uhc2030

Action on health systems, for universal health coverage and health security

A UHC2030 strategic narrative to guide advocacy and action

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Executive summary

A pivotal moment for global health

COVID-19 puts global health and well-being at a pivotal moment. The pandemic has exposed inequities, off-track progress towards universal health coverage (UHC), and gaps in emergency preparedness. Health systems face critical challenges to continue to respond to the pandemic while maintaining other essential health services. The economic shock caused by the pandemic is intensifying financial constraints. Huge and persistent inequities in access to vaccines and other COVID-19 tools are resulting in increasingly different experiences of the pandemic in countries at different income levels.

Individually and collectively, countries need to do better on UHC and health security. Inadequate investment in health has had huge social and economic consequences. World leaders and the global health community have a crucial "second chance" to secure a safer and healthier future for everyone.

Strengthening health systems, with a focus on equity and resilience, is crucial for UHC and health security and contributes to wider socioeconomic progress. There is an urgent opportunity for more and better-directed investment in the foundations of health systems and an integrated approach, based on primary health care, that leaves no one behind.

What is this paper and who is it for?

This paper provides a strategic narrative for strengthening health systems, to guide national, regional and global advocacy and action. It brings together recommendations from recent high-profile initiatives and reports, focusing on priority actions and the roles of different partners and constituencies.

This "shared script" provides the basis for UHC2030's diverse membership to:
1. Promote political leadership for stronger health systems
2. Mobilize better-aligned resources for health systems, for UHC and for health security
3. Demand and act for solidarity and equity in health systems

As the established multi-stakeholder partnership for health systems and UHC, UHC2030 is well-positioned to mobilize action. Within countries, this includes advocacy and policy dialogue between UHC2030 partners and governments (especially ministries of health and ministries of finance). Internationally, UHC2030 will help partners and advocates identify key moments and opportunities in relevant regional and global initiatives, political processes and governing bodies. The paper will also inform priorities for the UHC movement ahead of the UN High-Level Meeting on UHC in September 2023.

This paper is not intended to provide normative or technical guidance.

Key messages

Health is an investment, not a cost; invest in health by strengthening health systems

Chapter 1: Why health systems matter for UHC and health security

- Our intended *goals* are UHC and health security; the *means* is strengthening health systems; the *approach* is primary health care (PHC).
- COVID-19 has created huge challenges for both health security and UHC.
- Strengthening health systems is the most efficient and sustainable way to reach UHC and health security goals.

To build equitable and resilient health systems we need shifts in investment and integration

Chapter 2: Strengthening health systems: What does it take?

- In the context of the pandemic, many recommendations have been made to strengthen health systems for UHC and health security goals.
- **Equity** and **resilience** are cross-cutting policy objectives entwined in UHC and health security goals, and must be explicit in efforts to strengthen health systems.
- Accelerating progress on UHC and health security requires "systems shifts" in **investment** and **integration**. This means more and better-aligned resources for health systems and a PHC approach that brings together efforts to strengthen health service delivery, essential public health functions and emergency risk management while empowering civil society and communities.

UHC2030's membership can mobilize action for stronger health systems

Chapter 3: Priority actions and the role of UHC2030 constituencies

- Recent reports and initiatives point to a set of 12 priorities for stronger health systems. These align well with UHC2030's Key Asks and existing UHC targets and commitments.
- To deliver the health systems policy objectives (equity and resilience) and systems shifts (financing and integration), UHC2030 constituencies will promote **political leadership**, mobilize **better-aligned resources for health systems**, and demand and act for **solidarity and equity**.

UHC2030's membership has agreed a sustained campaign on health systems priorities

Promote political leadership for stronger health systems. For example:
- Champion health systems across our organizations and with political leaders; ensure key points on health systems are reflected in all relevant briefings, negotiating positions, etc.
- Ensure health systems focus and links to UHC in emergency preparedness and health security dialogue, including in any new convention, agreement or other international instrument on pandemic preparedness and response.

Mobilize better-aligned resources for health systems, for UHC and health security. For example:
- Advocate for domestic and international investments in the foundations of health systems, and promote dialogue between ministries of health and finance
- Push to align funding flows for health systems, in our own organizations and with major funders
- Identify aligned interests and contributions across funders, civil society, private sector, etc.

Demand and act for solidarity and equity in health systems. For example:
- Empower and engage civil society and communities; identify and challenge fundamental power imbalances and "walk the talk" on social participation
- Identify, promote and enact laws and regulations that create an institutional framework for UHC and equity
- Champion gender-equitable leadership
- Demand, generate and use disaggregated data for action to address inequities
- Demand international solidarity on access to COVID-19 vaccines (and other health commodities) and solidarity-based support for health systems.

Definitions

It is important to distinguish goals (UHC and health security),
means (strengthening health systems), approach (primary health care)
and cross-cutting policy objectives (equity and resilience)

Universal health coverage (UHC) is the vision that everyone, everywhere can access the health services they need, without facing financial hardship. It includes the full range of essential health services, spanning health promotion, prevention, and treatment.[1] It is included in the Sustainable Development Goals (SDGs) as target 3.8, with two indicators: 3.8.1 for service coverage and 3.8.2 for financial protection.[2]

Global health security means minimizing the danger and impact of acute public health events that endanger people's health, especially those that cross geographical regions and international boundaries. This includes preventing, detecting, and responding to infectious disease threats such as COVID-19.[3] It is included in the SDGs as target 3.D.

