

# REFORM *for* RESILIENCE

## The Post-Pandemic Policy Commission

### Call for Expert Evidence

February 2021

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#### Aims of the Commission

As global leaders confront in 2021 the legacy of COVID-19, Reform for Resilience: The Post-Pandemic Policy Commission ('Resilience Commission') has been convened to bring together internationally respected leaders from global business, health and public policy committed to improving Health Resilience and make recommendations about how economic growth can be used to improve the health of the population.

The Commission has at its heart 4 core defining propositions:

1. **Resilient economies recognise the fundamental relationship between health, environment and economic growth.** As COVID-19 has exposed at local, national and international levels, population and environmental health are fundamental requirements for economic health. It is now clear that models of economic growth need to build in Health Resilience as a core value component informing all activities; and contemporary, evidence-based policies and investments need to be developed for their potential to influence Health Resilience.



Nationally and internationally this must be made transparent through simple and powerful metrics, demonstrating a clear direction of positive outcomes for health, the environment and economies.

2. **The pace of life science and health technology convergence during the pandemic has been transformational.** Advances include public health skills, strengthened by the new genomics, diagnostics, drug discovery and vaccine manufacturing; to track and trace, use of devices, telemedicine and digital health. The greater incorporation of life science and technology into the notion of Health Resilience is imperative for creating new opportunities and approaches. However, the translational process from life science and health technology can represent a challenge for complex healthcare systems. It is therefore important to understand the value proposition of these advances, including benefits and harms, to ensure appropriate and supporting infrastructures can be built.
3. **Embedding Health Resilience is imperative to the post-pandemic commitment to “Healthier Growth”.** Historically, global shocks such as the 2008 financial crisis should have been a catalyst for reform from which population health emerged stronger. This has not been the case in some countries. We now have an opportunity to address necessary reforms in the context of the experience of the pandemic shock where many countries were inadequately prepared, especially from a health and economic perspective. 2021 can be our collective reset year. As the COVID-19 pandemic has shown, in addition to preparedness, the world also requires better frameworks for ‘healthier growth’: addressing population health susceptibilities and inequalities, and improving mechanisms for access to vaccines, drugs, diagnostics and technologies.
4. **Data, Metrics, Indices require a reset.** The 2020 pandemic has exposed structural and cultural weaknesses in how we measure and reward national economic practices. More sophisticated approaches to what is valued in terms of growth and productivity across business and the economy are required. Building better health and economic models, building in the value of disease prevention as well as treatment, understanding the interconnectivity of such models, and common platforms for data in healthcare is an increasingly urgent priority if 2021 is to be a serious reform year for global health.

## 2021 Work Programme

The Resilience Commission is an international initiative to frame practical recommendations for policymakers across governments and international agencies such as G7, G20 and OECD to make COVID-19 a catalyst for strengthening a global commitment to place human health at the heart of global conceptions of economic health.

Over 2021, the Commission will collect research and evidence to make policy recommendations about generating greater Health Resilience. Whilst there is a mountain of data on traditional health and economic metrics, there is a general dearth of integration of health and economic models to properly value health in the context of the economy, and track the relationship between health and the economy over time. The Commission aims to:

- Identify key drivers of **'Health Resilience'**;
- Make specific **policy recommendations** to enhance the institutional commitment to global Health Resilience as key to what could be termed 'healthier growth'; and
- Develop a **Health Resilience model and index** to help drive cultural and policy change.

### Interim and Final Report

In an Interim Report in June 2021, followed by a Final Report in December 2021, a series of recommendations for promoting the adoption of Health Resilience to be properly adopted by economies (and companies) will be set out through:

- New approaches to integrated health economic models to augment current models, with better measures of the value of interventions;
- New approaches to evaluate, assess and harness the best of the potential of emerging and fast-evolving health technologies and digital health tools to drive a stronger relationship between the economic prosperity and population health;
- Institutional commitment to Health Resilience reporting at national and international level;
- Adoption of a standardised set of robust Health Resilience indices, metrics and econometric models to help governments and global corporations assess their contribution to Health Resilience;
- Incorporation of a measure of Health Resilience in public accounts.

### Regional Insights

The impact of COVID-19 has differed across regions, with some sectors, countries and companies dramatically outperforming others.

Our Regional Hubs - Asia-Pacific, Europe, India and North America - provide the opportunity to develop a globally effective platform working to a common goal of improved Health Resilience for us all, across diverse global communities capitalizing on their many strengths. These also bring in many national voices, as well as major influencers of the global economy beyond national boundaries.

## Call for Evidence

Building on insights from the Commission's first summit and initial call for evidence, the Commission is seeking further expert evidence and insights to inform the following questions for our 2021 reports.

### Defining Health Resilience for the Future

It is essential to ensure that a clear working definition of 'Health Resilience' underpins all of our work. The term is currently used in a multitude of ways. Taking a systems viewpoint, OECD defines *economic resilience* as the ability of a system to plan and prepare, absorb, adapt and recover from **adverse events**<sup>1</sup>. Similarly, the WHO defines *Health Resilience* as the process by which populations (individuals and communities) adapt in the face of adversity, trauma, tragedy or threats; and the capacity of a system to forecast and anticipate **shocks** that bring about new challenges and opportunities, and to absorb, adapt, and transform when exposed to external threats, with the aim of recovery<sup>22</sup>.

