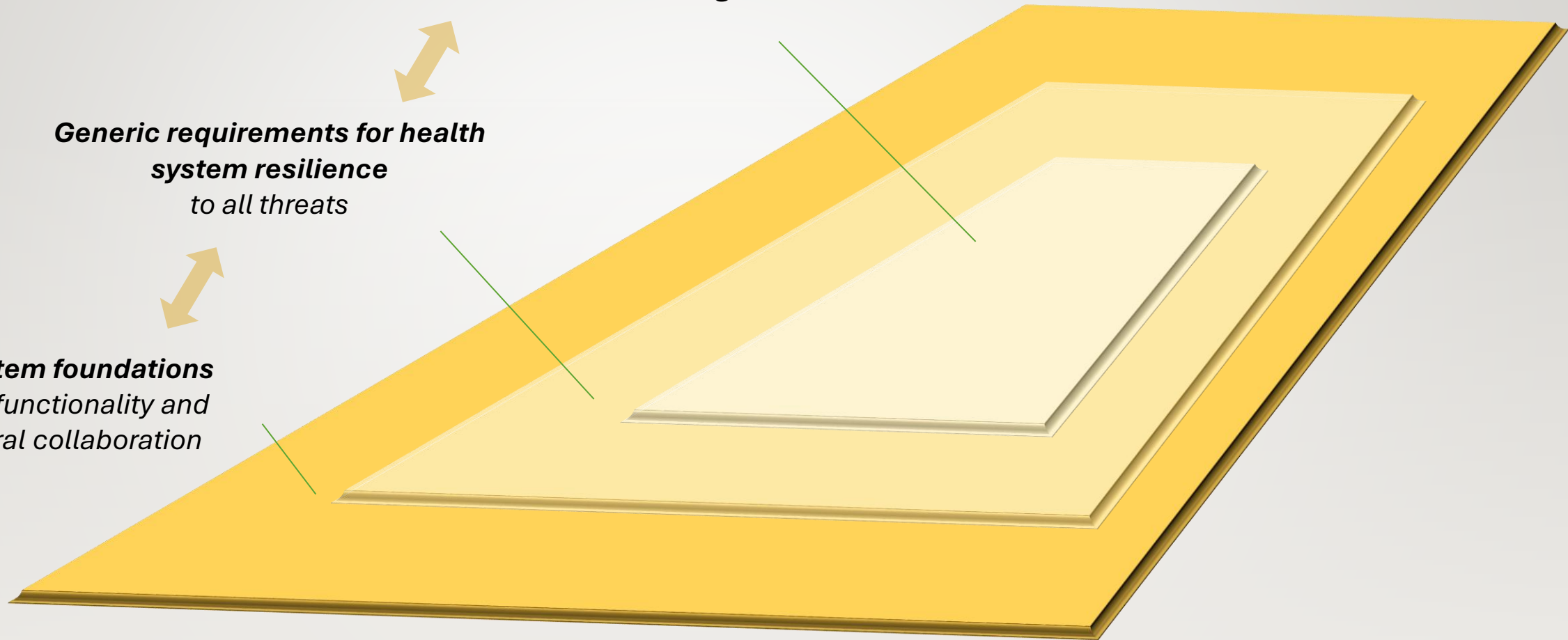
***Specific needs for managing threats
attributed to climate change***



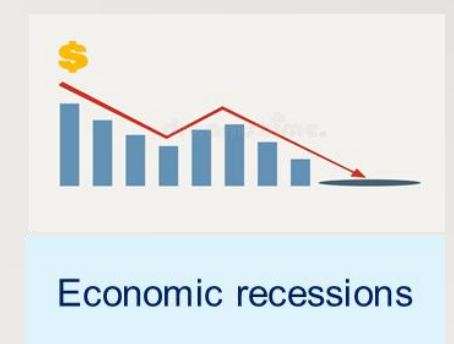
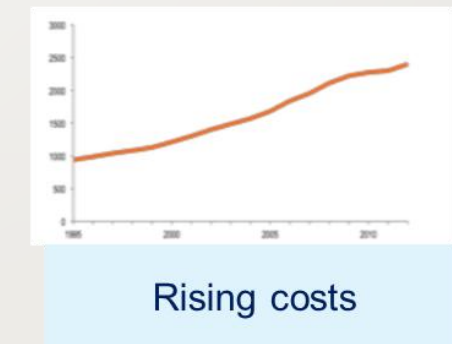
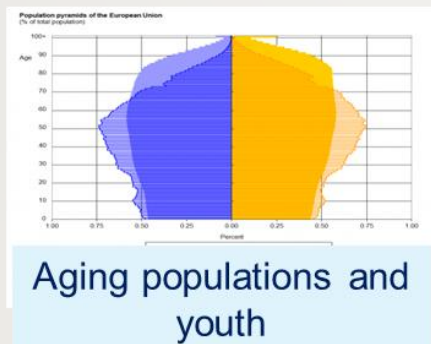
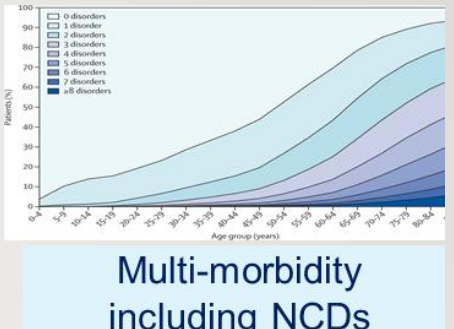
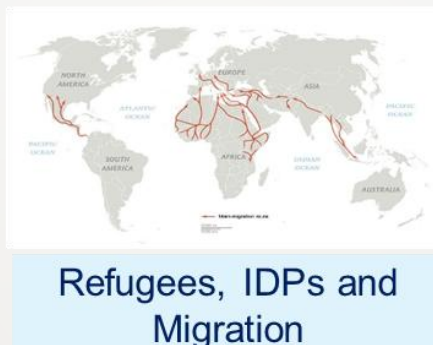
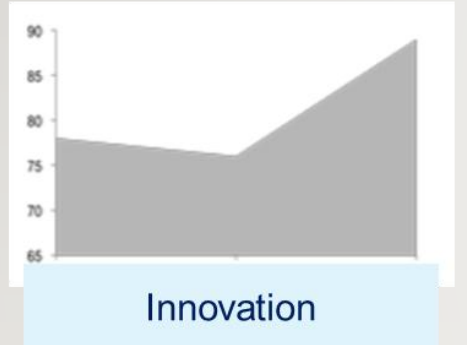
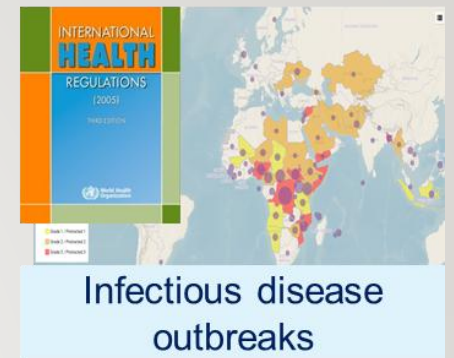
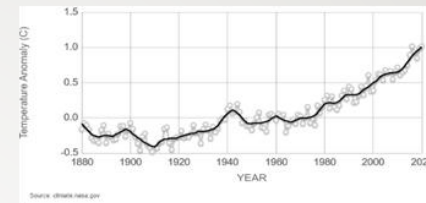
***Generic requirements for health
system resilience
to all threats***