Health systems consist of all organizations, people and actions whose primary intent is to promote, restore or maintain health. Multiple frameworks exist to describe the main health systems components, such as the World Health Organization's health systems "building blocks" (leadership/governance; services; health workforce; health information systems; medicines and other health products; health financing), functions (e.g. governance; financing; generating human and physical resources; service delivery) and policy objectives (e.g. quality; equity; efficiency; accountability; resilience, sustainability).[4,5,6] UHC2030's *Healthy systems for universal health coverage* vision paper (2017) focuses on three policy areas for health systems: service delivery, health financing and governance.[7]

Strengthening health systems refers to building capacities – whether across building blocks or related functions, processes, and policies – in a way that looks at the performance of the overall system. "Strengthening health systems" is not necessarily the same as "support for health systems", which may be more targeted on specific services or interventions. Taking a systems perspective can support achievement of multiple health outcomes and bring together distinct agendas, such as UHC and health security and/or a focus on multiple disease priorities.[8,9]

Primary health care (PHC) is a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities. A "PHC-oriented health system" maximizes equity and solidarity and is composed of core structural and functional elements that support UHC and access to services that are acceptable to the population and enhance equity.

Equity means ensuring fairness so that everyone can access the health services they need. It is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.[10]

Resilience is the ability of a system, community or society to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner. For health systems this can be defined as "the ability of all actors and functions related to health, to collectively mitigate, prepare for, respond to and recover from disruptive events with public health implications, while maintaining the provision of essential functions and services, and using experiences to adapt and transform the system for improvement".[11]

1

Why health systems matter for UHC and health security

1.1
What do we mean by UHC, global health security, and health systems?

> Our intended goals are UHC and health security; the means is strengthening health systems; the approach is primary health care.

Around the world, COVID-19 has created a dual challenge for health systems. Countries must both manage the pandemic, with shifting requirements as case numbers fluctuate and multiple "waves" spread, and protect other health services. This is all in the context of increasingly intense economic pressures.[12]

This reflects interlinkages between UHC and health security. Together these two crucial goals embody a fundamental right to health. Links between them are not new. In 2017, Dr. Tedros characterized UHC and health security as "two sides of the same coin."[13]

Strong health systems provide the foundations for both these goals.[14,15,16] If UHC and health security are what we want, strengthening health systems is what we must do.[17] This means scaling up investments that consider the sum for the parts of the entire system, rather than component by component or disease by disease.[18] A coherent approach should consider these health goals in tandem, not "emergencies now, UHC later".

We need a shared narrative for why health systems matter, priority actions, and how different constituencies can contribute. Despite the emergence and promotion of various policy recommendations and technical guidance, attention generated by the COVID-19 crisis will not necessarily translate into sustained, coherent investments and action to strengthen health systems. It is therefore timely and urgent to consolidate and amplify key messages from these recommendations.

1.2
COVID-19: Unprecedented challenges
for health systems everywhere

> COVID-19 has created huge challenges for both health security and UHC.

Challenges for community, national and global health security

All countries are vulnerable to disease outbreaks and other health threats. Most countries found they were under-prepared in some or all health security core capacities, such as risk communication; early warning alert systems; laboratory and surveillance networks; supply of personal protective equipment for health workers; infection prevention and control in health care and other settings; and handling spread of disease at their borders.[19] This is relevant for all countries. Many high-income countries, including those that scored highly in health security assessments, found they were under-prepared.[20] Some less wealthy countries made use of their experience with infectious disease outbreaks to respond relatively well.

Challenges evolve over the course of a pandemic. Different countries faced (and continue to face) different challenges at different times. Some countries saw initial "success" overturned as new variants emerged and spread. In some countries, leadership and actions were at times inadequate or even neglectful, often insufficiently involving civil society and communities in decision-making. Many countries have faced acute and ongoing challenges due to unacceptable inequities in access to vaccines and other vital health resources.[21] Even countries with high vaccine coverage face uncertainties as public health measures relax, new variants emerge and changing seasons affect spread of disease.

Fragmented approaches contribute to these challenges. In many countries there are longstanding siloes in how different health and disease programmes are organized and funded. Essential health services for different diseases and other public health and emergency preparedness functions are often not fully aligned across systems.[22]

Insufficient alignment and integration among diverse stakeholders (both domestic and international) often results in inefficiencies and competition for limited attention and resources. It also hinders optimal contributions from, for example, civil society and the private sector.[23,24] Fragmented and uncoordinated arrangements - especially if individual programmes focus on specific outcomes without considering their wider impact and interactions - make it hard to develop and implement coherent strategies and response plans. In the global COVID-19 response it has proven difficult to reconcile richer countries' self-interests with ensuring global solidarity and a joined-up approach that makes full use of the multilateral system.

Cycles of "panic then neglect" inhibit sustainable health systems improvements for emergency preparedness and response. COVID-19 has made it clear that, to foster resilience, risk management capacities must be embedded into health systems before a crisis arrives.[25] Public (and other) financing for preparedness and core public health functions has often been neglected – consistent with under-financing for UHC and health more broadly. The pandemic has also demonstrated the lack of equitable measures to support and protect vulnerable and marginalized populations who are at greatest risk during health crises.[26]

Challenges for UHC

Even prior to the pandemic, and despite long-standing high-level commitments to health for all and UHC, progress was largely off-track. At least half of the world's population still does not have full coverage of essential health services, and over 800 million people spend at least 10 per cent of their household budgets on health care.[27] The pace of health service coverage expansion has slowed, and financial protection is worsening: 90 million more people are pushed into extreme poverty annually due to out-of-pocket spending for health care.[28]

Many governments have neglected foundational investments in health systems. This meant a lack of prioritization (and insufficient financing) for quality health facilities and services, adequate numbers of well-trained and well-paid health workers, interoperable health information systems,[29] and other critical components. The lack of available and affordable health care for poor and vulnerable populations, and inadequate social safety nets, meant there was little in place to protect the health of these communities when a crisis struck.[30] Ultimately, the absence of these foundational investments meant health systems were insufficiently provisioned or flexible to respond to new and emerging threats. This role of UHC (and *timely* access to health services) in resilience to crises reinforces that emergency preparedness should not be prioritized over/before UHC.

