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**UHC2030 Steering Committee**

**9th Session – 14 & 15 September 2021**

**V Videoconference (Zoom)**

**Draft UHC2030 Paper**

Leave no one’s health behind:

Action on resilient and equitable health systems, for UHC & health security goals

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

# Introduction: What is this paper and who is it for?

**The health and wellbeing of populations around the world is at a pivotal moment**. The COVID-19 pandemic has exposed off-track progress towards universal health coverage, widened inequities, and highlighted gaps in health security and emergency preparedness. It continues to pose critical challenges to health systems: how to respond to a fast-spreading infectious disease while maintaining other essential health services, all in the face of growing economic pressures. These challenges are increasingly inequitable, as countries with access to vaccines and other COVID-19 tools transition to “recovery” while others remain in the acute phase of the pandemic.

In short, the pandemic highlights that countries – and the world – need to do better on both universal health coverage (UHC) *and* health security. World leaders and the global health community have a crucial ‘second chance’ to secure a safer and healthier future for everyone.

It is increasingly recognized that **strengthening health systems**, with a focus on equity and resilience, is crucial for both UHC and health security goals and contributes to wider socioeconomic progress. There is now an urgent opportunity for **more and better-directed investment in the foundations of health systems**, and a **coherent, well-aligned, and integrated approach**, based on primary health care, that leaves no one behind.

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**This paper provides a strategic narrative for strengthening health systems, and priority actions for UHC2030 constituencies and partners to consider** at national, regional and global levels. The arguments and proposed actions are not new: they reflect and bring together recommendations from recent high-profile initiatives and reports, many of which were developed by organisations that are part of UHC2030. As the established multi-stakeholder partnership for health systems and universal health coverage, UHC2030 can promote action by amplifying these messages across its diverse membership.

**The “shared script” will therefore help UHC2030 members, and wider health communities, to** **shape decisions and action for stronger health systems in the context of COVID-19 response and recovery**. Within countries, this should include advocacy and policy dialogue with governments (especially ministries of health and ministries of finance) and international partners. Internationally, it will help partners and advocates identify key moments and opportunities within their own organisations and in relevant regional and global initiatives, political processes and governing bodies. It will inform the [UHC Day 2021 campaign](https://universalhealthcoverageday.org/) (*Leave No One’s Health Behind: Invest in health systems for all*) and priorities for the UHC movement ahead of the follow-up UN High-Level Meeting on UHC in September 2023.

**This document is *not* intended to provide normative or technical guidance, but rather to guide political advocacy and coordination across UHC2030 constituencies**. The proposed actions are for discussion with UHC2030’s Steering Committee, to agree a basis for constituencies to discuss their respective contributions.

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# Key Messages

**1. Why health systems matter for UHC and health security**

* From the outset we must be clear on intended goals (UHC and health security), means (strengthening health systems) and approach (primary health care). Universal health coverage and health security are what we want. Strengthening health systems is what we must do.
* 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. This is the right thing to do, as a crucial step towards health for all, and the smart thing to do, for wider social, political, and economic reasons.

**2. Strengthening health systems: what does it take?**

* Since the start of the pandemic, several important initiatives and reports (mostly involving organizations that are part of UHC2030) have made recommendations, directly or indirectly, on how strengthening health systems will contribute to UHC and health security goals. UHC2030 can help to synthesize key messages for its membership.
* *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.
* 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.

**3. Priority Actions and the role of UHC2030 constituencies**

* UHC2030’s value is in mobilizing multi-stakeholder dialogue and action. Based on existing reports and initiatives, 12 priority health systems actions are proposed for policy objectives (equity and resilience) and systems shifts (financing and integration) towards UHC and health security goals.
* UHC2030 constituencies can make important contributions to collective action to strengthen health systems. This includes identifying how diverse stakeholders collaborate to mobilize political will and help design, implement and ensure accountability for stronger health systems, ensuring resilience and equity policy objectives are entwined throughout.

12 priority actions for stronger health systems:

1. Mobilize political leadership for health systems
2. Ensure health systems focus and accountability in leaders’ commitments on health security
3. Identify health systems actions to address inequities
4. Implement PHC-focused health systems reforms
5. Cultivate a supportive policy, legal, and regulatory environment for health systems, especially innovation
6. Develop system-wide capacities for good quality PHC including health emergency risk management
7. Increase domestic and international investments in the foundations of health systems
8. Align funding flows for health systems
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
11. Ensure gender-equitable leadership and gender-responsive health systems
12. Align health systems action for UHC and health security

# 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)

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* ***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]](#endnote-1) It is included in the SDGs as target 3.8, with two indicators: 3.8.1 for service coverage, and 3.8.2 for financial protection. [[2]](#endnote-2)
* ***Global health security (GHS)*** 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]](#endnote-3) It is included in the SDGs as target 3.D.

