WHO input to the thematic review of the High-level Political Forum on Sustainable Development on the theme "Sustainable and resilient recovery from the COVID-19 pandemic that promotes the economic, social and environmental dimensions of sustainable development: building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development".

a) Impacts of the COVID-19 pandemic on the implementation of the SDGs under review in the 2021 HLPF from the vantage point of your intergovernmental body, bearing in mind the interlinkages with other SDGs;

COVID-19 has shed light on the severe impact that chronic under-investment in health has on societies and economies at large; it has made abundantly clear that health and the economy, development and stability, are integrated and inter-dependent.

The pandemic has set back not only progress toward SDG3 but also jeopardized progress across the 2030 Agenda – notably SDGs 1, 2, (5), 8, and 10.

For the first time in 20 years, poverty is likely to significantly increase. The total COVID-19-induced new poor in 2020 is estimated between 119 and 124 million, according to the World Bank.

Health and Well-being

COVID-19 has dramatically exposed existing vulnerabilities in our health systems—in high- , middle- and low-income countries alike—ranging from reliance on employment-based health insurance and social protection schemes and burdensome medical fees during a time when the economy is constricting and many people are facing financial insecurity, to the limited capacity of health systems to adapt and respond efficiently to a surge of new patients, while maintaining continuity of care. It has highlighted resource gaps such as shortages in the health workforce and medical equipment and supplies, and inadequate investments in infrastructure.

The failure to fully sustain essential health services increase the burden of morbidity and mortality from preventable health threats. This includes communicable and non-communicable diseases, women's and newborns' health and survival, routine immunization and others, especially in low- and middle-income countries and in fragile settings . COVID-19 and measures to address it have exacerbated women's exposure to such violence.

Employment

In the context of the COVID-19 pandemic, the blow to labour markets will strongly affect the socioeconomic capacities of vulnerable subpopulations and influence their purchasing power during and beyond the pandemic. It will also further reduce their opportunities to access adequate living conditions (decent housing, healthy environments, access to water and sanitation, safe energy supply, access to food, etc) and influence health.

Investing in health workers for resilient health systems and enhanced preparedness, is also as a critical requirement of the COVID-19 response and economic recovery efforts - at the time when some

economies begin the process of reopening and relaxing their lockdown measures, while mitigation the spread and transmission of new infections.

It is essential to start thinking now of health-equity-supporting economic stimulus plans**.** While it may be some months from when stimulus plans to aid the economy to recover and decrease unemployment are fully activated, it is necessary to start now to think through the role of the health sector and health equity in all policies in these plans. Jobs can be provided through socioeconomic multiplier investments such as strengthening the health workforce, reinforcing outbreak preparedness through the One Health approach, making more robust and resilient health systems and scaling up action on determinants in disadvantaged communities.

Food security and nutrition

The Covid-19 crisis has shone a spotlight on food and health like no other crisis has done in living memory – it has revealed the fragility of our health and food systems. It illustrates how the health of ecosystems and animals can have a direct bearing on human health and well-being. Driven by unsustainable food systems, the large-scale conversion of forests for agriculture, is increasing interactions between wildlife, livestock, and humans and the emergences of zoonotic diseases, such as Covid-19.

The economic and social disruption that has been caused by the pandemic is an unprecedented challenge to public health and food systems, and has already had a devastating effect for millions of people now falling into extreme poverty. It has impacted on health in many interdependent ways – access to health services, food security, occupational health, food safety, mental health, and access to essential health services. Certain vulnerable groups have been disproportionately affected - migrant and seasonal agricultural workers are particularly vulnerable because they face risks to their transport and working and living conditions, often struggle to access basic personal protective equipment, and struggle to access any basic medical care. Informal economy workers (such as street food and market vendors) are also vulnerable because the majority lack social protection (income safety nets, social welfare schemes etc.), any means of an income and lack access to quality health care. People who already suffer because of health inequities – including the poor, women, and children, those living in fragile or conflict-affected states, ethnic minorities, and indigenous groups – are impacted by both the virus and the containment measures governments have implemented.