Health services have been persistently disrupted during COVID-19. These system-wide disruptions expose the huge challenge of making essential health services resilient to public health threats and how crises impact on multiple health needs in communities.[31] In 2020 countries reported that, on average, about half of essential health services were disrupted; one year into the pandemic about 90% of countries reported ongoing disruptions to one or more essential services.[32] This is not unique to low-income countries: high-income countries continue to face significant disruptions and large backlogs for non-emergency care.[33] These backlogs have long-term implications for health systems and health outcomes.

The crisis worsened inequities. Women and girls often bore the brunt of the pandemic's consequences at home and in the health workforce (the majority of which is women), saw specific health needs unmet (e.g. by disruption to sexual and reproductive health services), but were routinely under-represented and neglected in response and recovery plans.[34] Vulnerable and marginalized groups, who already had limited access to health services, have often been left further behind without access to COVID-19 vaccines, tests and treatment (such as unavailable or unaffordable inpatient care and oxygen). Older people have also been disproportionately affected. Inadequate representation of civil society and communities in decision-making makes it less likely that health services meet their needs. The pandemic is likely to have a negative effect on financial protection from catastrophic health costs.[35]

When countries emerge from the crisis, UHC commitments must not be forgotten. While the crisis reinforces the importance of ensuring that everyone, everywhere has access to quality and affordable health services, there is a risk that priorities and funding shift to a narrow focus on disease preparedness and response. The lesson from previous health crises, such as Ebola in West Africa in 2014-15, is that a broad and coherent approach is needed.[36] To protect everyone, efforts to foster UHC and health security are complementary – requiring a system-wide approach.

1.3
The case for health systems

Strengthening health systems is the most efficient and sustainable way to reach UHC and health security goals. Investing in health systems offers health and economic, social and political benefits.

Health is a fundamental human right and is an investment, not a cost. Everyone, everywhere should have access to the health services they need.[37] Everyone, everywhere should be protected from disease outbreaks and other threats to public health. The economic consequences of COVID-19 have been many multiples what it would have cost to adequately protect everyone.

Strengthening health systems is the most efficient and sustainable approach to achieve UHC and health security goals. Individual health programmes typically focus on results for a specific disease, issue or intervention. Even well-run disease- or issue-specific programmes may duplicate or misalign responsibilities with each other or the rest of the health system.[17] Strengthening health systems in a cross-cutting way, and systematically aligning and integrating investments and programmes, promotes efficient use of resources. This is further enhanced by building related capacities of policymakers and health workers to apply a systems-wide approach. It can promote equity in resource allocation and resilience in face of shocks.

Strong health systems foundations, based on PHC, help address inequity and contribute to resilient communities and societies. PHC cost-effectively brings affordable, good-quality health care to communities.[38] This is especially important for women and girls, whose health needs are often neglected. Health systems built on strong PHC foundations help safeguard vulnerable and marginalized populations. Additionally, experience from COVID-19 and other epidemics shows that communities who can access trusted, local health services are more likely to trust and follow public health measures to curb spread of infectious diseases.

Countries that had integrated preparedness and outbreak response measures into their health systems were better able to protect health, societies, and economies.[15] Being able to quickly scale up testing enabled tracking of disease to inform response measures. Newly-trained epidemiologists were rapidly deployed to communities to support contact tracing efforts. Countries with established national health emergency frameworks and clear leadership mechanisms were better equipped to coordinate their responses.[39] This highlights the case for cohesive health systems that are resilient to public health threats, and for investing in preventive and protective health functions.

Health promotes and protects economic prosperity. Healthy populations are key to economic development. UHC contributes to a more productive and healthier workforce, educational gains (healthier children learn better), and reduction of poverty associated with health expenses – with economic benefits estimated to be ten times greater than costs.[40] For health security, the costs of inaction vastly outweigh the costs of preparedness. In comparison to an estimated US$26.1 billion in annual recurrent costs for health preparedness, the annual costs of disasters are approximately 20-fold larger, totaling more than US$500 billion.[41] COVID-19 could cost the world US$28 trillion over 2020-2025.[42]

Strengthening health systems is the most effective way to realize the wider economic, social and political benefits of health, as well as accelerate progress on other SDGs, including climate change, gender equality, jobs and employment, and more.[43] People consistently value their health as a top priority. In almost all countries, COVID-19 has had profound social and political impacts. Ensuring access to health services (UHC) and protecting populations from threats to public health (health security) are fundamental to the social contract that governments should have – and political leaders should be accountable for – with people and communities. Widening access to health care can be a politically popular "vote-winner".[44]

2

Strengthening health systems: What does it take?

2.1

Looking forward from COVID-19: Health systems recommendations

In the context of the pandemic, many recommendations have been made to strengthen health systems for UHC and health security goals. What common messages emerge?