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* ***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 WHO’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]](#endnote-4) [[5]](#endnote-5) [[6]](#endnote-6) UHC2030’s *Healthy systems, healthy lives* vision paper focuses on three policy areas for health systems: service delivery, health financing and governance.[[7]](#endnote-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]](#endnote-8) [[9]](#endnote-9)

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* ***Primary health care*** 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 *primary health care-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.

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* ***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]](#endnote-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 ‘theability of all actors and functions related to health, to collectively mitigate, prepare, respond 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]](#endnote-11)

# 1. Why health systems matter for UHC and health security

## 1.1 What do we mean by universal health coverage, global health security, and health systems?

*Key message: From the outset we must be clear on intended goals (UHC and health security), means (strengthening health systems) and approach (primary health care). Universal health coverage and health security are what we want. Strengthening health systems is what we must do.[[12]](#endnote-12)*

Around the world, **COVID-19 has created a dual challenge for countries’ health systems**: how to respond to a fast-moving infectious disease outbreak while protecting other health services – all in the context of increasing economic pressures.[[13]](#endnote-13)

This reflects the interlinkages between two crucial health goals: **universal health coverage and health security**. This link is not new. In 2017, Dr. Tedros characterized universal health coverage and health security as “two sides of the same coin.”[[14]](#endnote-14) Many reports and initiatives have since argued that **strong health systems** provide the foundations for both these goals.[[15]](#endnote-15),[[16]](#endnote-16),[[17]](#endnote-17) In practice this means scaling up investments that consider the ‘sum of the parts’ of the entire system, rather than component by component or disease by disease.[[18]](#endnote-18)

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 amplify key messages from across these recommendations, and provide **a shared narrative for why health systems matter, priority actions, and how different constituencies can contribute**.

## 1.2 COVID-19: Unprecedented challenges for health systems everywhere

*Key message: COVID-19 has created huge challenges for both health security and UHC.*

***Challenges for community, national and global health security***

The ongoing COVID-19 crisis has exposed that **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]](#endnote-19) This is relevant for all countries, and not driven simply by income level. Many high-income countries, including those that scored highly in assessments of health security capacities, found they were under-prepared.[[20]](#endnote-20) Some less wealthy countries made use of experience with infectious disease outbreaks to respond relatively well.

These **challenges evolved over the course of the pandemic**. Different countries faced different challenges at different times. Some countries saw initial ‘success’ overturned by changes in context as cases increased or new variants emerged and spread. In some countries, leadership and actions were at times inadequate or even neglectful. Many countries have faced acute and ongoing challenges due to unacceptable inequities in access to vaccines and other vital health resources.[[21]](#endnote-21) Even countries with high vaccine coverage face uncertainties as public health measures are relaxed and new variants emerge.

**Fragmented approaches contribute to these challenges**. In many countries there are longstanding siloes in how different health and disease programmes are organized and funded, with primary health care, disease-specific, public health, and emergency preparedness functions not fully aligned across systems.[[22]](#endnote-22) This lack of alignment and integration among diverse stakeholders (both domestic and international) often results in inefficiencies and competition for limited attention and resources.[[23]](#endnote-23) 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 national strategies and multi-sectoral response plans at all levels of health systems.

**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.[[24]](#endnote-24) 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 also demonstrated the lack of equitable measures to support and protect vulnerable and marginalized populations who are at greatest risk during health crises.[[25]](#endnote-25)

***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 to pay for health care.[[26]](#endnote-26) 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.[[27]](#endnote-27)

**Many governments had 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 health workers, interoperable health information systems,[[28]](#endnote-28) 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. [[29]](#endnote-29) Ultimately, the absence of these foundational investments meant health systems were insufficiently provisioned or flexible to respond to new and emerging threats.

**Health services have been persistently disrupted during COVID-19**. These system-wide disruptions exposed the huge challenge of making essential health services resilient to public health threats and how a crisis impacts on multiple health needs in communities.[[30]](#endnote-30)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.[[31]](#endnote-31) This is not unique to low income countries: high income countries continue to face significant disruptions and large backlogs for non-emergency care.[[32]](#endnote-32) These backlogs have long-term implications for health systems and 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), but were routinely under-represented and neglected in response and recovery plans.[[33]](#endnote-33) 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).

**As countries emerge from the crisis, UHC commitments must not be forgotten**.[[34]](#endnote-34) 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.[[35]](#endnote-35) To protect everyone, efforts to foster UHC and health security must be seen as complementary – requiring a system-wide approach.