A robust and diverse food supply is an essential part of the health and nutrition response to COVID-19. WHO, together with partners, is providing nutrition and food safety guidance and advice during the COVID-19 pandemic for governments, food businesses, health workers and the general public, to maintain good health and prevent malnutrition in all its forms.

Climate Change

Despite the human suffering caused by COVID-19, the changes are causing many to reconsider what is most important in our societies, and our relationship with the planet.

Decisions made in the coming months can either “lock in” economic development patterns that will do permanent and escalating damage to the ecological systems that sustain all human health or, if wisely taken, can promote a healthier, fairer, and greener world.

Global economic investments have the potential to shape the future of humanity in the coming decades. They shape the way we work, consume, we move and we built our resilience systems. Nowhere is this more important than in their effects on environmental degradation and pollution, and particularly on the carbon emissions that are driving global warming and the climate crisis.

b) Actions, policy guidance, progress, challenges and areas requiring urgent attention in relation to the SDGs and to the theme within the area under the purview of your intergovernmental body;

At the 73rd session, the World Health Assembly adopted resolution WHA73.1. The resolution called for the intensification of cooperation and collaboration at all levels to contain and control the COVID-19 pandemic and mitigate its impact. The resolution also called on the WHO Director-General to provide support to the continued safe functioning of the health system in all relevant aspects necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population- and individual-level services, for, among other matters: communicable diseases, including through undisrupted vaccination programmes, and for neglected tropical diseases, noncommunicable diseases, mental health, mother and child health and sexual and reproductive health; and to promote improved nutrition for women and children;

Drawing on the blueprint of the SDGs, the international community must operationalize integrated preparedness and response approaches, such as "One Health", which recognizes that human health and well-being is closely connected to the health of wildlife, domesticated animals, and our shared environment.

COVID-19 has shown the potential of digital health by helping to overcome some of the challenges posed by travel restrictions, lockdowns and the need to limit exposure. This presents an opportunity to accelerate efforts in UHC in digital health. Furthermore, the logistical support to supplement digital interventions is equally important (e.g., e-prescriptions, conduct and delivery of lab tests and results, telemedicine). To facilitate the logistics of delivering digital health, especially for remote populations, there is a need to look at other technological opportunities, such as robots, drones and others, that may not be health-related but may have support from the private sector.

Many countries have the consensus that community engagement played a critical role during the COVID-19 response and has to be front and centre so that we could build the back better. Community engagement has been very important for countries in building community support for adherence to lockdowns and other preventive measures such as advocacy for wearing masks.

c) An assessment of the situation regarding the principle of "ensuring that no one is left behind" at the global, regional and national levels against of background of the COVID-19 pandemic in achieving the 2030 Agenda and the SDGs, within the respective area addressed by your intergovernmental bodies; and

COVID-19 has demonstrated deficiencies in health systems to protect the most vulnerable, irrespective of a nation's wealth. While the virus does not discriminate, the impacts do – often hitting those who can least afford it the hardest: the old, poor, those with chronic disease, or poor living conditions. Equitable access to testing and treatment has both individual and population health benefits.

Maintaining continuity of essential health services, a key tenant of UHC, is critical during an outbreak. One of the challenges of an outbreak is the strain it places on health systems' existing capacities. When health systems are overwhelmed, both direct mortality from an outbreak and indirect mortality from vaccine-preventable and treatable conditions increase dramatically. Without maintaining essential health services, the burden of morbidity and mortality from preventable health threats may even exceed that of COVID-19.

The interim report of the *Pulse survey on continuity of essential health services during the COVID-19 pandemic* showed that disruptions of essential health services have happened in nearly all responding countries, and more so in lower-income than higher-income countries.

- Across the five WHO regions, 66% of responding countries had already defined essential health services to be maintained during the COVID-19 pandemic through a national policy or document.
- Nevertheless, disruptions in essential services are geographically widespread across the globe. Almost every country (90%) experienced a disruption to some extent, with greater disruptions being reported in low- and middle-income than in high-income countries. On average, countries reported disruptions to half of the tracer health services on which they reported.
- Essential health services were affected across the board. The most frequently disrupted services included routine immunization services – outreach services (70%) and facility-based services (61%) – noncommunicable disease diagnosis and treatment (69%), family planning and contraception (68%), treatment for mental health disorders (61%), antenatal care (56%) and cancer diagnosis and treatment (55%).