Annex 1 summarizes the main findings and recommendations from ten high-profile reports and initiatives relevant to UHC and health security. These include reports by WHO, the World Bank, the Organization for Economic Cooperation and Development (OECD) and UNICEF; panels such as the Global Preparedness Monitoring Board and Independent Panel for Pandemic Preparedness and Response; analyses commissioned by the G7 and G20; and UHC2030 documents. Most of the organizations commissioning and publishing these reports are also members of UHC2030.

Based on these reports and initiatives, this section of the narrative proposes two cross-cutting policy objectives (equity and resilience) and two "systems shifts" (investment and integration). Section 3 synthesizes specific actions and potential roles of UHC2030 constituencies.

The consolidated recommendations below include strong calls and momentum for resilient and equitable health systems, based on PHC (including essential public health functions). To accelerate progress towards both UHC and health security goals, priorities include more and better-directed financing for health systems (i.e. investment) and a coherent systems-wide approach (i.e. integration).

2.2

Cross-cutting policy objectives for health systems:
Equity and resilience

> Equity and resilience are cross-cutting policy objectives entwined in UHC and health security goals, and must be explicit throughout efforts to strengthen health systems.

Equity

UHC is fundamentally about leaving no one behind. It follows that equity must be a core principle in strengthening health systems.[8] Vulnerable and marginalized communities were already struggling well before COVID-19 and were often hit hardest by health and economic impacts.

There are multiple systemic reasons why people face barriers to good-quality and affordable health care. Focusing on equity means understanding these barriers and targeting policy interventions to address them. Inequities are often rooted in wider social and economic determinants and may be related to gender, ethnicity, race, socioeconomic status, citizenship, nationality, disability, or other factors. An "intersectional" approach is important to understand how multiple vulnerabilities interact. Disaggregated health data is crucial to inform a focus on equity.[45]

Fostering healthy lives and societies for everyone requires action within and beyond the health sector. The PHC approach promotes equity since it brings together integrated health services when and where people need them (including during emergencies), multisectoral action to address the determinants of health, and empowered people and communities.[46]

Gender equity is especially important. Women and girls often cannot access the health services they need. They are also at greater risk of gender-based violence and of losing economic independence during health crises. Health systems must be gender-responsive, to meet the spectrum of health needs of women and men throughout their lives.[47] In addition, women comprise 70% of the global health workforce, but a minority of leadership roles. The voices of women are critical to strengthen health decision-making at all levels.

Solidarity-based mechanisms are needed to ensure equitable health systems at a global level, particularly to support low- and middle-income countries. The COVID-19 pandemic highlighted the urgent need for access to vital resources such as vaccines, diagnostics, therapeutics, and supplies like personal protective equipment.[48] The Access to COVID-19 Tools (ACT) Accelerator was established to address this.[49] Its Health Systems Connector was established to address health systems bottlenecks to provision of the new tools. Without wider and long-term commitment and action to strengthening health systems, this will not be enough to ensure communities have sustained and equitable access to COVID-19 tools as part of the overall package of health services they need.[50]

Resilience

Health services and systems need to be prepared for and able to withstand future threats. Resilience – including pandemic preparedness – is a crucial rationale for, and must be integrated in, efforts to strengthen health systems. Resilient health systems contribute also to economic and social resilience of communities.

Leaders can break the costly "panic then neglect" cycle by investing in the foundations of health systems. To ensure the continuity of essential health services and provide the first line of defense against outbreaks, priorities include sufficient numbers of well-trained and well-paid health workers that communities can easily access, availability of a package of essential medicines and health commodities (including personal protective equipment for health workers), and health data and surveillance systems.[51] These foundational investments are efficient, cost-effective contributions to both UHC and health security.

Many of the core health systems functions that are key for resilience are "common goods for health." Common goods for health are population-based functions or interventions that require political attention and collective (public) financing since they contribute to health and economic progress and are not provided by markets.[52] They include systems-wide functions such as policy and coordination (e.g. disease control policies and strategies); taxes and subsidies (e.g. "health taxes" on unhealthy products); regulations and legislation (e.g. environmental guidelines); information; analysis and communication (e.g. surveillance systems) and population services (e.g. waste management).

Resilience is at the heart of the linkages between UHC and health security. Investments should sustain essential health services, including emergency response and PHC, and support essential public health functions during both crises and peace times. The COVID-19 pandemic highlights the importance of these core health system capacities, such as health workforce (to simultaneously support emergency response while maintaining routine health services) and supply chains (for COVID-19 tools and other essential medicines and supplies).[17]

Resilience and equity are interdependent. A resilient health system is better able to provide health services to everyone who needs them, even in times of crisis. An equitable health system protects poorer and marginalized people and communities, helping ensure they are less vulnerable to health emergencies. Both are necessary to accelerate progress toward health security and UHC.

2.3
Systems shifts for UHC and health security:
Investment and integration

Accelerating progress on UHC and health security requires systems shifts in investment and integration. This means more and better-aligned resources for health systems, based on a PHC approach that brings together efforts to strengthen health service delivery, essential public health functions and emergency risk management.

Investment

To accelerate progress toward UHC and health security, there is an urgent need for more and better-directed investment in health systems.

