Living with COVID-19: Time to get our act together on health emergencies and UHC

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- **COVID-19 again raises an important question from previous outbreaks: how to make health systems sufficiently resilient to manage shocks in ways that protect everyone?**

- **Health systems face dual challenges of responding to the outbreak and protecting other essential services. This paper examines implications for core health systems functions (service delivery, health financing, governance).**

- **Preliminary conclusions are to: i) place greater emphasis on public health actions as part of UHC; ii) invest more and better in health; iii) seize the moment for changes that benefit both UHC and health security; and iv) unite behind shared health goals. A potential action agenda is proposed, building on the UHC 'Key Asks'.**

COVID-19 is affecting people's lives and livelihoods everywhere

The COVID-19 pandemic has substantial health, social and economic impacts, in all countries, rich and poor. We will be living with COVID-19 and its consequences for a long time to come. It is a global crisis requiring sustained international solidarity and action.[1]

The pandemic has reignited a debate begun during previous health emergencies: how to make health systems sufficiently resilient to manage shocks in ways that protect everyone, especially the most vulnerable? It has exposed unexpected weaknesses in countries generally considered to have strong health systems, including some of those hit hardest by COVID-19 so far.

The experience of COVID-19 is reinforcing messages in many international agreements – including the

declaration of the UN High Level Meeting on Universal Health Coverage, and the new World Health Assembly Resolution – that well-functioning, resilient health systems based on primary health care are the bedrock for progress towards the interrelated goals of health security and universal health coverage (UHC). It reaffirms that protecting health is a political choice, demanding action at highest levels. UHC commitments must not be dropped during an emergency: they can help guide the emergency response.[2]

COVID-19 is raising questions: where to start thinking differently, and what to start doing differently, to be better prepared for emergencies as well as make progress on UHC? Do new opportunities exist to make such changes?

COVID-19 challenges how we think about health systems and universal health coverage
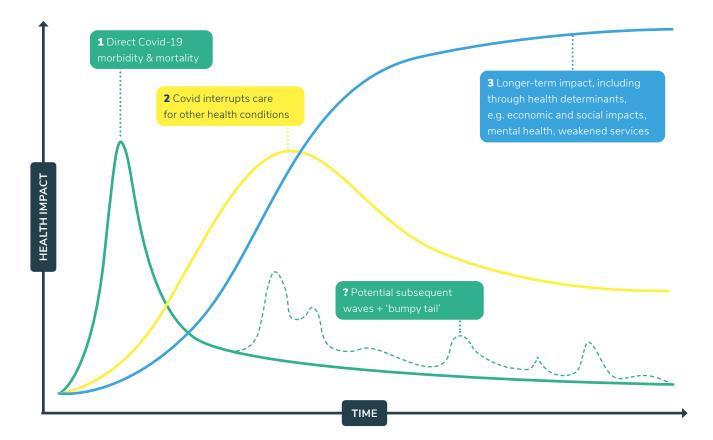
Health systems currently face the dual challenge of a surge response to the pandemic and protecting other essential services. The graphic illustrates health impacts countries are grappling with over time: how to minimise immediate COVID-19 mortality, reduce disruption to other essential services, manage longer term health consquences of social and economic impacts, and be prepared for and respond to evolving COVID-19 epidemiology.

As they seek to protect themselves and their families, people have many questions. How to judge personal risk and avoid infection? Can they trust health services, be safe, and still be treated for other health problems? How can they handle restrictive life-style changes, cope with fear, and survive financial difficulties?

This discussion is relevant to all countries, rich and poor. Evidence and commentary around the pandemic's trajectory and policy responses in different settings are rapidly growing. The pandemic has exposed unexpected weaknesses in the health systems of some rich countries. It has provided examples of

effective control in poorer countries. There does not seem to be a correlation between high scores in health security assessments, or on the UHC index, and an effective response to this epidemic.[3]

COVID-19 is exposing uncomfortable truths about how UHC has sometimes been interpreted. UHC, by definition, includes access to the full spectrum of services including health promotion, prevention and treatment. All these, and health security, are included in tracking of UHC progress under SDG 3.8.1 (service coverage). But in practice policy debates and subsequent implementation have largely focused on treatment, with less or no attention to promotion and prevention.

Fundamentally, UHC is about equity. However, protecting the most vulnerable during the pandemic seems especially hard to do well. This makes it urgent to reappraise how to develop more equitable and resilient health systems, which ensure access to needed services with financial protection in both normal times and emergencies.

HEALTH IMPACT

1 Direct Covid-19 morbidity & mortality

2 Covid interrupts care for other health conditions

3 Longer-term impact, including through health determinants, e.g. economic and social impacts, mental health, weakened services

? Potential subsequent waves + 'bumpy tail'

TIME

Emerging priorities and opportunities

There are multiple frameworks for UHC, health systems, preparedness and emergency risk management (see page 8). Building on Healthy systems for universal health coverage - a joint vision for healthy lives[4], we consider health system challenges raised by COVID-19 in terms of service delivery, financing and governance.