WHA73.1 calls on Member States to "implement national action plans by putting in place, according to their specific contexts, comprehensive, proportionate, time-bound, age- and disability-sensitive and gender-responsive measures across government sectors against Covid-19, ensuring respect for human rights and fundamental freedoms and paying particular attention to the needs of people in vulnerable situations, promoting social cohesion, taking necessary measures to ensure social protection, protection from financial hardship and preventing insecurity, violence, discrimination, stigmatization and marginalization".

In order not to lose ground on the significant gains made over the last two decades, countries must sustain health services aimed at specific age groups across the life course. Not sustaining essential sexual, reproductive, maternal, newborn, child and adolescent health services will have a major impact on women's and newborns' health and survival, especially in low- and middle-income countries and in settings of fragility, conflict, and violence.

Gender

Due to the stay-at-home measures to contain the spread of COVID-19, there are reports about increased incidents of intimate partner or domestic violence. Women in abusive relationships and their children face an increased likelihood of exposure to violence as people are staying at home. As women's care burden has increased, livelihoods are affected, access to basic necessities reduced, social and protective networks are disrupted and services for survivors are diminished, there is increased stress in the household. This leads to potential increased risk for violence, while survivors are losing the few sources of help they have. The health sector has a critical role in mitigating the impact of violence on women and their children as part of the COVID-19 response, including ensuring access to essential services for survivors of violence.

As health systems' capacities are stretched, governments and facilities are making choices about prioritizing the provision of some health services and scaling back others. Experience and evidence from previous outbreaks (e.g., the Ebola epidemic in Sierra Leone, Guinea and the Democratic Republic of the Congo, and the Zika epidemic) and from humanitarian emergencies, indicate that sexual and reproductive health services, including access to pregnancy care, contraceptives, sexual assault services

and safe abortion, are likely to be scaled back. This can result in an increased risk of maternal mortality, unintended pregnancies and other adverse sexual and reproductive health outcomes among women and girls.

Immunization

COVID-19 has also caused a reduction in or cessation of immunization programmes, threatening the resurgence of life-threatening infectious diseases like measles, diphtheria, polio, yellow fever and others that are preventable by vaccines that are available now. WHO estimates that approximately 94 million children under five years of age are at risk of missing measles vaccinations (WHO, October 2020). Mass immunization campaigns in more than 60 countries have delayed or cancelled.

Even when services are offered, people are either unable to access them because of reluctance to leave home, transport interruptions, economic hardships, restrictions on movement, or fear of being exposed to people with COVID-19. Many health workers are also unavailable because of restrictions on travel or redeployment to COVID response duties as well as a lack of protective equipment.

Migrants

According to a WHO study launched in December 2020, the COVID-19 pandemic has had a highly negative impact on the living and working conditions of refugees and migrants. Limited access to information due to language and cultural barriers, coupled with the marginalization of refugees and migrant communities, place them amongst the hardest to reach populations when information is disseminated. Undocumented migrants are often excluded from national health programmes or social protection schemes that could facilitate access to health and social services. Many do not seek health care, including for COVID-19, due to financial constraints or fear of deportation.

WHO and other partners have been working closely to address the health needs of migrants through the United Nations Network on Migration, which was established to provide effective, timely, and coordinated UN system-wide support to Member States in the implementation of the *Global Compact for Safe, Orderly and Regular Migration* (GCM)[1] , and the attainment of its 23 objectives. To this effect, the *Network* has adopted and launched a comprehensive Workplan[2] organized around *core* and *thematic* priorities. Thematic workstream 6 (i.e. Access to services) is co-led by WHO and UN-Habitat[3], and - consistently with the implementation primarily of **GCM *Objective 15: Provide access to basic services for migrants'*** and secondarily of *Objective 16: Empower migrants and societies to realize full inclusion and social cohesion* - endeavors to identify and review good and promising practices in migrants' access to services currently being implemented.

Vaccine Equity

The COVAX Facility aims to deliver at least 2 billion doses of COVID vaccine by the end of 2021 through a mechanism of fair and equitable access. It includes 190 participants representing over 90% of the world's population.