## 1.3 The case for health systems

*Key message: Strengthening health systems is the most efficient and sustainable way to reach UHC and health security goals. This is the right thing to do, as a crucial step towards health for all, and the smart thing to do, for wider social, political, and economic reasons.*

Arguments for UHC and health security are well-established. **Health is a fundamental human right.** Everyone, everywhere should have access to the health services they need.[[36]](#endnote-36) Everyone, everywhere should be protected from disease outbreaks and other threats to public health.

To reach dual UHC and health security goals, **strengthening health systems is the most efficient and sustainable approach**. 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 one another or with the rest of the health system.17 Strengthening health systems in a cross-cutting way, by 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 promote and apply a systems-wide approach – and can promote equity in resource allocation and resilience in face of shocks.

**Strong health systems foundations, based on primary health care (PHC), help address inequity and contribute to resilient communities and societies.** PHC is the most cost-effective way to bring affordable, good quality health care to communities. [[37]](#endnote-37) 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, communities who can access trusted, local health services are more likely to trust and follow public health measures to curb the spread and impact of outbreaks such as COVID-19.

**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 training efforts. Countries with established national health emergency frameworks and clear leadership mechanisms were better equipped to coordinate their responses.[[38]](#endnote-38) This highlights the case for developing cohesive health systems that are resilient to public health threats, including by investing in preventive and protective health functions.

**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.[[39]](#endnote-39) For health security, **the costs of inaction vastly outweigh the costs of preparedness**. In comparison to an estimated $26.1 billion in annual recurrent costs for health preparedness, the annual costs of disasters are approximately 20-fold larger, totaling more than $500 billion.[[40]](#endnote-40) COVID-19 could cost the world $28 trillion over 2020-2025.[[41]](#endnote-41)

**Strengthening health systems is the most effective way to realize the wider social and political benefits of health, as well as accelerate progress on other SDGs,** including climate change, gender equality, jobs and employment, and more.[[42]](#endnote-42) 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 as a result of UHC and protecting populations from threats to public health as a result of 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”.[[43]](#endnote-43) **For health reasons *and* for political, social and economic reasons, investing in health systems is a win-win**.

# 2. Strengthening health systems: What does it take?

## 2.1 Looking forward from COVID-19: Health systems recommendations

*Key message:* *Since the start of the pandemic, several important initiatives and reports (mostly involving organizations that are part of UHC2030) have made recommendations, directly or indirectly, on how strengthening health systems will contribute to UHC and health security goals. UHC2030 can help to synthesize key messages for its membership.*

**Based on these reports and initiatives (see Annex 1), this section of the narrative proposes two cross-cutting ‘policy objectives’ and two ‘systems shifts’**. 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 primary health care** (including essential public health functions). To accelerate progress towards both UHC and health security goals, the priority actions reflect a coherent systems-wide approach, and more and better-directed financing for health systems – summarized as **integration and investment**.

## 2.2 Cross-cutting policy objectives for health systems: Equity and Resilience

*Key message:* *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***

Since UHC is fundamentally about leaving no one behind, **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.

Focusing on equity means **understanding systemic reasons why people face barriers to good quality and affordable health care, and then incorporating targeted policy interventions to address those barriers**. Inequities may be related to gender, ethnicity, race, socioeconomic status, citizenship, nationality, disability, or other factors. An ‘intersectional’ approach is important to understand how these factors and vulnerabilities are connected and interact. **Disaggregated health data** is also crucial to inform a focus on equity.[[44]](#endnote-44)

**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**.[[45]](#endnote-45)

**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.[[46]](#endnote-46) 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.[[47]](#endnote-47) The Access to COVID-19 Tools (ACT) Accelerator was established to address this.[[48]](#endnote-48) 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.[[49]](#endnote-49)

***Resilience***

COVID-19 has demonstrated the need for **sustainable health services and systems that are prepared and can withstand future threats**. Resilience – including pandemic preparedness – is both a crucial rationale for, and must be integrated in, efforts to strengthen health systems. Resilient health systems can contribute also to the economic and social resilience of communities.

**By investing in the foundations of health systems, leaders can end the costly “panic then neglect” cycle.** To ensure the continuity of essential health services as well as provide the first line of defense against outbreaks, priorities should include well-trained and sufficient numbers of 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.[[50]](#endnote-50) 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.[[51]](#endnote-51) 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 & 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 primary health care, 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

*Key message: 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.[[52]](#endnote-52)

**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.[[53]](#endnote-53)

**International aid will continue to have an important role in some countries, and for global common goods.[[54]](#endnote-54)** 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 ‘systems shift’ includes prioritising explicit efforts to strengthen health systems and ensuring efforts focused on other health priorities include a systems approach.

**Health policies and investments must therefore be well-coordinated; a primary health care approach provides the basis for this**. As the foundation for UHC, 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 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.

