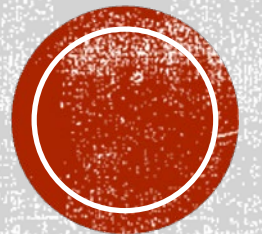


# MOVING TOWARD A RESILIENT HEALTH SYSTEM: AN OBJECTIVE CONFIDENCE

Comments by: Sara A HASSANAIN



# THE MACRO-LEVEL TRAJECTORY-ILLPREPARED YET OVERCONFIDENT

- The strongest component of this report is the flagged question of “ How certain we are about our health system responsiveness and resilience to un- certainty ? ” . This can be a benchmark for countries in order to move forward.
- The whole public health jurisdiction and health systems should not and cannot be read in isolation from the political and economic trajectory of the countries .
- The epoch of COVID-19 shock , the prevailing political unrest in MENA/EMR , and their associated economic and social events impact health.



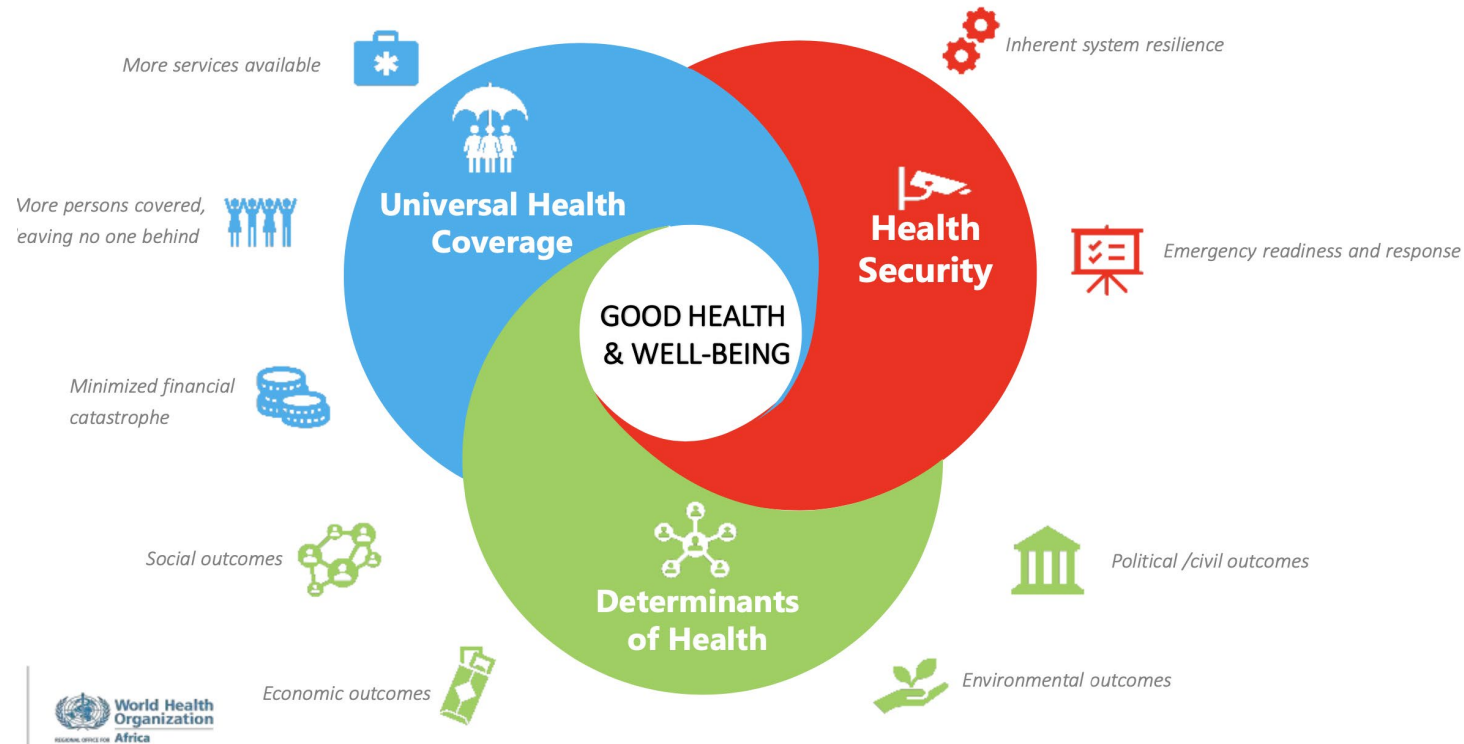
# THE GOVERNANCE AND THE MACRO-LEVEL TRAJECTORY-ILLPREPARED YET OVERCONFIDENT

- Political ruling models, instability, and unclear *overall development and ruling programmes*, could further impose gaps, data abandon, weak & vulnerable systems.
- Linked prioritized short-term wins = augment Fiscal myopia
- Holistic comprehensive interventions towards integrated **UHC + health security + health determinants.**



# HOLISTIC AND MULTI-SECTORIAL APPROACHES (AVAILABILITY & QUALITY UHC-ONE HEALTH-IHR)

## 21<sup>st</sup> Century Health Systems: Range of expected results



# EPIDEMIOLOGICAL TRANSITION-DEMOGRAPHIC DIVIDEND (DISRUPTED INTERVENTIONS)

- Healthy policies, legislations, & positive balance of trade (Essential & Vitals medicines, sufficiency Local manufacturing)
- Diplomacy – Promote for collective identity & diagnostics that work and work specifically for the poor (Beyond the Cost effectiveness- Balance it with in this profit led sphere )
- Data and information system infrastructure = Reliable context specific solutions & appropriate technologies for vital statistics, demographic, logistics and integrated health information.



# EPIDEMIOLOGICAL TRANSITION-DEMOGRAPHIC DIVIDEND (DISRUPTED VACCINATION-LIMITED WORKFORCE)

- A necessity of tackling all levels: micro (optimising access), meso (strengthening the resilience and capacity), and macro (consolidation of actions).
- Imposing the highest bar of comprehensive set of indicators that sufficiently read common good for health (CGH), externalities, DoH, commercial Determinants of health (CoH), climatic warning, inclusiveness, community centred and health system investments.
- Cyclical field informed mixed method research project (Cover the local community perceptions, inequity, gender mainstreaming , refugees, and the voting by foot – imposing health system & planning research (HSPR) + monitoring learning, evaluation and learning evaluation (MLEL))



# THANK YOU

- With that, I thank you once again for convening discussions and look forward to the application of multi-sectorial reliable solutions .

