

COVID-19 Pandemic: Learning Lessons and a Vision for a Better Health System

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“Never let a good crisis go to waste.”

—Rahm Emanuel

The fight against COVID-19 is ongoing and will require a great deal more effort and coordination through local and global initiatives. It is clear that the outbreak will have a lasting impact on healthcare investments and delivery models for many years to come.¹

The COVID-19 pandemic has driven the world into another recession. For 2020, it will be worse than the global financial crisis of 2008.² The economic damage is mounting across multiple sectors and across the globe. In Oman, the first two cases of COVID-19 were reported on 24 February 2020 in the capital city Muscat, linked to travel to Iran.³

Therefore, equipped with lessons from the pandemic, health leaders and health-policy-makers should be urged to proactively argue the economic case for continuing to increase investment in healthcare. The following lessons are early reflections from the pandemic to help strive for better health systems.

Strengthening health systems and rapidly reorganizing service delivery are the first lesson learned from the pandemic. However, health systems require financial resources to accomplish their goals.⁴ There was a major need to access additional funds to cater for the pandemic surge in spending and urgent requirements to control the crisis. This included an excessive need for testing kits, sanitation, face masks, gowns, and ventilators. Also, the need to sustain essential health services in the suspense of the routine supply-chain channels with local and global lockdown. The launch of Oman's first endowment

fund dedicated to public healthcare services could not have come at a better time.⁵ The new endowment fund offers a non-traditional option to help sustain the financing of the public healthcare sector in Oman during the COVID-19 pandemic. It will continue to be a long-term add-on of financial support for the healthcare sector.

An integrated healthcare system and realizing the goals of healthcare integration are the second lesson. Health facilities need to adopt a high degree of congruence of services at different levels and sectors. This includes triggering the transformative role hospitals play⁶ to end the division that imposes increasingly counter-productive barriers between hospitals (referral care) and primary care. The time for disciplinary medical specialty 'silos', strict hierarchies, and rigid categorization by the level of care must be addressed and rectified. Care coordination and integration across health pathways are critical, especially for the swiftly growing number of elderly suffering from multiple chronic diseases.⁷ With the COVID-19 pandemic, the joint and shared responsibility of disease control across all levels of care, elevated integration.

Enhancing technology use to control COVID-19 pandemic⁸ and to sustain short- and long-term essential health services are the third lesson. Oman launched a powerful technological solution (Tarassud Plus) to track the movement and spread of COVID-19.⁹ It ensured patient compliance with isolation measures to contain the disease in the country. In addition, globally⁸ and locally, there was a major rise in the use of telemedicine clinics. This increased access to medical consultations for multiple patient groups, especially for the follow-up of patients with chronic diseases. This was an

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important step to reach out to patients who have been impacted by the suspension of elective health services during the pandemic.

Talent management and employee engagement are not a luxury, it is what drives productivity¹⁰, and it is the fourth lesson of the pandemic. We must remind health workers how vital the work of their healthcare facility is. We must remind each employee that their work and contribution are important. Employee engagement is driven by conscious, direct contact between leaders and employees.¹⁰ While employee engagement might not be at the forefront of your mind during this crisis, productivity and employee retention should be. Employee engagement is the most powerful driver of productivity and creativity. With the pandemic, frontline health and wellbeing became a priority area for workforce management and engagement.

The power of community involvement and the importance of developing effective housing and labor regulations are the fifth lesson. The role of the community in controlling disease spread through simple, effective measures such as social distancing and quarantine became one of the most compelling actions for disease control. The immediate lesson learned here is that we are all public health practitioners. Where we live, what we eat, and our social distance has a direct impact on our health beyond the boundaries of a health service.¹¹ This is what helped save our health system to date, collective, and shared community responsibility.

Agile leadership is critical in times of crisis, and it is the pandemic's sixth lesson. Four fundamental agile leadership competencies were valuable before, during, and will continue to be relevant post-COVID-19.¹² Humility is a fundamental competency of agile leadership, it removes the need for leaders to have all the solutions and humble enough to revoke decisions as the needs arise. At an individual level, it is about being adaptable by being open to new ideas and changes of opinion or direction during the unpredictability of the pandemic crisis. Having a clear vision, even in the face of short-term uncertainty, is an important part of leadership competency. Agile leaders need to be engaged, but they also need to find ways to keep their teams engaged, particularly when the path becomes challenging or ambiguous.¹²

In conclusion, although the COVID-19 pandemic remains front and center for healthcare

leaders, it is never too early to learn lessons that can be applied to better deal with this crisis. Especially during a global pandemic, lines of communication from health system leaders to providers, support staff, and others must remain open, and the information shared must be accurate. In addition, it is important to consider the above lessons moving forward which can be part of a vision for a better health system. Although there might be some variation on which lesson is a priority, the order of the above lessons is not intended to reflect importance. All are important lessons with no exception.

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