**Strengthening health systems in an integrated way requires that health stakeholders ‘move together’**. and take a system-based approach that considers the sum of the parts to strengthen their collective contributions. 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.[[55]](#endnote-55) Contributions of the private sector must also be recognized, and an enabling environment created that promotes alignment with UHC and health security goals.

In countries receiving international aid, **external funders have an important role in promoting integration and external assistance should be aligned with an overall health systems approach.** The “7 behaviours” for effective health cooperation[[56]](#endnote-56) remain highly relevant: support a single national health strategy, record funds for health in the national budget, harmonize and align with national financial management systems, harmonize and align with national procurement and supply systems, use one information and accountability platform, support south-south and triangular cooperation, and provide well-coordinated technical assistance.

# 3. Priority Actions and the role of UHC2030 constituencies

## 3.1 Priority actions for health systems, towards UHC and health security goals

*Key message: UHC2030’s value is in mobilizing multi-stakeholder dialogue and action. Based on existing reports and initiatives, 12 priority health systems actions are proposed for these policy objectives (equity and resilience) and systems shifts (financing and integration), towards UHC and health security goals.*

The preceding narrative is largely derived from existing documents developed by UHC2030 and by organizations in its membership. By looking across proposed solutions from existing resources and initiatives (listed in Annex 1), **UHC2030 can identify and promote a shared set of priority actions for stronger health systems**. These provide the ‘means’ for accelerating progress towards the ‘ends’ of UHC and health security goals. Annex 2 is a synthesis of recommendations across these reports and initiatives, summarized in a proposed set of **12 priority actions for stronger health systems**.

The proposed actions are consistent also with the existing UHC commitment areas based on the UHC2030 “key asks” (while recognizing that some of the recommendations and actions are inter-dependent and could sit under multiple asks). **They** **provide a basis for UHC2030 stakeholders and partners to assess and build on specific ways in which they contribute to urgent action for resilient and equitable health systems.**

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

1. Mobilize political leadership for health systems
2. Ensure health systems focus and accountability in leaders’ commitments on health security
3. Identify health systems actions to address inequities
4. Implement PHC-focused health systems reforms
5. Cultivate a supportive policy, legal, and regulatory environment for health systems, especially innovation
6. Develop system-wide capacities for good quality PHC including health emergency risk management
7. Increase domestic and international investments in the foundations of health systems
8. Align funding flows for health systems
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
11. Ensure gender-equitable leadership and gender-responsive health systems
12. Align health systems action for UHC and health security

## 3.2 Catalyzing collective action for health systems strengthening

*Key message: UHC2030 constituencies can make important contributions to collective action to strengthen health systems. This includes identifying how diverse stakeholders collaborate to mobilize political will and help design, implement and ensure accountability for stronger health systems, ensuring resilience and equity policy objectives are entwined throughout.*

**UHC2030 constituencies have important roles to play.** By shaping and uniting behind a shared narrative, we can all promote a coherent approach to strengthening healthy systems, and the resilience and equity policy objectives and financing and integration systems shifts, to accelerate progress towards UHC and health security goals. More specifically, each constituency can identify its specific contribution to priority health systems actions – both in terms of advocacy and influencing action by others, and direct action/implementation by constituency members. **Table 1 provides an initial framework for discussion.**

UHC2030 constituency groupings include:[[57]](#footnote-1)

* **“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, GFF 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.

**Table 1 – Priority health systems actions for constituencies to consider (also see Annex 2)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **12 Priority Actions for stronger health systems – towards UHC and health security goals** | **Countries** | **Multilateral organizations** | **Donors & foundations** | **Civil society & communities** | **Private Sector** |
| 1. Mobilize political leadership for health systems | **++** | **+** | **+** | **++** | **+** |
| 2. Ensure health systems focus and accountability in leaders’ commitments on health security | **++** | **+** | **+** | **++** |  |
| 3. Identify health systems actions to address inequities | **++** | **+** | **+** | **++** | **+** |
| 4. Implement PHC-focused health systems reforms | **++** | **++** | **+** | **+** |  |
| 5. Cultivate a supportive policy, legal, and regulatory environment for health systems, especially innovation | **++** | **+** |  | **+** | **+** |
| 6. Develop system-wide capacities for good quality PHC including health emergency risk management | **++** | **++** | **+** | **+** | **+** |
| 7. Increase domestic and international investment in the foundations of health systems | **++** | **++** | **++** | **+** |  |
| 8. Align funding flows for health systems | **++** | **++** | **++** | **+** |  |
| 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 | **++** | **+** |  | **+** |  |
| 11. Ensure gender-equitable leadership and gender-responsive health systems | **++** | **++** | **+** | **++** | **+** |
| 12. Align health systems action for UHC and health security | **++** | **++** | **++** | **+** | **+** |

