



UHC2030 STEERING COMMITTEE
11th Session – 17-18 October 2022
World Health Summit, Berlin

UHC2030 High-Level Roundtable:

**Strengthening pandemic prevention, preparedness and response
through universal health coverage**

Draft Concept Note

For Information **For Review & Advice** **For Approval**

UHC2030 High-Level Roundtable:

Strengthening pandemic prevention, preparedness and response through universal health coverage

Draft Concept Note

The COVID-19 pandemic has shone a new light on the deep interlinkages between universal health coverage (UHC) and health security. Where health systems have been strong and people-focused, pandemic response has also been strong. Conversely, shortcomings in health systems have proven disastrous for people's access to services and overall ability for societies and economies to withstand the pandemic. As a result, there is a better understanding that investments in health systems, including primary health care, can achieve UHC, and make a fundamental contribution prevention, preparedness and response.

Now, as never before there is a greater appreciation of the crucial role that health systems play for both the health and well-being of people and for broader socio-economic stability and progress.

However, while countries have committed to UHC, set national targets, and prioritized equity in their UHC commitments, gaps persist in policy development, implementation, and results. **UHC progress is not on track, and the COVID-19 pandemic has brought the world further away from the commitments made in the 2019 UHC Political Declaration.**

A key reason why UHC is not on track is that 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 designed or funded to be integrated across the health systems. This is compounded by insufficient integration among a diverse set of stakeholders (both domestic and international).

In an already hyper-fragmented global health environment, we must urgently agree on a way forward that further develops integrated approaches to design much needed actions for health emergencies actions as part of the broader universal health coverage approach.

This Roundtable will discuss how to invest in equitable and resilient health systems, including primary health care, in an **integrated way** to achieve gains for both health security and UHC.

Roundtable structure

The moderator will lead two discussions around the following sets of indicative questions and will invite panellists to provide their views.

The Challenge: How should we integrate UHC and health security agendas? (45 minutes)

- Is it important that we do this?
- What does UHC mean for future health security?
- What do we understand now about the relationship between UHC and health security? Is UHC a foundation for health security?
- How can more integrated approaches to health systems strengthening be put in place to deliver on both UHC and health security at the country level?

How can we champion UHC reforms (including public health services) to heads of state in a world of crisis?

- Is there opportunity in crisis – Does investing in UHC make more sense from economic, societal and political perspective?
- What are the important policies and investments that governments can make now, even in the face of ongoing challenges, to build integrated health systems? What role for primary health care?
- What are the opportunities to champion this? How do we generate genuine political commitments as well as policies, implementation and financing?
- What is the role of the UHC Key Asks?

Roundtable details

Date: Monday 17th October, 2022

Time: 16:00-17:30 Berlin time

Room: Cairo Lounge

Address: Hotel Berlin Central District, Stauffenbergstraße 26, 10785 Berlin

Format: By invitation only

Roundtable Participants

1. **Dr Tedros Ghebreyesus**, Director-General WHO (tbc)
2. **Ruth Aceng Otero**, Minister of Health, Uganda (tbc)
3. **Carla Vizzotti**, Minister of Health, Argentina (confirmed)
4. **Karl Lauterbach**, Federal Minister of Health, Federal Ministry of Health (BMG), Germany (tbc)
5. **Helen Clark**, Chair, PMNCH; Co-Chair of the Commission for Universal Health; and Former Co-chair of the Independent Panel on Pandemic Preparedness and Response (confirmed)
6. **Joy Phumaphi**, Executive Secretary of ALMA, Co-chair of the GPMB (confirmed)
7. **Maziko Matemvu**, founder and President of Uwale and the Vice Chairperson for the PMNCH Adolescent and Youth Constituency (confirmed)
8. **Mahmood Al-Hamody**, Vice President of External Affairs, IFMSA (confirmed)
9. **Francesca Colombo**, Head of Health Division, Organisation for Economic Cooperation (OECD) (confirmed)
10. **Juan Pablo Uribe**, Global Director for Health, Nutrition & Population and the Global Financing Facility, The World Bank (confirmed)

Robert Yates, Director, Chatham House Centre for Universal Health (Facilitator)

Annex: Key UHC Data Factsheet

Progress on UHC

UHC service coverage index has improved, from 45 in 2019 to 67 (out of 100) in 2019 (SDG 3.8.1).ⁱ

The global average life expectancy at birth increased, from 66.8 years in 2000 to 73.3 years in 2019.ⁱⁱ

Between 2016 and 2020, the number of health workers globally increased by 29%.ⁱⁱⁱ