SERVICE DELIVERY

COVID-19 has

- Revealed a relative neglect of public health capacities in many countries, even those considered to have strong health systems

- Reinforced the dual need to respond to the emergency itself while also protecting other essential health services, to minimise excess mortality

- Emphasized the need for explicit strategies to reach and protect vulnerable groups.

There is a real need to strengthen basic public health capacity. Some countries considered to have strong health systems - and to have largely achieved UHC - have struggled to respond effectively to the outbreak. A contributing factor seems to be that fundamental public health functions, including those in the International Health Regulations, have been relatively neglected compared with clinical services, especially where major epidemics were thought unlikely. The pandemic has reminded us that 'individuals cannot be healthy on their own'. Public health functions need much greater attention in strategies to strengthen health systems and advance UHC.

Other essential health services need protecting alongside the pandemic response[5]. Essential services – from vaccination and antenatal care to cancer, heart disease and diabetes treatment – may be reduced or people afraid of using them. Mental health services, often neglected, are now needed even more because of COVID-19's psychosocial impact. There are growing instances of greater excess mortality from non-COVID-19 conditions than COVID-19 itself. Response measures can have unintended consequences on other health services and outcomes. How to get the balance right, over time, especially in situations where COVID-19 case numbers are low? How to engage the private sector which provides the majority of health services in some settings?

Protecting those at greatest risk is proving hard to do well. Ensuring equity in access to care is important both for every individual's right to health and to help prevent spread of infection in the population. Anyone is at risk from COVID-19, but some people are more vulnerable; the elderly, those with chronic disease or disabilities, specific ethnic minorities, and migrants. People living in care homes, prisons, slums, or who are homeless are also at greater risk. In some countries two-thirds or more of people may be "high risk". While men are more susceptible to COVID-19, the social and economic impact of policy responses such as lockdown puts many women at risk, for example, of greater domestic violence and economic hardship, with long-term consequences. COVID-19 also exposes existing health inequalities. What are we learning about ways to protect the vulnerable? COVID-19 highlights again the need for strong data and monitoring systems, and for disaggregated data, as part of 'leaving no one behind'. So far, fewer than 40 countries are reporting sex-disaggregated COVID-19 data to the World Health Organization.

Strong health systems based on primary health care are the foundation of an effective response. In some countries the emergency response has seemed to focus more on expanding intensive care beds than primary care. Both are needed. Growing experience shows that primary health care-led approaches including community-based strategies are features of more successful responses.[6]

Health and care workers are critical. COVID-19 puts the spotlight again on severe workforce shortages in many low- and middle- income countries, and that more skills are needed in public health as well as clinical care. Seventy percent of health workers are female but they are often in lower-paid jobs and under-represented on decision-making bodies.

Health workers also need to be safe to function properly. Most countries have mobilised extra workers during the surge, but failure to protect them from infection due to poor working conditions, including personal protective equipment, has had personal and public health consequences – and has been a problem to the point of political scandal in some countries.

Many national and international supply chains have been overstretched. COVID-19 reinforces experience from previous emergencies that shortages of supplies such as diagnostics, protective equipment or essential medicines can undermine a response. Supply chains have sometimes been found wanting, stockpiles insufficient, and countries have competed to procure essential items. This is only partly because the new virus has generated novel supply needs. The situation raises questions about how supply chains can adapt more quickly in an emergency, and where international cooperation is most important.

COVID-19 is triggering many innovations in products, how services are organised and managed, and skill-mix. Non-governmental organizations and the private sector are helping scale up services and develop new diagnostics, vaccines and therapeutics. Digital health has helped reconfigure both acute and chronic care. How can positive new developments be retained in ways that improve access to better health services long-term?

HEALTH FINANCING

COVID-19 has[7]
- Highlighted the need for: i) sufficient funding for common goods for health, and ii) removing financial barriers to accessing health care.

- Reinforced the case for more and better investment in health, even through an economic recession. It saves lives and protects the economy.

Funding "Common Goods for Health"[8], which require public financing, will help ensure a better response to the next crisis. Public health functions – such as comprehensive surveillance, data and information systems, regulation, communication and information campaigns – need resources (and need to be organised systems-wide). Investment in such preparedness has often not been sufficiently prioritized in recent years, or in the earliest phases of the pandemic.

The removal of financial barriers to health care benefits the individual and the wider population. Current strategies to combine public funding with the removal of financial barriers to service use need to be maintained. This is challenging during an economic recession, but COVID-19 has shown that effective epidemic control benefits the economy. Outbreaks reinforce the case for public funding to remove financial considerations from individuals' decisions about whether to seek care.