Governments have the primary responsibility for scaling up public financing to build the foundations of health systems. In the context of COVID-19 related economic shocks, this is challenging. It is nevertheless an urgent priority. Ensuring enough funding for health systems should be a shared priority for ministers of health, ministers of finance and parliamentarians.[53]

Parliamentarians, communities and civil society all have important roles to ensure accountability and transparency of government spending, and to support decision-making at all levels. This should include demanding funding for pandemic preparedness and emergency response, as well as widening access to good-quality and affordable health services, as part of a coherent and equitable health systems approach.[54]

International aid will continue to have an important role in some countries, and for global goods.[55] COVID-19 has reinforced the importance of global solidarity to address health threats. Richer countries should contribute a fair share to global goods and support development of health systems. It is crucial that donors take a health systems approach that fosters the twin goals of UHC and health security, including i) specific funding for the foundations of health systems and common goods for health, ii) alignment and coherence of all support for health.

Integration

To equip health systems for health security and UHC, all health actors should consider how they contribute sustainably to an overall system. This includes prioritising both explicit efforts to strengthen health systems and ensuring efforts focused on other health priorities include a systems approach. This may require difficult conversations and decisions: it is easy to express support for health systems, but can be harder to identify specific contributions or acknowledge and address sub-optimal approaches.

Health policies and investments must therefore be well-coordinated; a PHC approach provides the basis. To be foundational for both UHC and health security,, the PHC approach should incorporate essential public health functions and be aligned with common goods and risk management capacities.[17, 29]

Support and funding should be designed to ensure preparedness investments align with the wider health system, and that health systems strengthening takes preparedness into account. This is crucial to improve the resilience of health systems, promote equity by protecting essential health services during crises, and prevent costly inefficiencies that result from fragmentation.[15] There is a particular need to ensure COVID-19 response and recovery efforts are aligned and integrated into existing health systems – and to identify and correct course when this is not the case.

Strengthening health systems in an integrated way requires that health stakeholders "move together". A systems approach should consider the sum of the parts. Diverse sectors and constituencies all have a role to play. Social participation and whole-of-society approaches are especially important so that communities' voices are heard and acted on.[56] The private sector makes important contributions to service delivery and to innovation. These must be recognized and leveraged, and an enabling environment created (requiring government capacity for appropriate regulation and incentives) that promotes alignment with UHC and health security goals.

External assistance should be aligned with an overall health systems approach. In countries receiving international aid, external funders have an important role in promoting integration. The "7 behaviours" for effective health cooperation[57] remain highly relevant.

Provide well-coordinated technical assistance

Support a single national health strategy

Support south-to-south and triangular cooperation

Record all funds for health in the national budget

Seven Behaviours

Use one information and accountability platform

Harmonize and align with national financial management systems

Harmonize and align with national procurement and supply systems

3

Priority actions and the role of UHC2030 constituencies

3.1

Health systems priorities for UHC and health security goals

Recent reports and initiatives point to a set of 12 priorities for stronger health systems. These align well with UHC2030's Key Asks and existing UHC targets and commitments.

Recent reports and initiatives point to 12 health systems priorities. The preceding narrative draws on documents developed by UHC2030 and organizations in its membership. These existing resources and initiatives include proposed priorities and solutions for UHC and health security. *Annex 1 lists the main reports drawn on, and their headline recommendations; Annex 2 compiles specific recommendations relating to health systems.*

These 12 priorities provide the "means" for accelerating progress towards the "ends" of UHC and health security goals. They are consistent with existing UHC commitment areas based on the UHC2030 Key Asks.[58,59] (Some recommendations are inter-dependent and could sit under multiple asks.)

The 12 priorities provide pointers for diverse stakeholders to identify their contributions to resilient and equitable health systems. They are inevitably high-level. Specific actions will typically depend on country context.

Asks and actions for stronger health systems – towards UHC and health security goals (see Annex 2)

UHC2030 Key Asks*		12 health systems priorities (synthesis of recommendations from reports listed in Annex 1)
Ensure political leadership	1	Mobilize political leadership for health systems
	2	Ensure health systems focus and accountability in leaders' commitments on health security
Leave no one behind	3	Identify health systems actions to address inequities
	4	Implement PHC-focused health systems reforms
Regulate and legislate	5	Cultivate a supportive policy, legal, and regulatory environment for health systems, especially innovation
Uphold quality of care	6	Develop system-wide capacities for good-quality PHC including health emergency risk management
Invest more, invest better	7	Increase domestic and international investments in the foundations of health systems
	8	Align funding flows for health systems
Move together	9	Empower and engage people, communities, civil society, private sector, and all other stakeholders to support health systems
	10	Strengthen multisectoral governance and coordination for health systems
Gender equality	11	Ensure gender-equitable leadership and gender-responsive health systems
Emergency preparedness	12	Align health systems action for UHC and health security

* **Note:** The Key Asks from the UHC movement were developed ahead of the UN High-Level Meeting on UHC in 2019. Outcome targets and commitments (in the High-Level Meeting's Political Declaration) were then summarized by UHC2030 under the key ask headings. The Key Asks continue to provide an outline for strategic multi-stakeholder advocacy and accountability to help translate UN HLM commitments into action.

3.2
The role of UHC2030

To deliver the health systems policy objectives (equity and resilience) and systems shifts (financing and integration), UHC2030 constituencies will promote **political leadership**, mobilize **better-aligned resources for health systems**, and demand and act for **solidarity and equity**.

By shaping and uniting behind a shared narrative, we can all promote a coherent approach to strengthening health systems. UHC2030 will champion the resilience and equity policy objectives and financing and integration systems shifts, and the 12 priorities listed above, to accelerate progress towards UHC and health security goals.