# Annex 1 – Recent reports and initiatives relevant to strengthening health systems

1. **Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond** (WHO, forthcoming 2021)

2. [**Operational Framework for Primary Health Care: Transforming Vision into Action**](https://www.who.int/publications-detail-redirect/9789240017832) (WHO/UNICEF, 2020)

3. [**Walking the Talk: Reimaging Primary Health Care After COVID-19**](https://openknowledge.worldbank.org/handle/10986/35842?cid=hnp_tt_health_en_ext) (World Bank, 2021)

4. [**Realising the Potential of Primary Health Care** (OECD](https://www.google.com/search?q=oecd+primary+health+care&oq=oecd+primary+health+care&aqs=chrome..69i57j46i512j69i65.7951j0j7&sourceid=chrome&ie=UTF-8#:~:text=Realising%20the%20Potential,realising-the-potential-...), 2020)

5. [**Report of the High-Level Independent Panel for Pandemic Preparedness and Response**](https://theindependentpanel.org/mainreport/) (IPPPR, 2021)

6. [**A World in Disorder**](https://apps.who.int/gpmb/annual_report.html) (Global Preparedness Monitoring Board, 2020)

7. [**Report of the High Level Independent Panel for Financing for Global Commons for Pandemic Preparedness**](https://pandemic-financing.org/report/foreword/) (G20, 2021)

8. [**Carbis Bay Summit Communique** (G7](https://www.g7uk.org/wp-content/uploads/2021/06/Summary-of-Carbis-Bay-G7-Summit-Communique-PDF-248KB-2-Pages.pdf), 2021)

9. [**State of UHC Commitment: Global Synthesis**](https://www.uhc2030.org/what-we-do/voices/accountability/state-of-uhc-commitment/#:~:text=State%20of%20commitment%20to%20universal%20health%20coverage%20around%20the%20world&text=The%20State%20of%20UHC%20Commitment,accountable%20for%20their%20UHC%20commitments.) (UHC2030, 2020)

10. [**Living with COVID-19: Time to get our act together on health emergencies and UHC**](https://www.uhc2030.org/blog-news-events/uhc2030-news/time-to-get-our-act-together-on-health-emergencies-and-uhc-555361/) (UHC2030, 2020)

# Annex 2 – Priority actions for health systems to achieve UHC and health security

|  |  |  |
| --- | --- | --- |
| **Health systems actions** | **Recommendations from initiatives / reports** | **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):

1. Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond (WHO, forthcoming)
2. [Operational Framework for Primary Health Care: Transforming Vision into Action](https://www.who.int/publications-detail-redirect/9789240017832) (WHO/UNICEF, 2020)
3. [Walking the Talk: Reimaging Primary Health Care After COVID-19](https://openknowledge.worldbank.org/handle/10986/35842?cid=hnp_tt_health_en_ext) (World Bank, 2021)
4. [Realising the Potential of Primary Health Care (OECD](https://www.google.com/search?q=oecd+primary+health+care&oq=oecd+primary+health+care&aqs=chrome..69i57j46i512j69i65.7951j0j7&sourceid=chrome&ie=UTF-8#:~:text=Realising%20the%20Potential,realising-the-potential-...), 2020)
5. [Report of the High-Level Independent Panel for Pandemic Preparedness and Response](https://theindependentpanel.org/mainreport/) (IPPPR, 2021)
6. [A World in Disorder](https://apps.who.int/gpmb/annual_report.html) (Global Preparedness Monitoring Board, 2020)
7. [Report of the High Level Independent Panel for Financing for Global Commons for Pandemic Preparedness](https://pandemic-financing.org/report/foreword/) (G20, 2021)
8. [Carbis Bay Summit Communique (G7](https://www.g7uk.org/wp-content/uploads/2021/06/Summary-of-Carbis-Bay-G7-Summit-Communique-PDF-248KB-2-Pages.pdf), 2021)
9. [State of UHC Commitment: Global Synthesis](https://www.uhc2030.org/what-we-do/voices/accountability/state-of-uhc-commitment/#:~:text=State%20of%20commitment%20to%20universal%20health%20coverage%20around%20the%20world&text=The%20State%20of%20UHC%20Commitment,accountable%20for%20their%20UHC%20commitments.) (UHC2030, 2020)
10. [Living with COVID-19: Time to get our act together on health emergencies and UHC](https://www.uhc2030.org/blog-news-events/uhc2030-news/time-to-get-our-act-together-on-health-emergencies-and-uhc-555361/) (UHC2030, 2020)

