## Working together to advance resilient health systems across the OECD



At the OECD Health Ministerial Meeting on Jan 23, 2024, health ministers from the countries of the Organisation for Economic Co-operation and Development (OECD) discussed policies needed to strengthen the resilience of health systems, in an often adverse political and economic context. During the COVID-19 pandemic governments learned the importance of being prepared, of communicating transparently, and cooperating in trust, to respond to the unpredictable. When the next health crisis hits, our response must be coordinated, fast, and strong.

Although efforts to improve preparedness are under way, we must not omit the fundamental lessons COVID-19 has taught us not only about preparedness, but also about investment in health care. While a full account of the pandemic response will still take more time in many settings, different reviews<sup>1-3</sup> have highlighted insufficient preparation with response plans inadequate to respond to a system-wide shock. Fundamentally, the pandemic revealed major unaddressed vulnerabilities of countries' health systems, notably with regard to medical supply chains and the health workforce against a backdrop of long-standing lacunae in investment in health systems.4 The health workforce rightly received much praise during the pandemic, yet faced extreme pressures, exacerbated by pre-existing staff shortages.5

In 2024 health systems are still struggling to overcome the care backlog in the wake of the COVID-19 pandemic. In addition to the care backlog, the pandemic also underscored the increasing salience of mental illhealth.<sup>6</sup> Training of health workers, mainly nurses and general practitioners, is not keeping up with projected needs as populations age. International recruitment of the health workforce is not a viable solution for all countries, given the global shortage of health workers, which is estimated to reach 10 million in 2030.7 We know governments have to invest more, in a targeted way, in the resilience of health systems. However, the costs involved, given historical underinvestment, are substantial. With regard to the health workforce, there is also a need to reconsider the sharing of tasks and responsibilities to make optimum use of all available talents and skills.8 Such a reform drive requires international cooperation.

The conundrum facing health ministers is how to boost investment in health system resilience at a time of rising health-care costs while economic constraints have restricted fiscal space. Innovative solutions are needed to navigate these challenges. Simply multiplying what already exists will not work. It is not tenable to spend more money on treating the consequences of ill-health without addressing the wider context of health system resilience. The renewed OECD health system performance assessment framework, which was approved in December, 2023, can inform decisions on future investment priorities.<sup>9</sup>

First, much more emphasis needs to be placed on addressing the determinants of ill-health and promoting healthier environments and behaviours. This approach is crucial to respond to health challenges such as obesity, which has nearly tripled worldwide since 1975.10 Health systems alone cannot change the broader social determinants of health. They need to work in partnership with the populations they serve. The need for people-centred care has never been greater, but so too has the need for societal conditions that make a healthy lifestyle possible for all people. For too long disease risk factors have been framed as mostly linked to individual choices. The commercial determinants health are rightly now receiving increased attention.11-13 In addition to what individual countries can do, the OECD and WHO can provide evidence and recommendations; the EU can create necessary legislation for its internal market (eg, taxation, health warnings, regulation of advertisements, nutrition labelling, and age limits).

Second, policies are needed to address health inequalities and gender biases. More than 80% of adults in the highest income quintile rated their health as good or very good in 2021, compared to 60% of adults in the lowest income quintile on average across OECD countries. Ill-health reduces lifetime earnings, fuelling a vicious cycle. Addressing health inequalities requires a well organised and adequately funded welfare state and the social standards it embodies.



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For the OECD Health Ministerial Meeting see https://www.oecdevents.org/health-ministerial/ en/content/ministerial-meeting Third, populations are ageing. Worldwide, the number of people aged 65 years or older, a population that typically has the greatest health-care needs, is projected to more than double, reaching 1.6 billion in 2050. 16 Yet, with falling birth rates in many countries, the population in work supporting those no longer working continues to shrink, making it even more important to increase the number of healthy life-years in the population.

Addressing these challenges requires policy reform. Greater use of digital solutions, including the use of artificial intelligence solutions under clear guidance, <sup>17</sup> can help to transform the delivery of health care. Governments need to drive out ineffective health spending to cover the extra investment to strengthen resilience. It is staggering to find that some health expenditure provides little or no value. <sup>18</sup> Reducing such wasteful spending on health would liberate considerable amounts to invest in more and better care.

Governments need to look beyond health systems to redouble efforts to prevent ill health and address the social determinants of health. Bold decisions must be made if we are to deliver more resilient health systems, reduce inequalities, and keep people healthier for longer. This progress is feasible, but only if we work together. Health ministers need the support of the whole of government, stakeholders, citizens, health practitioners, and patients. That is our message, but also our common ambition as health ministers, for the years ahead.

I am the Deputy Prime Minister and Minister of Social Affairs and Public Health for the Belgium Government and Chair of the 2024 OECD Health Ministerial Meeting.

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