UHC2030 provides a unique platform for multi-stakeholder dialogue and action. UHC2030 constituency groupings include:**

- **Countries -** Primarily government health actors and executive agencies (ministry of health, public health institutes, etc.), plus other sector line ministries and political leaders including parliamentarians
- **Multilateral organizations -** International organizations and global health institutions (WHO, World Bank, OECD, other UN agencies, Gavi, Global Fund, Global Financing Facility etc.)
- **Donors and foundations -** including bilateral/State/foreign aid offices from countries constituency, plus Foundations
- **Civil society and communities -** NGOs, professional associations, public advocacy groups, academia, think tanks
- **Private sector -** for-profit and not-for-profit entities across health value chains.

UHC2030's membership has agreed to come together behind a sustained campaign on health systems priorities. Each constituency is identifying actions and contributions to make these health systems priorities a reality. This includes both direct action/implementation by constituency members and influencing action by others. The box below summarises elements that UHC2030's Steering Committee has agreed the UHC2030 movement should take forward.

** **Note:** These groupings are indicative; there are overlaps between constituencies and their roles. For example, "countries" includes both domestic health actors and bilateral funders; "multilateral organizations" includes both technical and funding agencies; not-for-profit "private sector" may overlap with civil society organizations.

How UHC2030's membership will mobilize action on health systems priorities

Promote political leadership for stronger health systems. For example:

- Champion health systems across our organizations and with political leaders; ensure key points on health systems are reflected in all relevant briefings, negotiating positions, etc.
- Ensure health systems focus and links to UHC in emergency preparedness and health security dialogue, including in any new convention, agreement or other international instrument on pandemic preparedness and response.

Mobilize better-aligned resources for health systems, for UHC and health security. For example:

- Advocate for domestic and international investments in the foundations of health systems, and promote dialogue between ministries of health and finance
- Push to align funding flows for health systems, in our own organizations and with major funders
- Identify aligned interests and contributions across funders, civil society, private sector, etc.

Demand and act for solidarity and equity in health systems. For example:

- Empower and engage civil society and communities; identify and challenge fundamental power imbalances and "walk the talk" on social participation
- Identify, promote and enact laws and regulations that create an institutional framework for UHC and equity
- Champion gender-equitable leadership
- Demand, generate and use disaggregated data for action to address inequities
- Demand international solidarity on access to COVID-19 vaccines (and other health commodities) and solidarity-based support for health systems.

Annex 1

Recent reports and initiatives relevant to strengthening health systems, and their headline recommendations

1. Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond: WHO Position Paper (WHO, 2021)	
Seven policy recommendations	**1.** Leverage the current response to strengthen both pandemic preparedness and health systems
	2. Invest in essential public health functions including those needed for all-hazards emergency risk management
	3. Build strong Primary Health Care foundation
	4. Invest in institutionalized mechanisms for whole-ofsociety engagement
	5. Create and promote enabling environments for research, innovation and learning
	6. Increase domestic and global investment in health system foundations and all-hazards emergency risk management
	7. Address pre-existing inequits and the disproportionate impact of COVID-19 on marginalized and vulnerable populations
2. Operational Framework for Primary Health Care: Transforming Vision into Action (WHO/UNICEF, 2020)	
Four "strategic levers"	**1.** Political commitment and leadership
	2. Governance and policy frameworks
	3. Funding and allocation of resources
	4. Engagement of communities and other stakeholders
Ten "operational levers":	**1.** Models of care
	2. Primary health care workforce
	3. Physical infrastructure
	4. Medicines and other health products
	5. Engagement with private sector providers
	6. Purchasing and payment systems
	7. Digital technologies for health
	8. Systems for improving the quality of care
	9. Primary health care-oriented research
	10. Monitoring and evaluation

3. Walking the Talk: Reimaging Primary Health Care After COVID-19 (World Bank, 2021)	
Four structural shifts	**1.** From dysfunctional gate-keeping to quality, comprehensive care for all
	2. From fragmentation to person-centred integration
	3. From inequities to fairness and accountability
	4. From fragility to resilience
Three priority reforms	**1.** Multidisciplinary team-based care
	2. Building a multi-professional health workforce
	3. Financing public-health-enabled PHC
Three actions for World Bank Group and partners	**1. Lending:** accelerate access to funding for PHC reforms
	2. Learning: mobilize practice-relevant PHC knowledge
	3. Leadership: develop country-specific policy options through dialogue
4. Realising the Potential of Primary Health Care (OECD, 2020)	
Four policy ingredients to realize PHC (with associated actions in Regulation, Organizational change, Economic incentive, Patient empowerment)	**1.** Improving efficiency
	2. More effective and patient-centred care through disease prevention and care co-ordination
	3. More effective and patient-centred care through patient self-management and greater responsiveness
	4. Less inequalities and more inclusive societies
5. Report of the High-Level Independent Panel for Pandemic Preparedness and Response (IPPPR, 2021)	
Seven recommendations directed to ensuring that a future outbreak does not become a pandemic	**1.** Elevate pandemic preparedness and response to the highest level of political leadership
	2. Strengthen the independence, authority and financing of WHO
	3. Invest in preparedness now to prevent the next crisis
	4. A new agile and rapid surveillance information and alert system
	5. Establish a pre-negotiated platform for tools and supplies
	6. Raise new international financing for pandemic preparedness and response
	7. National Pandemic coordinators have a direct line to Head of State or Government
6. A World in Disorder (Global Preparedness Monitoring Board, 2020)	
Five urgent actions to better prepare the world for future pandemics and health emergencies	**1.** Responsible leadership
	2. Engaged citizenship
	3. Strong and agile national and global systems for global health security
	4. Sustained investment in prevention and preparedness, commensurate with the scale of a pandemic threat
	5. Robust global governance of preparedness for health emergencies