The costs of inaction vastly outweigh the costs of outbreak preparedness. Recurrent costs of preparedness have been estimated to be $13.8 billion per year for 67 low- and middle-income countries, while annual costs of responding to disasters are more than $500 billion.[9] Current analyses suggest the COVID-19 pandemic could cost the global economy up to $8.8 *trillion*.[10]

GOVERNANCE

COVID-19 has

- Demanded fast and difficult decisions within and beyond the health sector, leadership at the highest political level, and a 'whole of government' approach

- Reaffirmed two key attributes of an effective response: a) governments are trusted so their strategies are supported, b) management across multiple stakeholders and organizations, with clear accountability

- Reinforced the need for adaptation as the situation evolves, with decisions based on evidence to the extent possible, and anticipation of longer-term impacts early on

- Highlighted the importance of global cooperation and leadership, to support national responses.

Protecting health is a political choice requiring timely action at the highest level. The crisis has demanded unprecedented decisions to contain the epidemic. There have been debates about trade-offs between health and the economy, personal freedoms and collective responsibility, and whether policy decisions are based on science or ideology and politics. Experience suggests that where decisions are evidence-led, and pro-active rather than re-active, countries may contain their epidemics faster.

Clear and consistent messaging helps build trust - essential to outbreak control - but on its own is not enough. COVID-19 is a source of fear and confusion for many people, often struggling to cope with the 'infodemic' at the same time as the epidemic. Clear messaging needs to be reinforced by transparency in data and decision-making processes. Experience shows that more effective responses involve local communities and other constituencies in decisions that affect them, and that women are often under-represented. Trust in health services takes time to build and is sustained when people are seen to be accountable. Digital applications pose new questions of trust and privacy. There may be mechanisms introduced during the crisis that are worth maintaining; how can these be identified and retained?

An effective response requires managing across multiple organizations, together with agreed responsibilities, fit-for-purpose regulation, and clear accountability. Multiple stakeholders have to be involved to reduce transmission, scale-up services and ensure financial protection. These may have different priorities and incentives. COVID-19 has exposed weaknesses in links between health and social care systems and renewed attention on both the balance of responsibilities between local and central government and the role of the private sector. Will a coherent, unified epidemic response only be achieved with central control? Does greater local control achieve a more flexible, better adapted response or result in damaging fragmentation? Are there ways to more systematically anticipate roles for the private sector during an epidemic, that enable a more rapid response?

The "new normal" is likely to involve uncertainty but give scope to do things differently. Policy makers and the public are realizing they cannot quickly resume previous approaches and lifestyles. For the foreseeable future policymakers will be navigating ongoing transmission and the 'indirect' effects of the epidemic on people's health, well-being and financial hardship, at the same time as restoring the economy. From a health point of view, early experience points to the importance of protecting the most vulnerable right from the start, restoring all essential services as quickly as possible, and ensuring work-place safety as restraints are lifted. There may be opportunities to introduce needed health (and other) reforms.

The need for global leadership on health, and cooperation on global common goods, is as strong as ever. The WHA73 resolution calls for, 'in the spirit of unity and solidarity, intensification of cooperation and collaboration at all levels'. Global research collaborations in diagnostics, vaccines and treatments have been mobilised rapidly, as have funds. There has not yet been similar intensity of collaboration between governments. There is a real need for individual countries to manage their immediate domestic crisis, but epidemics are blind to national boundaries, and inter-government cooperation is essential for future pandemic prevention and control. Global leadership can also influence local political will even if it cannot create it. Going forward, international donor funding may be constrained but has a very important role to support governments during the immediate crisis, longer-term national public health capacity development, and global goods such as research.

Preliminary conclusions

1. The "new normal" for UHC includes greater emphasis on common goods for health and public health actions.
COVID-19 reinforces previous experience that strong health systems based on primary health care are the foundation both for health security and UHC. UHC by definition includes prevention, promotion and emergency preparedness, all of which are 'common goods for health'. National policies to promote UHC have sometimes neglected these public health dimensions. There is a strong case to position public health action as the first step towards UHC, and reinforce that it is a core responsibility of governments. COVID-19 could help create a 'new normal' for UHC.

2. Invest more and better in health – for both health and economic reasons.
Countries are facing economic recessions because of the crisis. But the pandemic gives further compelling reasons to prioritise health investments now: the costs are small compared with those of recessions. Health financing policies should prioritise public financing for health and remove financial barriers to services.

Priorities include:
- Invest more in public health functions – surveillance, laboratories, information systems, information, education and communication – to strengthen both emergency preparedness and primary healthcare
- Invest better in these cross-cutting functions - a systems-wide "cross-programmatic approach", with budgeting and funding arrangements that support provision at the level of the entire population
  rather than fragmented programmes
- Support innovation – vaccines, diagnostics, medicines, digital solutions – as well as equitable access to new products
- Health systems based on primary healthcare.

