

Spain Pandemic review 2023.

EVALUATECOVID-19. EVALUATION OF THE PERFORMANCE OF THE NATIONAL
SPANISH HEALTH IN THE FACE OF THE COVID-19 PANDEMIC

Lessons from and for a pandemic

Madrid, 30 Abril 2023

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WORD translation of executive summary.

The COVID-19 pandemic put a strain on healthcare systems and economies around the world. **In Spain, during the first five waves of the COVID-19 pandemic**, the period that serves as a reference framework for this report, **according to official sources, almost 5 million confirmed cases, 431,891 hospitalizations, 41,138 admissions to Intensive Care Units (ICUs) and 87,080 deaths were recorded.** In addition, the economic slowdown resulting from the pandemic pushed back the Gross Domestic Product (GDP) to levels close to those of 2016.

The ultimate goal of this evaluation of the performance of the Spanish National Health System (NHS) in the face of the COVID-19 pandemic is **to provide useful information** to guide decision-making to **strengthen and cohere the NHS and** make it more resilient in the face of future pandemic threats. To this end, it adopts the methodology proposed by the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO) to carry out **"After-Action Reviews" or Post-Action Evaluations (EPAs).**

This evaluation includes 15 dimensions of analysis structured in 3 major areas, proposed by the Interterritorial Council of the National Health System (CISNS): crisis management, system capacities, and information and communication. The analysis and recommendations contained in this document have been based on a wide range of technical reports and fieldwork (19 self-assessment questionnaires, 15 focus groups, 60 individual interviews, 2 population-based surveys and 3 workshops), in addition to an exhaustive review of the literature, and with the participation of hundreds of people who have contributed their experience and expert judgment, and also with that of thousands of citizens and professionals.

There are several lessons learned from the pandemic. The first is that Spain should strengthen its action in international organizations to politically and financially support activities to prevent the next pandemic. We also know that in January 2020 we were not sufficiently prepared. The absence of strategic reserves of the material needed to deal with a respiratory virus pandemic, the weakness of information and early warning systems, or the insufficiency of diagnostic resources, to name a few examples, corroborate this.

Nor was the available legal framework sufficient to deal with the health crisis.

Some of the errors in the response to the pandemic were due to **pre-existing problems** in the health system, including the distance between public health and care levels, deficiencies in epidemiological

surveillance systems, structurally undersized human resources for the daily activity of public health services, and the absence of an adequate information system at the national level.

Special mention should be made **of the lack of prior protocols** in the homes for the elderly and other vulnerable groups and the limited coordination between the health system and social services, which were at the origin of the tragedy experienced in the residential establishments.

In some cases, there were contradictions in the response of the different administrations and **failures of coordination in multiple areas**, such as in urgent and emergency services, in the mechanisms for sharing medical resources between territories or in the acquisition of material necessary to respond to the pandemic. **Nor was the CISNS sufficiently effective** as an instrument for homogeneous decision-making, when it would have been desirable for it to be.

There were also some very glaring **miscommunications**. There was also a certain **infodemic and information intoxication**, mainly in relatively minority media and social networks.

Beyond the aspects that clearly could be improved, there is a great general lesson: although we were not prepared for the COVID-19 pandemic, when it arrived, **many things were done well**. Particularly noteworthy: **the** often autonomous, and in some cases heroic, **response of healthcare, public health and social and social care professionals, as well as the professionalism and dedication of the Armed Forces and Security Forces and Corps**; the excellent vaccination campaign; **the** creation of a single command at the beginning of the pandemic and the continuous communication that took place between the central government and the Autonomous Communities (Autonomous Communities); **the priority orientation** of the science and technology system, and especially the health system, **towards COVID-19 research**; **the** rapid application of information and communication technologies (**e.g., for teleworking**), **with excellent population coverage**; **the implementation of temporary layoffs (ERTEs) and other social** protection measures; the availability of good production, logistics, distribution and communication infrastructures, and the delivery of millions of **essential service professionals**; **and the permanent communication of the authorities, many independent scientific and professional societies with the public, as well as the almost immediate and high-quality information provided by the mainstream media.**