7. Report of the High Level Independent Panel for Financing for Global Commons for Pandemic Preparedness (G20, 2021)	
Four major global actions	**1.** Resilient national systems
	2. Supply of medical counter-measures and tools
	3. Global governance
	4. Globally networked surveillance and research
Four strategic moves	**1.** Nations must commit to a new base of multilateral funding for global health security
	2. Global public goods must be made part of the core mandate of the International Financial Institutions
	3. A Global Health Threats Fund mobilizing US$10 billion per year should be established
	4. Multilateral efforts should leverage and tighten coordination with bilateral ODA, and with the private and philanthropic sectors
8. Carbis Bay G7 Summit Communique (G7, 2021)	
Commitments include emphasis on six actions to ensure all countries are better equipped to prevent, detect, respond to and recover from health crises	**1.** Improving integration, by strengthening a "One Health" approach
	2. Strengthening transparency and accountability, including reiterating our commitment to the full implementation of, and improved compliance with, the International Health Regulations 2005.
	3. Improving the speed of response by developing global protocols which trigger collective action
	4. Ensuring fairness, inclusion and equity, including the empowerment and leadership of women and minorities in the health and care sectors, and addressing the links between health crises and wider social determinants of health such as poverty and structural inequalities, and leaving no one behind by advancing the achievement of Universal Health Coverage.
	5. Increasing the resilience of global health systems to deal with outbreaks of emerging and enduring pathogens, including by investing in the health and care workforce worldwide to build capacity and keep health care workers safe.
	6. Strengthening financing models to support longer-term preparedness, sustainable global health and health security, in particular but not limited to the WHO.
9. State of UHC Commitment: Global Synthesis (UHC2030, 2020)	
Eight actions for political leaders (aligned to UHC Key Asks and UNGA Political Declaration)	**1. Ensure political leadership beyond health:** Prioritize UHC to tackle and recover from the COVID-19 pandemic, allay anxiety and rebuild trust.
	2. Leave no one behind: Address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritizing equity every step of the way.
	3. Regulate and legislate: Expand and strengthen UHC legislation and regulations, set clear targets, and communicate better to bring people together
	4. Uphold quality of care: Support, protect and care for health workers, and innovate to improve and maintain quality during emergencies.
	5. Invest more, invest better: Invest in public health and primary health care as a joint effort of health and finance ministers, and local governments, to ensure the continuity of essential health services and provide first-line defence against outbreaks
	6. Move together: Build partnerships through genuine civil society engagement.
	7. Gender equality: Empower women, who are proving to be highly effective leaders in health emergencies.
	8. Emergency preparedness: Give UHC principles more weight in every crisis response, and build emergency preparedness into all health system reforms
10. Living with COVID-19: Time to get our act together on health emergencies and UHC (UHC2030, 2020)	
Four preliminary conclusions – plus a potential action agenda aligned with the UHC Key Asks	**1.** Greater emphasis on common goods for health and public health actions
	2. Invest more and better in health – for both health and economic reasons
	3. Seize the moment: opportunities for change that benefit both health security and UHC
	4. Build local and global movements for shared health goals.

Annex 2

12 health system priorities and their source recommendations

Health systems priorities	Recommendations drawn from initiatives / reports (numbers in parentheses refer to sources listed below table)	Policy objectives & systems shifts
UHC ask: Ensure political leadership		
1. Mobilize political leadership for health systems	Elevate pandemic preparedness and response to the highest level of political leadership (5)	Integration Investment Resilience
	Heads of government must commit and invest; countries and regional organizations must lead by example (6)	
	Global governance to ensure the system is tightly coordinated, properly funded and with clear accountability for outcomes (7)	
	Prioritize UHC to tackle and recover from the COVID-19 pandemic, allay anxiety and rebuild trust (9)	
	Prioritise protecting health; lead proactively, not reactively; build trust through clear messaging, transparent data and decision-making, and adapting strategies in response to evidence. (10)	
2. Ensure health systems focus and accountability in leaders' commitments on health security	Establish a Global Health Threats Board for systemic financial oversight, to ensure enhanced and reliable global financing for pandemic PPR and effective use of funds (7)	Investment Resilience
	Strengthening transparency and accountability, including reiterating our commitment to the full implementation of, and improved compliance with, the International Health Regulations 2005. (8)	
UHC ask: Leave no one behind		
3. Identify health systems actions to address inequities	Address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations (1)	Equity
	Ensuring fairness, inclusion and equity, [...] addressing the links between health crises and wider social determinants of health such as poverty and structural inequalities, and leaving no one behind by advancing the achievement of Universal Health Coverage. (8)	
	Improved determinants of health (2)	
	Less inequalities and more inclusive societies (4)	
	Address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritizing equity every step of the way (9)	
	Focus on equity and protecting those at greatest risk and vulnerability (10)	