# References

1. Universal Health Coverage. (2021). WHO. https://www.who.int/health-topics/universal-health-coverage#tab=tab\_1. [↑](#endnote-ref-1)
2. https://www.un.org/sustainabledevelopment/health/ [↑](#endnote-ref-2)
3. The world health report 2007 - A safer future: global public health security in the 21st century. WHO (2010). [↑](#endnote-ref-3)
4. Shakarishvili G et al. Converging health systems frameworks: towards a concepts-to-actions roadmap for health systems strengthening in low- and middle-income countries. Global Health Governance. 2010;IV(1) [↑](#endnote-ref-4)
5. The world health report 2000 – Health systems: improving performance. WHO (2000) [↑](#endnote-ref-5)
6. Kieny MP et al. (2017). Strengthening health systems for universal health coverage and sustainable development. Bulletin of the World Health Organization, 95(7). doi: 10.2471/BLT.16.187476 [↑](#endnote-ref-6)
7. UHC2030 (2016). Healthy systems for universal health coverage - a joint vision for healthy lives. [↑](#endnote-ref-7)
8. Travis P, Bennett S, Haines A, Pang T, Bhutta Z, Hyder AA, Pielemeier NR, Mills A, Evans T. Overcoming health-systems constraints to achieve the Millennium Development Goals. Lancet. 2004 Sep 4-10;364(9437):900-6. doi: 10.1016/S0140-6736(04)16987-0. Erratum in: Lancet. 2005 Jan 22;365(9456):294. PMID: 15351199. [↑](#endnote-ref-8)
9. Chee G, Pielemeier N, Lion A, Connor C. Why differentiating between health system support and health system strengthening is needed. Int J Health Plann Mgmt 2013; 28: 85–94. Doi: 10.1002/hpm.2122 [↑](#endnote-ref-9)
10. Social determinants of health. WHO. (2021). https://www.who.int/health-topics/social-determinants-of-health#tab=tab\_3. [↑](#endnote-ref-10)
11. EXPLORING HEALTH SYSTEMS RESILIENCE IN THE CONTEXT OF PUBLIC HEALTH EMERGENCIES

    WHO Health Services Resilience Team, Integrated Health Services Department, UHL Division (WHO internal, 2021). [↑](#endnote-ref-11)
12. Kutzin, J., & Sparkes, S. P. (2016). Health systems strengthening, universal health coverage, health security and resilience. Bulletin of the World Health Organization, 94(1), 2. https://doi.org/10.2471/BLT.15.165050 [↑](#endnote-ref-12)
13. OECD. (2020). A systemic resilience approach to dealing with Covid-19 and future shocks. OECD. https://www.oecd.org/coronavirus/policy-responses/a-systemic-resilience-approach-to-dealing-with-covid-19-and-future-shocks-36a5bdfb/. [↑](#endnote-ref-13)
14. Ghebreyesus, T.A. (2017). All roads lead to universal health coverage. WHO. https://www.who.int/news-room/commentaries/detail/all-roads-lead-to-universal-health-coverage. [↑](#endnote-ref-14)
15. Healthy systems for universal health coverage – a joint vision for healthy lives. Geneva: World Health

    Organization and International Bank for Reconstruction and Development / The World Bank; 2017 Licence: CC BY-NC-SA 3.0 IGO. [↑](#endnote-ref-15)
16. Living with COVID-19: Time to get our act together on health emergencies and UHC. UHC2030. 2020. https://extranet.who.int/sph/living-covid-19-time-get-our-act-together-health-emergencies-and-uhc. [↑](#endnote-ref-16)
17. World Health Organization. (‎2021)‎. Stronger collaboration for an equitable and resilient recovery towards the health-related sustainable development goals: 2021 progress report on the global action plan for healthy lives and well-being for all. World Health Organization. https://apps.who.int/iris/handle/10665/341411. License: CC BY-NC-SA 3.0 IGO [↑](#endnote-ref-17)
18. De Savigny, Don, and Taghreed Adam, eds. Systems thinking for health systems strengthening. World Health Organization, 2009. [↑](#endnote-ref-18)
19. Independent Panel for Pandemic Preparedness and Response. Covid-19. Make it the last pandemic. 2021. https://theindependentpanel.org/mainreport/. [↑](#endnote-ref-19)
20. Dalglish SL. COVID-19 gives the lie to global health expertise. Lancet. 2020; 3951189. [↑](#endnote-ref-20)
21. Vaccine inequity undermining global economic recovery. WHO. (2021). https://www.who.int/news/item/22-07-2021-vaccine-inequity-undermining-global-economic-recovery. [↑](#endnote-ref-21)
22. Lal, A., Erondu, N. A., Heymann, D. L., Gitahi, G. & Yates, R. Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *Lancet* **397**, 61–67 (2021). [↑](#endnote-ref-22)
23. Sparkes, Susan, Durán, Antonio & Kutzin, Joseph. (‎2017)‎. A system-wide approach to analysing efficiency across health programmes. World Health Organization. https://apps.who.int/iris/handle/10665/254644. License: CC BY-NC-SA 3.0 IGO [↑](#endnote-ref-23)
24. Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond. WHO, FORTHCOMING. (2021). [↑](#endnote-ref-24)
25. How to strengthen health systems for UHC and equitable access to Covid19 tools: Eight lessons from the UHC2030 Related Initiatives. UHC2030. (2021). https://www.uhc2030.org/blog-news-events/uhc2030-news/how-to-strengthen-health-systems-for-uhc-and-equitable-access-to-covid19-tools-555489/. [↑](#endnote-ref-25)
26. World Bank and WHO: Half the world lacks access to essential health services, 100 million still pushed into extreme poverty because of health expenses. WHO. (2017). https://www.who.int/news/item/13-12-2017-world-bank-and-who-half-the-world-lacks-access-to-essential-health-services-100-million-still-pushed-into-extreme-poverty-because-of-health-expenses. [↑](#endnote-ref-26)
27. Reynolds C. Opinion: keeping the promise—time to move from declarations to deeds on UHC. https://www.devex.com/news/opinion-keeping-the-promise-time-to-move-from-declarations-to-deeds-on-uhc-96187. [↑](#endnote-ref-27)
28. Lal A, Ashworth HC ,Dada S, Hoemeke L, Tambo E. Optimizing pandemic preparedness and response systems: lessons learned from Ebola to COVID-19. Disaster Med Public Health Prep. 2020; (published online Oct 2.)