With the correct funding in place, COVAX may be able to deliver ~2.3 billion doses of COVID-19 vaccines worldwide by the end of this year. Of these, 1.8 billion doses could be available to lower-income countries

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[1] United Nations Network on Migration (https://migrationnetwork.un.org/, accessed 1 November 2019).

[2] United Nations Network on Migration, Workplan, July 2019 https://migrationnetwork.un.org/

[3] UN Network on Migration, Working Group 6: Access to Services. Co-Leads WHO, UN-Habitat; Members: FAO, ILO, IOM, OHCHR, UNAIDS, UNFPA, UNHCR, UNICEF, UN Women, Caritas on behalf of Initiative for Child Right, IFRC, OECD, PICUM, PSI, and UCLG.Other participating agencies are

at no cost to their governments. COVAX is committed to delivering vaccine through the Facility as quickly as feasible. Participants received first doses in Q1 of 2021 and volumes are expected to rise to more significant levels in the second half of the year. The final COVAX Facility vaccine portfolio is expected to have around 10 or more candidates across 4-5 technology platforms.

The COVAX Facility has signed an MoU for up to 500 million doses of the Johnson & Johnson (Janssen) vaccine. Delivery of the J&J COVID-19 vaccine to COVAX Facility participants is expected in the second half of 2021.
COVAX has negotiated to contract ~3 bn doses of COVID-19 vaccine candidates, on behalf of 190 participating economies. For the vast majority of these deals, COVAX has guaranteed access to a portion of the first wave of production, followed by volume scales as further supply becomes available.

COVAX is delivering. As at 30 March 9h00 COVAX had shipped ~33M doses to 70 participating economies in six regions including 44 LMIC/LICs. 22 participating economies have started administering COVID-19 vaccines thanks to COVAX doses. Inequities continue in COVID-19 vaccine access and use (as at 30 March): COVID-19 vaccines are now being administered in 179 economies around the world. 92% of HIC/UMIC economies have started vaccinating while only 65% of LMIC/LIC economies have started. It has been 112 days since the first country started vaccinating. 559 million vaccine doses have been administered but 77% of these in only 10 countries (26% in just one country). COVID-19 vaccine roll-out has not yet started in 39 economies; 28 of them are LICs or LMICs. Thanks to COVAX the picture is continuing to change but needs to be accelerated rapidly.

d) Cooperation, measures and commitments at all levels in promoting sustainable and resilient recovery from the COVID-19 pandemic;

WHO is fully committed to support all countries to address the COVID-19 pandemics, strengthen their health systems and advance toward universal health coverage (UHC).

The COVID-19 pandemic has resulted in an unprecedented social and economic crisis in many countries; and unfortunately, small states are often heavily affected. With some witnessing a dual shock from the health impacts of the pandemic and other events, such as natural disasters.

Despite this, there has been immense solidarity and support for WHO. In fact, around 20 small states included in this group have provided financial support to the COVID-19 response.

In 2020, WHO led the strategic global response to COVID-19 – putting health first. Triggered global multisectoral action:

- WHO-led UN Crisis Management Team 23 UN entities, 9 areas of work
- UN Socio-Economic Framework Health services at the core of recovery
- Global Humanitarian Response Plan

The CMT has met 38 times between 1 Feb 2020 and 29 March 2021, has nine work streams, and has implemented global strategies and initiatives to support Member States. These initiatives include the UN Framework for the Immediate Socio-Economic Response (WHO leads Pillar 1: “Health First”), the Global Humanitarian Response Plan (GHRP), WHO’s Strategic Preparedness and Response Plan (SPRP) and associated guidelines, and the COVID-19 Supply Chain System.

At the regional level, WHO Regional Directors coordinate with the UN Development Coordination Office (UN DCO) Regional Directors on strategy, planning and information sharing. At the country level, the CMT coordinates with UN Country Teams (UNCTs) to facilitate joint action by UN entities and international agencies in support of Member States.

The CMT brought humanitarian and development partners together under WHO's leadership and has become an important coordinating network for the global humanitarian response to COVID-19, facilitating implementation of WHO recommendations in low-resource settings and mitigating the socioeconomic impacts of the pandemic in fragile states.