The full application of these lessons would lead to what we call an **ideal scenario for dealing with a new pandemic**. In the face of a new pandemic that is reaching Spain in the future, this ideal scenario includes the following key measures:

- 1. Intelligently apply the precautionary principle** to prevent (if there is time), or at least delay, the disease from crossing our borders. In general, the sooner you intervene, the better.
- 2. Detect the appearance of cases** of disease early, in order to try to control its spread.
3. The first decisions should be taken **by a health crisis management committee** advised by an **ad hoc scientific-technical committee**. It is necessary to foster a **climate of understanding** that makes it possible **to reconcile transparency with the protection of advisory teams** from excessive social pressure and media battering.
4. The measures taken must be supported from the outset by a **clear and sufficient legal framework**, which gives legal certainty to decision-makers. It is also essential to have a **professional and social culture that does not excessively penalise mistakes** in the management of the early stages of a pandemic.

5. At the same time, the **communication strategy** for citizens must be implemented, the general lines of which must be previously designed. It is prudent **to avoid as much as possible the frontal public criticism** of those who lead the fight against the pandemic, and public health measures should not be used as fertilizer for the raw political contest.

6. In addition, **sufficiently well-evaluated contact tracing applications** should be available to facilitate the control of the spread of the disease.

7. **Stockpiles of specific protective equipment should be mobilized early.**

8. Protocols for the protection of the most vulnerable **segments of the population, previously trained through periodic exercises or drills**, should also be established at an early stage.

9. If a new pandemic were to occur, we should have: a **population more empowered** to manage their disease; Strengthened **primary care** with greater capacity to resolve the problem

Both levels of care (primary and hospital) have the capacity to efficiently use all resources and, in addition, the capacity to transform and expand them. The system will be more resilient if the staff of each specialty have good **core training**. On the other hand, certain **mechanisms for the transfer of patients between Autonomous Communities and between countries will have to be agreed, as well as referral protocols** between centres. In extreme cases, protocols for **prioritizing and rationing** care will have to be agreed.

10. **A potential vaccine** against a new pandemic should be manufactured quickly and **at reasonable prices** in order to be distributed and administered in **sufficient quantity** where **it is most needed**, and not just where there is the greatest purchasing power.

11. It is imperative **to avoid** as far as possible **that the impact** of the pandemic affects the most disadvantaged groups and **thus** increases **existing inequalities**.

12. Finally, a healthier population is likely to be more resilient to pandemics with a pattern of vulnerability similar to COVID-19, which will require **reducing the burden of chronic disease in Spain in the coming years**.

To ensure that this scenario occurs, **it is necessary** to: **a) internalize that a new pandemic** of high-severity respiratory viruses **is not only possible but probable**, in the short or medium term; **b) identify the person responsible (person, institution)** for carrying out the measures proposed **in this report or other complementary reports**; **c) provide the necessary means** to make the measures proposed in this report credible; and **(d) develop an annual accountability mechanism** for work done and achievements.

The **potential vaccine** against a new pandemic should be manufactured quickly and **at reasonable prices** in order to be distributed and administered in **sufficient quantity** where **it is most needed**, and not just where there is the greatest purchasing power. It is imperative **to avoid** as much as possible **that the impact** of the pandemic affects the most disadvantaged groups and **thus** increases **existing inequalities**. Finally, a healthier population is likely to be more resilient to pandemics with a pattern of vulnerability similar to COVID-19, which will require **reducing the burden of chronic disease in Spain in the coming years**. This report proposes a **Roadmap** with a total of **72 actions** grouped into 12 components (which integrate the 15 dimensions of analysis of this evaluation), which define the tasks to be addressed (specifying those responsible and deadlines) in the coming years. The set of proposals is listed below: