



THE RESILIENCE OF HEALTH SYSTEMS DURING EPIDEMICS

Health system resilience has been widely studied in the context of epidemic **preparedness** and **recovery**. However, the advanced timeline of the COVID-19 pandemic necessitates the discovery of actionable policies that can be used by healthcare decision-makers to increase health system resilience **during** epidemics. This brief presents working definitions and actionable insights to enhance both resilience and trust in the context of health systems.

DEFINING RESILIENCE FOR HEALTH SYSTEMS

- Most definitions stipulate that a resilient health system is able to **absorb**, **react**, and **transform** when confronted by system shocks. This includes demonstrating the ability to maintain or improve routine service delivery.
- There are many context-specific variations of this definition. Notably, these definitions do not distinguish between whether 'resilience' is a system response or an outcome ([Odhiambbo et al, 2020](#)).
- Due to the advanced timeline of the COVID-19 pandemic, this review explores **four areas of action** that can enhance the resilience of a health system **during an epidemic** (right), which are expanded upon in the second page of this brief, as well as ways to **build trust**, which has been identified as a critical underlying element of resilience and is discussed below.



BUILDING TRUST TO ENHANCE RESILIENCE

- The relationship between trust and health system resilience is **mutually reinforcing**: trust is key to building a resilient health system, and a strong health system is also key to fostering trust ([Kittelston and Keating, 2019](#)).
- Over **1/3** of the papers reviewed listed trust as a key factor in establishing health system resilience. Of these, **80%** indicated that **community engagement** is effective in building trust in the health system.
- This analysis operates primarily in the context of **social trust** models, where trust is enhanced through social bond development between health system components and the communities they serve.
- Social trust models are believed to be **more resilient** to crisis-related fluctuations in public confidence than rational trust models ([Kittelston and Keating, 2019](#)).

Transparency

- Opening treatment units for public viewing and discussion helps to dispel rumors about healthcare workers and facilities

Speaking with One Voice

- Effective communication through a single nodal agency that employs a trusted spokesperson reduces public confusion.

Visible Local Ownership

- Putting Ministries of Health and local leaders in charge of epidemic control efforts in a way that is visible to the public increases buy-in.

Eliminating Barriers between 'Us' and 'Them'

- Collaborative and compromising policies that respect local practices decrease animosity towards health workers.

Community Engagement

- Community Engagement builds trust and decreases fear by treating communities as active participants rather than passive recipients.

BUILDING TRUST



Area of Action	Quotation	Action Items	Study
Support Healthcare Workers	<i>'Lack of knowledge was what was prompting the fear and that continued because of all sorts of messages. Everybody was coming with their own ideas... but when we started learning about the Ebola it became better'</i> (Health Worker; Raven et al, 2018 ; Ebola; Sierra Leone)	Provide appropriate psychological support, PPE, clear directives, and rigorous trainings to offset stress and fear	Raven et al, 2018
		Direct community messaging to increase community trust and support of CHWs while decreasing stigma	Witter et al, 2017
		Implement Performance Based Financing (PBF). PBF counties were more resilient and recovered more quickly post-Ebola than non-PBF counties in Liberia	Mussah et al, 2017
Generate A Sense of Local Ownership	<i>'If we involve the community it will go a long way'</i> (Nurse; Elston et al, 2016 ; Ebola; Sierra Leone)	Install community engagement as a focal point of all response efforts	Abramowitz et al, 2015
		Empower local health officials in a position of visible leadership (E.g. President Ellen Johnson Sirleaf IMS structures in Liberia)	Ling et al, 2017
		Institute policies that reflect cooperation and compromise with community practices (E.g. Ebola burial compromises)	Dickmann, 2018
Communicate Clearly and Effectively	<i>'They announced don't be afraid of the hospital, the hospital as a whole is not a holding, we have the place that we isolate suspect cases and we have another place for treatment. So when the message was out they started coming again'</i> (MCH Aide; Witter et al, 2017 ; Ebola; Sierra Leone)	Disseminate communications from a single trusted spokesperson	Ling et al, 2017
		Engage local media as partners to disseminate accurate information and debunk circulating conspiracy theories (E.g. Spanish Media during COVID-19)	Legido-Quigley et al, 2020
		Make transparency a priority in communication plans (E.g. Opening treatment centers to public viewing)	Meyer et al, 2018
Make Local Health Systems A National Priority	<i>Health facilities in the district... were able to maintain their services during the epidemic, overcoming public fear of Ebola and lack of confidence in service providers, which led to the public staying away from facilities in other districts in Sierra Leone</i> (Researcher; Quaglio et al, 2019 ; Ebola; Sierra Leone)	Keep local primary care facilities open, supply chains intact, and staff paid to reduce collateral impacts on the health system and staff turnover	Kieny, 2014 ; Quaglio et al, 2019
		Establish regional cooperatives for surveillance and disease response (E.g. SEA COORDs Initiative)	BMJ, 2017
		Transfer response funds from national to community level social mobilization teams	Elston et al, 2016