However, these definitions are focused on understanding only the impact of systemic shocks. They do not explain the requisite foundations for how resilience is achieved. Resilience describes not only a key, often emergent, characteristic of a system, but also the process required to architect the origins of such resilience and their delivery over time. Robustness requires foresight, while adaptability and flexibility require planning and agility in response to change. Resilience is typically delivered in response to predefined expectations of performance and may have multiple, potentially conflicting, goals. Multi-objective resilience demands deep knowledge of a system, its components and their interconnections, as well as clear articulation of what must be resilient to what over what timeframe, and a sense of the dynamic priority that might be ascribed to restoring conflicting performance measures.

The pandemic experience has shown that there are strong, dynamic relationships between multiple systems, including population health, health systems, life sciences and technology, the environment and economic systems. Further, there are emerging insights that resilience during the pandemic reflects the extent to which an economy has invested in these elements as foundation systems over time. The Commission believes that the dynamic interplay between systems can be leveraged to create or improve Health Resilience.

The Commission is therefore seeking expert advice and insights on the development of a broader definition which:

- Places Health Resilience within its broader system contexts;
- Synthesises and integrates systems evidence from before and during the current pandemic to identify inter relationships between systems;
- Creates a framework for future investments in Health Resilience; and
- Develops models which can be used, for example, to model how the growth of an economy (or business) can improve the long-term Health Resilience of its population (including its workforce).

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<sup>1</sup> OECD 2019. Resilience-based Strategies and Policies to Address Systemic Risks.

<sup>2</sup> WHO EURO 2017. Strengthening resilience: a priority shared by Health 2020 and the Sustainable Development Goals. WHO Regional Office, Copenhagen

## Thematic Research Questions

In addition, the Commission is seeking expert advice and available research to inform three thematic areas: to identify key drivers of **'Health Resilience'**; to make specific **policy recommendations** to enhance the institutional commitment to global Health Resilience as key to healthier growth; and to develop a **Health Resilience model and index** to help drive the cultural and policy change.

### Theme 1: Key Drivers of Health Resilience

The Commission proposes that new approaches to health economics are needed, acknowledging the intricate relationship between a population's health and the way it manages its economy. Both population and environmental health are fundamental requirements for economic health. Greater importance needs to be placed on population and environmental health as a structural driver of economic performance. Within the many drivers of population health, it must be acknowledged that health systems are not simply a cost to economies, but an integral aspect of a nation's economic growth. Further there is an important role for the life sciences sector and health technologies and their potential to contribute to Health Resilience.

To this end, expert and research-based contributions are sought to respond to the following questions from an interdisciplinary perspective:

- *Current State:* Are there existing or emerging health-economic models which incorporate the concept of Health Resilience?
- *What is needed for the future?* Based on pandemic experience, how could existing government/treasury economic and financing models which inform policy be adapted or expanded to place greater emphasis on population health, life sciences and health technologies as key drivers of economic productivity and Health Resilience? How can health and economic data and analysis be better developed/used to properly value health, cost disease and track 'Health Resilience' overtime?

### Theme 2: Health Resilience: Policy options and priorities

The Commission aims to make specific **policy recommendations** to enhance institutional commitments to Health Resilience as a key to sustainable, more equal and healthy growth. To this end, country case studies, formal research and expert insights and analysis are sought from before and during the pandemic, including policy development, implementation and impact. In addition, the Commission seeks broader research and analysis about policies and business-academic-government approaches which improve Health Resilience, which may include studies of public and private partnership mechanisms.

The Commission is *not* focusing on the state of pandemic preparedness and planning, which are the subject of other Commissions and inquiries. Rather, the Commission is focused on how broader models and policy foundations proved relevant, or not, to responses that maintain population and economic health during the pandemic.

Key questions for research papers and case studies could include:

### **Forecasting:**

- *Current State:* Were forecasting exercises and models sufficient to inform policy choices at the outset of the pandemic? Were population health factors/susceptibility (i.e. chronic disease, obesity, ageing population factors) anticipated as part of the forecasting exercise? Were health and economic forecasting linked in their approach? Was there adequate attention paid to the relationship between environment-animals-human health in forecasting models? Have businesses been engaged or consulted about health and/or economic forecasting?
- *What is needed for the future?* Are there additional forecasting approaches which should be considered across the long term? How can economics forecasting benefit health forecasting? How could health and environmental forecasting approaches improve economic forecasting? How are these measures interrelated in dynamic, altered or 'shocked' systems?