***Health system foundations
for routine functionality and
intersectoral collaboration***



Complex stressors and demands on the health system



What was learnt

Need for integrated planning

Importance of policy coherence and cross-sectoral partnerships

Critical role of SAIs in ensuring multisectoral efforts for public health

Prioritization of health system resilience

Continuous learning to improve health systems

Leaving No One Behind is key

Multisectoral action towards sustainable development goal 3.d and building health systems resilience during and beyond COVID-19: Findings from an INTOSAI development initiative and World Health Organization collaboration

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¹INTOSAI Development Initiative, Oslo, Norway, ²World Health Organization (Switzerland), Geneva, Switzerland

This article is part of the Research Topic 'Health Systems Recovery in the Context of COVID-19 and Protracted Conflict'.

As the world faces global health crises such as pandemics, epidemics, climate change and evolving disease burdens and population demographics, building strong and resilient public health systems is of critical importance. The need for an integrated approach to building health system resilience; the widening of inequalities; and fears of vulnerable populations being left behind are critical issues that require Supreme Audit Institutions (SAIs) enquiry as independent public oversight bodies. Each country has a Supreme Audit Institution with a remit to audit public funds as an effective, accountable, and inclusive institution. Government audits are key components of effective public financial management and Good Governance. SAIs contribute to the quality of government engagement and better state-society relations through their work. As SAIs provide independent external oversight and contribute to follow up and review of national targets linked to the Sustainable Development Goals (SDGs) in their respective countries, they can play an important role in national recovery efforts. WHO and INTOSAI Development Initiative (IDI) have been collaborating in facilitating SAIs' audits of strong and resilient national public health systems linked to the national target of SDG 3.d in 40 countries across Africa, Americas, Asia and Oceania between 2021 and 2022. This paper aims to convey key lessons learned from the joint multisectoral collaboration for facilitating the 3.d audits that can contribute to building health systems resilience in ongoing recovery efforts. The collaboration included facilitation of the audits through professional education and audit support using a

<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2023.1104669/full>

Investing in building health systems resilience towards SDGs

- Health system resilience is key for socioeconomic development and achieving SDGs.

Overall goal - SDG3



Intermediate
Goals /Targets



Health systems
resilience - key
attributes



Integrated
resilience-tailored
health system
strengthening with
PHC foundation
and EPHFs



HEALTHY LIVES AND WELLBEING FOR ALL

UNIVERSAL
HEALTH
COVERAGE

HEALTH
SECURITY

OTHER TARGETS FOR SDG 3

1. Ending poverty
2. Nutrition
4. Education
5. Equality
6. Clean water
8. Economic growth
10. Inequalities
13. Combating climate change
16. Inclusiveness
17. Partnerships

AWARENESS

INTEGRATION

ADAPTABILITY

MOBILISATION

SELF-
REGULATION
AND DIVERSITY

TRANSFORMA
TION

HEALTH FINANCING

NATIONAL AND SUB NATIONAL
SERVICE DELIVERY SYSTEMS

HEALTH INFRASTRUCTURE

MEDICINES, PRODUCTS & SUPPLIES

HEALTH WORKFORCE

HEALTH GOVERNANCE

HEALTH INFORMATION

PRIMARY HEALTH CARE

Essential public health functions (EPHFs)



- Health is fundamental to socioeconomic development and progressing towards SDGs. **How can the audit and health communities work together to keep public health and health systems strengthening as top priority?**
- Public health governance and services delivery are prevalently fragmented. In a country, **what entity in the government could provide oversight to ensure public health is comprehensively delivered? What action can SAIs take to support alignment and integration of public health in a country?**
- Building health system resilience sits high on global agenda in the context of multifaceted challenges (e.g., post-COVID, climate change, conflicts, disasters, etc.). **What commitment and action could SAIs make to support building health systems resilience?**