4. Implement PHC-focused health systems reforms	Improved access, utilization, and quality; improved participation, health literacy, and care-seeking (2)	Equity Integration
	From inequities to fairness and accountability (3)	
	Build a strong primary health care foundation (1)	
	Build strong health systems based on primary health care accessible by all; ensure adequate safety nets to address non-health impacts; collect and share disaggregated data (10)	
UHC ask: Regulate and legislate		
5. Cultivate a supportive policy, legal, and regulatory environment for health systems, especially innovation	Create and promote enabling environments for research, innovation and learning (1)	Integration Investment Resilience
	Expand and strengthen UHC legislation and regulations, set clear targets, and communicate better to bring people together (9)	
	Create an enabling environment for urgent innovations while ensuring patient safety; balance individual freedoms and collective responsibilities (10)	
UHC ask: Uphold quality of care		
6. Develop system-wide capacities for good quality PHC including health emergency risk management	From fragmentation to person-centered integration; multidisciplinary team-based care; building a multi-professional health workforce; from dysfunctional gate keeping to quality, comprehensive care for all; learning: mobilize practice-relevant PHC knowledge (3)	Integration Equity Resilience
	Improving efficiency; more effective and patient-centred care through disease prevention and care co-ordination (4)	
	Increasing the resilience of global health systems to deal with outbreaks of emerging and enduring pathogens, including by investing in the health and care workforce worldwide to build capacity and keep health care workers safe. (8)	
	Supply of medical countermeasures and tools (7)	
	Integrated health services with an emphasis on primary care and public health functions (2)	
	Support, protect and care for health workers, and innovate to improve and maintain quality during emergencies (9)	
	Strengthen basic public health capacity; protect other essential health services alongside the pandemic response; address health workforce shortages and skills mix; ensure safety of both health workers and service users. (10)	
UHC ask: Invest more, invest better		
7. Increase domestic and international investment in the foundations of health systems	Invest in essential public health functions at all levels of health systems; increase domestic and global investment in health systems foundations and all-hazards emergency risk management (1)	Investment Integration
	Funding and allocation of resources (2)	
	Financing public-health-enabled PHC (3)	
	Development assistance funders must create incentives and increase funding for preparedness (6)	
	Raise new international financing for pandemic preparedness and response (5)	
	Nations must commit to a new base of multilateral funding for global health security based on pre-agreed and equitable contribution shares by advanced and developing countries. (7)	
	Fund public health 'common goods for health' (10)	

8. Align funding flows for health systems	Lending: accelerate access to funding for PHC reforms (3)	Investment
		Integration
	Financing institutions must link preparedness with financial risk planning (6)	
	Develop resilient domestic finances for prevention and preparedness; multilateral efforts should leverage and tighten coordination with bilateral ODA, and with the private and philanthropic sectors; establish a Global Health Threats Fund mobilizing US$10 billion per year […] and funded by nations based on pre-agreed contributions; Ensure complementarity between multilateral and targeted bilateral funding (7)	
	Strengthening financing models to support longer-term preparedness, sustainable global health and health security (8)	
	Invest in public health and primary health care as a joint effort of health and finance ministers, and local governments, to ensure the continuity of essential health services and provide first-line defence against outbreaks (9)	
	Remove financial barriers to care; prioritise health and preparedness investments, even during a recession (10)	
UHC ask: Move together		
9. Empower and engage people, communities, civil society, private sector, and all other stakeholders to support health systems	Empowered people and communities; Engagement of communities and other stakeholders (2)	Equity
	Invest in institutionalized mechanisms for whole-of-society engagement. (1)	
	Build partnerships through genuine civil society engagement (9)	
	Proactively involve communities and all relevant stakeholders and organizations, including civil society and the private sector, in shaping preparedness and response (10)	
10. Strengthen multisectoral governance and coordination for health systems	National Pandemic coordinators have a direct line to Head of State or Government (5)	Integration
	The United Nations must strengthen coordination mechanisms (6)	
	Global governance; leverage the capabilities and resources of the private and philanthropic sectors (7)	
	Multisectoral policy and action; governance and policy frameworks (2)	
	Leadership: develop country-specific policy options through dialogue (3)	
	Improving the speed of response by developing global protocols which trigger collective action in the event of a future pandemic. (8)	
	Lead by example on global health and cooperation on global common goods (10)	
UHC ask: Gender equality		
11. Ensure gender-equitable leadership and gender-responsive health systems	Empowerment and leadership of women and minorities in the health and care sectors (8)	Equity
	Empower women, who are proving to be highly effective leaders in health emergencies (9)	

UHC ask: Emergency preparedness		
12. Align health systems action for UHC and health security	All countries must build strong systems (6)	Resilience Integration Investment
	Improving integration, by strengthening a "One Health" approach across all aspects of pandemic prevention and preparedness, recognising the critical links between human and animal health and the environment. (8)	
	Leverage the current response to strengthen preparedness against future threats and health systems towards resilience (1)	
	From fragility to resilience (3)	
	Invest in preparedness now to prevent the next crisis (5)	
	Resilient national systems to strengthen a critical foundation for global pandemic preparedness and response (7)	
	Give UHC principles more weight in every crisis response, and build emergency preparedness into all health system reforms (9)	

Sources of recommendations (middle column)

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2. Operational Framework for Primary Health Care: Transforming Vision into Action (WHO/UNICEF, 2020)

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Universal health coverage means making quality health services available for all, ensuring people are not pushed into poverty by healthcare costs.

UHC2030 provides a multi-stakeholder platform to promote collaborative working in countries and globally on health systems strengthening.

We advocate increased political commitment to universal health coverage and facilitate accountability and knowledge sharing. A main purpose of UHC2030 is to encourage partners and related initiatives to coordinate their efforts on health systems strengthening.

🌐 **www.UHC2030.org**

✉ **info@UHC2030.org**

🐦 **Twitter @UHC2030**