

Global Health TV Interview with Dr. Aye Aye Thwin  
Fourth Global Symposium on Health Systems Research  
November 16, 2016 | Vancouver, Canada

Host: We're here with Dr. Aye Aye Thwin. She's with the U.S. Agency for International Development. Thanks for joining us.

Thwin: Thank you.

Host: Can you tell me what a resilient and responsive health system means for you?

Thwin: So, resiliency is an important aspect that has emerged when describing health systems recently, and a resilient health system is when a health system is able to withstand the shocks and the unexpected challenges to the system and yet continue to deliver services. The other aspect of a resilient health system is the ability to adapt when those shocks are occurring; that they are able to adapt to the conditions as it were-- and also continue to serve the population that is dependent on it.

Host: What would you consider to be the major challenge and when it comes to making that health system more resilient?

Thwin: So, the challenges would be if a health system is vulnerable, it means the providers, the staff, the people who are running the system are not empowered. They are not equipped to deal with these unexpected shocks. There are not enough resources. There's not enough information, and there is not enough trust between the system and the catchment population. So, these are the challenges that the system would have to face if it ever becomes not resilient.

Host: And what kind of shocks are we talking about?

Thwin: It could be a number of things. The most recent-- the current setting—we've witnessed is in West Africa with Ebola outbreaks. So, you know very sudden outbreaks of deadly pathogens and epidemics can sort of flood the system and also cause it to crash. And so-- or climate change, or natural disasters, or conflict and civil unrest-- these are the different kinds of shocks that can happen, you know, very suddenly, and so those are the reasons when the health system would be challenged.

Host: What action do you think must be taken at this point to make health systems more responsive?

Thwin: I think it's important to plan in advance. We have some information of what kinds of causes have become common; to think ahead and to be prepared when those occurrences could happen; to analyze the system to see vulnerabilities. If people are not equipped, how can you ensure that health providers, health managers are equipped to build trust in advance and to make sure that the community is also prepared. If in case the formal health system is not functional, then we must find ways, alternative ways, where households, where families, where the community members are also able to pick up on certain aspects of health service delivery or ensure the health of their families.

Host: And when it comes to policy and systems research, what role do you think that they have to play in building these health systems we talked about?

Thwin: The policy front-- of course to make the priority to prepare the communities and to prepare the frontline health workers and put enough resources and give enough know-how for preparedness planning. On the system's research front, I think we need to invest in predicting as much as we can where some of these shocks could happen. So there's some science that we need to be investing in to make sure that we're tracking pathogens, we're modeling, we're using surveillance to understand where the outbreaks could be coming from and in what magnitude. The other aspect is to test the systems, to find markers and then to try and strengthen the systems where if health workers need to be protected, you think in advance. And other kinds of research is to look at the qualitative aspects, the attitudes of the community, and to work on addressing these things through communications research, through outreach, and also to have community systems where you're building a network of health systems, the community and not just through health but through other social economic aspects as well. So, building community resiliency comes in a more complex way and not in a particular sector but in an intersectoral way.

Host: You think something like Ebola could have been prevented or predicted?

If we had all those ingredients in place, probably we could predict it. I'm not sure if you can prevent it because I'm not sure we have enough know-how to deal with pathogens that we're constantly learning how to address. And so, at least to reduce, to minimize, the outcome--the adverse outcomes--would be an important, you know occurrence, to try and aim for.

Host: Ok, well thank you so much for joining me today.

Thwin: Thank you.