### **Adapting and Transforming:**

- *Current State:* In the face of the initial pandemic shock, what were the immediate health and economic policy options and choices? Were these sufficient? During subsequent waves of the pandemic, were there additional policy choices which needed to be made? What were these? Were there prior policy and governance foundations relevant to these initial and subsequent policy choices? What were these? What governance mechanisms were put in place? Did they include both health and economic policymakers? Did they include university or private sector actors? How were corporate actors and activities important?
- *What is needed for the future?* What are the short- and long-term policy lessons from the management of COVID-19? What is needed for the future? Are there additional policies and investment that would be beneficial for adaptation and transformation?

### **Foundations for Health Resilience:**

- *Current State:* Was there evidence of longer-term strategy and investments (population health, health systems or other investments, for example, or investments in life sciences, or health technology) which became important to the ways in which countries adapted to the pandemic? How might these foundation elements be developed and costed into a Health Resilience model?
- *What is needed for the future?* What are the priority health, economic and environmental policies and investments needed for transformation and recovery? Focused on healthy growth, what population health policies and health systems policies and investments are needed to transform and recover sustainably and more fairly from the pandemic? Which are needed for the future? How can preventative strategies be better incorporated as a key aspect of Health Resilience? Are there life science or health technology policies or investments, or partnership and collaboration models, which will benefit future Health Resilience? How can environmental aspects including the impacts of climate change be better incorporated to improve Health Resilience? How can government and corporate leadership be encouraged to focus on Health Resilience?

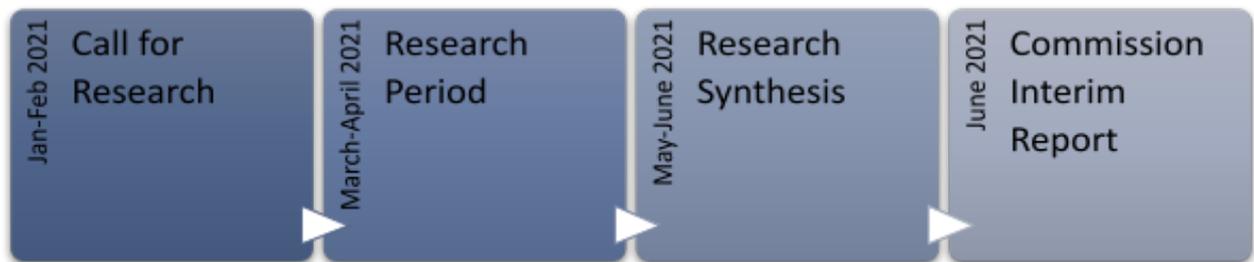
### **Theme 3: Models, Indicators, Metrics**

The Commission is seeking to identify and develop a **Health Resilience model, indicators and/or index** to help drive cultural and policy change. As such we are seeking to identify key reporting processes, models, metrics and/or indices which can be established to monitor Health Resilience for the long term.

Expert contributions are therefore sought on the following questions:

- *Current State:* Which key and robust indices and measures would be best used to understand the dimensions of Health Resilience? How are the indices in these models interrelated? Which are the best practice examples which place value on the health of a population? Are there robust indices or measures to assess population health susceptibilities, which integrate communicable and non-communicable diseases, including mental health, as well as address inequalities? With firms and industry sectors widely impacted by the pandemic, is there a different understanding of firms and industry sector activities and their roles in future Health Resilience, based on pandemic experiences? Are there robust environmental measures or indices which can be used to identify environmental vulnerabilities which may affect outbreaks or pandemics? How are all of these measures and indices interrelated? What are the data opportunities and challenges? Is there sufficient data? Could an Index be developed? How? Where are the best data investments?
- *What is needed for the future?* How can health economic models and metrics build in health and environmental dimensions, to generate an analysis of Health Resilience for the long term?

## Making a Contribution



The Commission invites you to submit expert advice on identified research themes and questions of your choice. These papers will be published and may be referenced within the Commission's report and recommendations.

Research may include:

- An expert overview or synthesis paper in an area related to the research questions;
- A briefing or outline of an important aspect of related research which is currently underway or is planned;
- A case study formatted using the structure outlined in this paper.

You are invited to submit your proposed areas of expert advice to the Secretariat by 28th February 2021, including the selected theme, and/or the specialised questions to be addressed.

### **Research papers should be submitted by 30 April 2021.**

Papers should be no more than 3000 words in length and should include a summary of no more than 5 dot points. Manuscript format is preferred (Calibri 11pt; 1.5 lines).

- Research papers should be given a title, and list authors in order of contribution so that these can be referenced in the report.
- A preliminary title and abstract should be provided to the Commission secretariat by 28th February.
- A corresponding author should be included in the research paper. The corresponding author is responsible for ensuring the agreement of all authors to the submission of the manuscript in its final form; and will be the main point of contact for any queries.
- More than one research paper may be submitted by each individual or institution.

### **Each research paper will be reviewed by the Commission's research committee.**

- The committee will make recommendations about the research paper and has the final authority on whether papers are accepted for publication and use.
- Knowledge and content from papers will be referenced within the Commission's report.
- Except for any submission supplied in confidence, submissions will be published as part of the evidence provided to the Commission on the Commission's website and will remain there indefinitely as a public document.

For more information, please email [secretariat@reformforresilience.org](mailto:secretariat@reformforresilience.org)