Challenges for UHC

Half of the global population cannot access essential health services.^{iv}

Between 1.4 and 1.9 billion people face catastrophic or impoverishing out-of-pocket health spending, with significant inequalities affecting the most vulnerable, in 2017 (SDG 3.8.2).^v

The population incurring catastrophic out-of-pocket health spending increased continuously between 2000 and 2017 (SDG 3.8.2).^{vi}

Over 5 million children under 5 died in 2020.^{vii}

In 2021, at least 12.4 million children worldwide are categorized as “zero-dose”, living in missed communities that cannot access many essential services, including health care.^{viii}

From 2000 to 2017, the global maternal mortality ratio declined by 38 per cent – from 342 deaths to 211 deaths per 100,000 live births.^{ix} But mothers continue to die during childbirth, with the maternal mortality ratio at 152 deaths per 100,000 live births in 2020 (against the SDG global target of 70).^x

Communicable and non-communicable diseases are not under control: lagging by 36% for HIV, 40% for malaria, 9% for TB, and only 14 countries on track for NCDs.

The global health workforce shortage is 15 million in 2022, primarily in low- and lower-middle income countries.^{xi}

Countries at all levels of socioeconomic development face, to varying degrees, difficulties in the education, employment, deployment, retention, and performance of their health workforce.^{xii}

Gender inequity

70% of the global health and social care workforce are women.^{xiii}

90% of nurses are women.^{xiv}

25% of leadership roles in health are held by women.^{xv}

Less than a quarter of the 194 governments of the world sent delegations headed by women to the World Health Assembly in May 2022.^{xvi}

As of 1 January 2022, women's share is slightly over one third in local governments worldwide.^{xvii}

COVID-19 is threatening decades of progress in global health

Essential health services^{xviii}

92% (117 of 127) reported some extent of disruptions in at least one essential health service.

Countries affected by service disruptions are in all regions and of all income levels.

On average, 45% of tracer services are disrupted in country.

Across the SDGs^{xix}

Extreme poverty increases for the first time in a generation with over 100 million people affected.

Tuberculosis deaths rise for the first time since 2005. Deaths from malaria have also increased in 2020.

22.7 million children missed basic vaccines in 2020, 3.7 million more than in 2019.

COVID-19 vaccine inequities: only 11% of the population in low-income countries are vaccinated compared to 73% in high-income countries.^{xx}

The COVID-19 pandemic claimed the lives of 115,500 front-line health-care workers.

References

-
- ⁱ Source: [Tracking Universal Health Coverage: 2021 Global monitoring report \(who.int\)](#)
- ⁱⁱ Ibid.
- ⁱⁱⁱ Source: [Global Strategy on Human Resources for Health: Workforce 2030: Reporting at Seventy-fifth World Health Assembly \(who.int\)](#)
- ^{iv} Source: [World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses](#)
- ^v Source: [Tracking Universal Health Coverage: 2021 Global monitoring report \(who.int\)](#)
- ^{vi} Ibid.
- ^{vii} Source: [Child Mortality - UNICEF DATA](#)
- ^{viii} Source: [Gavi launches new partnership to reach “zero-dose” children across marginalised communities | Gavi, the Vaccine Alliance](#)
- ^{ix} Source: [Trends in maternal mortality 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division: executive summary](#)
- ^x Source: [Maternal Mortality \(gatesfoundation.org\)](#)
- ^{xi} Source: [Global Strategy on Human Resources for Health: Workforce 2030: Reporting at Seventy-fifth World Health Assembly \(who.int\)](#)
- ^{xii} Source: [Health workforce \(who.int\)](#)
- ^{xiii} Source: [Value gender and equity in the global health workforce \(who.int\)](#)
- ^{xiv} Source: [State of the world's nursing 2020: investing in education, jobs and leadership \(who.int\)](#)
- ^{xv} Source: [The-Sustainable-Development-Goals-Report-2021.pdf \(un.org\)](#)
- ^{xvi} Source: [Gender Parity in Leadership at the World Health Assembly - Women in Global Health \(womeningh.org\)](#)
- ^{xvii} Source: [The-Sustainable-Development-Goals-Report-2022.pdf \(un.org\)](#)
- ^{xviii} Source: [Third round of the global pulse survey on continuity of essential health services during the COVID-19 pandemic \(who.int\)](#)
- ^{xix} Source: [The-Sustainable-Development-Goals-Report-2022.pdf \(un.org\)](#)
- ^{xx} Source: [Accelerating COVID-19 Vaccine Deployment \(who.int\)](#)