    https://doi.org/10.1017/dmp.2020.361. [↑](#endnote-ref-28)
29. World Bank. 2021. Walking the Talk : Reimagining Primary Health Care After COVID-19. World Bank, Washington, DC. © World Bank. https://openknowledge.worldbank.org/handle/10986/35842 License: CC BY 3.0 IGO. [↑](#endnote-ref-29)
30. OECD (2020), Realising the Potential of Primary Health Care, OECD Health Policy Studies, OECD Publishing, Paris, https://doi.org/10.1787/a92adee4-en. [↑](#endnote-ref-30)
31. COVID-19 continues to disrupt essential health services in 90% of countries. WHO. (2021). https://www.who.int/news/item/23-04-2021-covid-19-continues-to-disrupt-essential-health-services-in-90-of-countries. [↑](#endnote-ref-31)
32. Pressure points in the NHS. British Medical Association. (2021). https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressure-points-in-the-nhs. [↑](#endnote-ref-32)
33. Bali S, Dhatt R, Lal A, Jama A ,Van Daalen K, Sridhar D. Off the back burner: diverse and gender-inclusive decision-making for COVID-19 response and recovery. BMJ Glob Health. 2020; 5e002595. [↑](#endnote-ref-33)
34. Sparkes SP, Eozenou PH, Evans D, Kurowski C, Kutzin J, Tandon A. Will the Quest for UHC be Derailed? Health Syst Reform. 2021 Jul 1;7(2):e1929796. doi: 10.1080/23288604.2021.1929796. PMID: 34402407. [↑](#endnote-ref-34)
35. Erondu NA, Martin J, Marten R, Ooms G, Yates R, Heymann DL. Building the case for embedding global health security into universal health coverage: a proposal for a unified health system that includes public health.