3. Seize the moment: opportunities for change that benefit both health security and UHC.
The pandemic has clearly shown that the choice is not between health security and UHC: strong health systems grounded in primary health care are needed for both. It raises awareness of the need for intensified global cooperation, on priorities such as health workforce shortages and ethical international recruitment of health workers, and how to ensure equitable access to new diagnostics, medicines and vaccines. Opportunities to retain positive innovations during the pandemic – in service delivery models including use of new information technologies, product development, financing, governance, and new ways of working – need to be identified, as they will contribute to progress on both health security and UHC.

4. Local and global movements for shared health goals.
COVID-19 reinforces the importance of governments seeing local communities as part of the solution to the epidemic and working closely with them; this is a key lesson from the Ebola crisis. However, there are no guarantees that populations will demand to be better protected in future, that space will be created for communities to actively participate in shaping more equitable health systems, or that governments will be more answerable.

In the past there have been strong civil society voices for individual diseases and health issues, only recently a growing movement for universal health coverage, but few advocates for emergency preparedness. COVID-19 makes it even more urgent to address this and unite behind shared goals. The Key Asks from the UHC movement, as shown on page 7, provide a basis to do so.

COVID-19 & the Key Asks: a potential action agenda

In 2019 the UHC movement came together behind a set of 'Key Asks' and successfully influenced commitments in the declaration of the UN High Level Meeting on Universal Health Coverage. Building on this experience, the emerging priorities and opportunities in this discussion paper point to actions for emergency preparedness and UHC.

UHC Key Asks	Proposed action agenda for emergency preparedness and UHC
1. Ensure political leadership beyond health – Commit to achieve UHC for healthy lives and wellbeing for all at all ages.	Prioritise protecting health.
	Lead proactively, not reactively.
	Build trust through clear messaging, transparent data and decision-making, and adapting strategies in response to evidence.
2. Leave No One Behind – Pursue equity in access to quality health services with financial protection.	Focus on equity and protecting those at greatest risk and vulnerability.
	Build strong health systems based on primary healthcare accessible by all.
	Ensure adequate safety nets to address non-health impacts.
	Collect and share disaggregated data.
3. Regulate and Legislate – Create a strong, enabling regulatory and legal environment responsive to people's needs.	Create an enabling environment for urgent innovations while ensuring patient safety.
	Balance individual freedoms and collective responsibilities.
4. Uphold Quality of Care – Build quality health systems that people and communities trust.	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.
5. Invest More, Invest Better – Sustain public financing and harmonise health investments.	Fund public health 'common goods for health'.
	Remove financial barriers to care.
	Prioritise health and preparedness investments, even during a recession.
6. Move together – Establish multi-stakeholder mechanisms for engaging the whole of society for a healthier world.	Proactively involve communities and all relevant stakeholders and organizations, including civil society and the private sector, in shaping preparedness and response.
	Lead by example on global health and cooperation on global common goods.
Across these key asks and actions, re-commit to gender equality, redress gender power dynamics and ensure women's and girls' rights as foundational principles for UHC.	

Selected frameworks and priorities for health systems, universal health coverage, and emergency preparedness

Health systems building blocks[11]
- Service delivery
- Health workforce
- Information systems
- Medical products, vaccines, technologies
- Financing
- Leadership and governance

Health systems policy objectives[12]
- Quality
- Equity
- Efficiency
- Accountability
- Resilience
- Sustainability

Health systems core functions and principles[13]
Core functions:
- Service delivery
- Health financing
- Governance

Principles:
- Leaving no one behind
- Transparency and accountability for results
- Evidence based national health strategies and leadership
- Making health systems everybody's business
- International cooperation based on mutual learning

UHC key asks[14]
- Ensure political leadership beyond health
- Leave no-one behind
- Regulate and legislate
- Uphold quality of care
- Invest more, invest better
- Move together
- Ensure gender-equitable responses

Health emergency & disaster risk management (EDRM) functions[15]
- Policies, strategies, legislation
- Planning and coordination
- Human resources
- Financial resources
- Information and knowledge management
- Risk communications
- Health infrastructure and logistics
- Health and related services
- Community capacities
- M&E

Common goods for health EDRM[16]
- Policy and coordination
- Taxes and subsidies
- Regulations and legislation
- Information collection, analysis and research
- Communications and persuasion (risk communication)
- Population services

Global Preparedness Actions for Leaders[17]
- Heads of government to commit and invest
- Countries and regional organizations must lead by example
- All countries must build strong systems
- Countries, donors and multi-lateral institutions must be prepared for the worst
- Financing institutions must link preparedness with economic risk planning
- Development assistance funders must create incentives and increase funding for preparedness
- UN must strengthen coordination mechanisms

Acknowledgements

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International Health Partnership

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.

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