One Health Approach

More than a decade ago WHO, FAO and the World Organization for Animal Health, came together as the tripartite to develop and promote the "One Health" concept. The pandemic has shown that we must take our partnership to a new level, and that it must become more than a concept, it must be translated into systems that keep people safer in countries. It's also clear that One Health must be about more than zoonoses; it must address the full range of issues that affect the relationship between humans, animals and planet, including deforestation, intensive agriculture, pollution, climate change and so on. In this regard, with partners in the tripartite and UN Environment, it was agreed to establish a One Health High-Level Expert Council. The Council will analyze scientific evidence and policy responses in countries and advise the four agencies on actions to take and recommendations to develop.
In this regard, the WHO, the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE) speak with one voice, as the Joint Tripartite, and take collective action to minimize the emergence and spread of AMR. The aim is to:

- Ensure that antimicrobial agents continue to be effective and useful to cure diseases in humans and animals
- Promote prudent and responsible use of antimicrobial agents
- Ensure global access to medicines of good quality

In November 2020, the heads of the Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE), and the World Health Organization (WHO) launched the new One Health Global Leaders Group on Antimicrobial Resistance. The group will harness the leadership and influence of these world-renowned figures to catalyze global attention and action to preserve antimicrobial medicines and avert the disastrous consequences of antimicrobial resistance.

e) Various measures and policy recommendations on building an inclusive and effective path for the achievement of the 2030 Agenda in the context of the decade of action and delivery for sustainable development;

As agreed by the World Health Assembly and laid out in our General Programme of Work and Triple Billion Targets, WHO is dedicated to supporting Member States to improve health, build resilient systems, and protect populations from emergencies, especially the most vulnerable.

Reorienting health systems to prioritize prevention, preparedness and universal health coverage

Governments can reform health system governance through a primary health care approach towards a publicly led system, with equity as an institutionalized priority. The aim must be to move towards universal health coverage that is accessible, affordable, available, equitable, and of good quality for all and that is funded through taxation, social insurance, or another prepayment pooling mechanisms.

Governments need to rapidly scale up their investments in core functions (Essential public health functions, or Common Goods for Health): those core public health functions that require collective action and can be funded only by governments or risk large market failures. This includes policy making based on evidence; communication, including risk communication and community outreach to empower individuals and families to better manage their own health; information systems, data analysis, and surveillance; laboratory capacity for testing; regulation for quality products and healthy behaviours; and subsidies to public health institutes and programmes; these are integral to the commitments all Member States have signed up to in the International Health Regulations.

The World Health Organization is also establishing the Council on the Economics of Health for All, staffed by leading economists and health experts, to focus on the links between health and sustainable, inclusive and innovation-led economic growth.

Environment

WHO and the health community vision for a healthy post-COVID planet is built on two main arguments:

- Protecting the natural environment is an essential health intervention. Reducing deforestation, managing the wildlife trade, integrated surveillance of infection in wildlife, livestock and humans – all reduce the risk of another COVID-19 crisis, which the world cannot afford.
- COVID-19 Recovery packages can build back better, for the environment, economy and health. While the human cost of COVID-19 has been too high, people have noticed the improvements in air and water quality, reductions in traffic etc. resulting from lockdowns, and will want to preserve these during the recovery. Health is a strong argument for "Green New Deals" that prioritize clean and modern, rather than polluting, economic activity.

Preparedness for multi-dimensional and systemic risks in today's interconnected world requires multilateralism to drive strengthened international cooperation and a strong anticipatory function. Increasingly complex and concurrent risks cut across sectors and national boundaries and, as evidenced by the COVID-19 pandemic, the climate crisis and the crisis of inequalities, disasters can have far-reaching ramifications such as interrupting global supply chains, curtailing global trade and travel, damaging ecosystems, harming health and well-being, or displacing persons across national borders. Issues related to preparedness for increasingly complex, inter-connected and concurrent risks in a context of uncertainty require strengthening foresight and diagnostics for long-term planning, scenario building and early warning and response capacities, including investment in human resources, and the ability to connect these efforts across different realms of disaster, climate, biological, health, technological and conflict risks.