    Lancet. 2018; 392: 1482-1486. [↑](#endnote-ref-35)
36. The Tallinn Charter: Health Systems for Health and Wealth. WHO Europe. (2008). https://www.euro.who.int/en/media-centre/events/events/2008/06/who-european-ministerial-conference-on-health-systems/documentation/conference-documents/the-tallinn-charter-health-systems-for-health-and-wealth [↑](#endnote-ref-36)
37. World Health Organization & United Nations Children's Fund (UNICEF) . (2020). Operational framework for primary health care: transforming vision into action. World Health Organization. <https://apps.who.int/iris/handle/10665/337641>. License: CC BY-NC-SA 3.0 IGO. [↑](#endnote-ref-37)
38. Saqif Mustafa, Yu Zhang, Zandile Zibwowa, Redda Seifeldin, Louis Ako-Egbe, Geraldine McDarby, Edward Kelley, Sohel Saikat, COVID-19 Preparedness and Response Plans from 106 countries: a review from a health systems resilience perspective, Health Policy and Planning, 2021;, czab089, https://doi.org/10.1093/heapol/czab089 [↑](#endnote-ref-38)
39. Summers LH; 267 signatories. Economists' declaration on universal health coverage. Lancet. 2015 Nov 21;386(10008):2112-2113. doi: 10.1016/S0140-6736(15)00242-1. Epub 2015 Sep 18. PMID: 26388531. [↑](#endnote-ref-39)
40. David H Peters, Odd Hanssen, Jose Gutierrez, Jonathan Abrahams & Tolbert Nyenswah (2019) Financing Common Goods for Health: Core Government Functions in Health Emergency and Disaster Risk Management, Health Systems & Reform, 5:4, 307-321, DOI: 10.1080/23288604.2019.1660104 [↑](#endnote-ref-40)
41. Gopinath, G. A Long, Uneven and Uncertain Ascent. IMF Blog. (2020). https://blogs.imf.org/2020/10/13/a-long-uneven-and-uncertain-ascent/. [↑](#endnote-ref-41)
42. Sustainable Development Goals (SDGs). WHO. (2021). https://www.who.int/health-topics/sustainable-development-goals#tab=tab\_1. [↑](#endnote-ref-42)
43. Yates, R. Universal Health Coverage Is a Potent Vote Winner. Chatham House. (2016). https://www.chathamhouse.org/2016/12/universal-health-coverage-potent-vote-winner. [↑](#endnote-ref-43)
44. About the Health Equity Monitor. WHO. (2021). https://www.who.int/data/gho/health-equity/about. [↑](#endnote-ref-44)
45. State of commitment to universal health coverage: synthesis, 2020. UHC2030. (2020). https://www.uhc2030.org/what-we-do/voices/accountability/state-of-uhc-commitment/#:~:text=State%20of%20commitment%20to%20universal%20health%20coverage%20around%20the%20world&text=The%20State%20of%20UHC%20Commitment,accountable%20for%20their%20UHC%20commitments. [↑](#endnote-ref-45)
46. Baker P, Keeling A, Lal A, Wannous C, Puri M. Our response to covid-19 must not be gender blind nor a gender battle. BMJ Opinion. (2021). https://blogs.bmj.com/bmj/2021/07/02/our-response-to-covid-19-must-not-be-gender-blind-nor-a-gender-battle/. [↑](#endnote-ref-46)
47. Hipgrave DB, Kampo A, Pearson L. Health systems in the ACT-A. Lancet. 2021 Mar 27;397(10280):1181-1182. doi: 10.1016/S0140-6736(21)00442-6. PMID: 33773627; PMCID: PMC7993938. [↑](#endnote-ref-47)
48. What is the ACT-Accelerator. WHO. (2021). https://www.who.int/initiatives/act-accelerator/about. [↑](#endnote-ref-48)
49. Usher AD. Health systems neglected by COVID-19 donors. Lancet. 2021 Jan 9;397(10269):83. doi: 10.1016/S0140-6736(21)00029-5. PMID: 33422250; PMCID: PMC7836267. [↑](#endnote-ref-49)
50. Haldane V, De Foo C, Abdalla SM, Jung AS, Tan M, Wu S, Chua A, Verma M, Shrestha P, Singh S, Perez T, Tan SM, Bartos M, Mabuchi S, Bonk M, McNab C, Werner GK, Panjabi R, Nordström A, Legido-Quigley H. Health systems resilience in managing the COVID-19 pandemic: lessons from 28 countries. Nat Med. 2021 Jun;27(6):964-980. doi: 10.1038/s41591-021-01381-y. Epub 2021 May 17. PMID: 34002090. [↑](#endnote-ref-50)
51. Soucat A, Kickbusch I. Global common goods for health: towards a new framework for global financing, 2020. [↑](#endnote-ref-51)
52. Carbis Bay Summit Communique. G7. (2021). https://www.g7uk.org/wp-content/uploads/2021/06/Summary-of-Carbis-Bay-G7-Summit-Communique-PDF-248KB-2-Pages.pdf. [↑](#endnote-ref-52)
53. A World in Disorder. Global Preparedness Monitoring Board. (2020). https://apps.who.int/gpmb/annual\_report.html. [↑](#endnote-ref-53)
54. Report of the High Level Independent Panel for Financing for Global Commons for Pandemic Preparedness. G20. (2021). https://pandemic-financing.org/report/foreword/. [↑](#endnote-ref-54)
55. World Health Organization. (‎2021)‎. Voice, agency, empowerment – handbook on social participation for universal health coverage. World Health Organization. https://apps.who.int/iris/handle/10665/342704. License: CC BY-NC-SA 3.0 IGO [↑](#endnote-ref-55)
56. Seven Behaviors. UHC2030. (2016). [UHC2030\_postcard\_7\_behaviours\_V2.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/Seven_behaviours/UHC2030_seven_behaviours_products/UHC2030_postcard_7_behaviours_V2.pdf). [↑](#endnote-ref-56)
57. 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. [↑](#footnote-ref-1)