

## High Level Political Forum on Sustainable Development 2020

*'Protecting and advancing human wellbeing and ending poverty'*

Contribution notes from Dr Githinji Gitahi, Group CEO Amref Health Africa on behalf of UHC2030

- 1. We need to leverage multilateralism to put human well-being at the centre of policy.** The international community must strengthen coordination to eliminate deprivations and eradicate poverty. Many people realized in COVID-19 Pandemic that health is the foundation for people, communities and economies to reach their full potential. UHC has proven to be a catalyst for economic growth that benefits individuals, families, communities, businesses and economies. For example, access to and use of essential health services, including COVID-19 testing and treatments, enables people to be more productive and active contributors to their families, communities, and society at large. It also ensures that healthy children at low risk of COVID-19 infection can go to school and learn. At the same time, financial risk protection prevents people from being pushed into poverty or simply not able to use COVID-19 diagnostics or needed care when they must pay for health services out of their own pockets, particularly when they suffer serious illnesses. UHC2030 is a movement to accelerate progress toward UHC by providing a multi-stakeholder platform that promotes collaboration on health systems strengthening. UHC2030 recently developed a paper on Living with COVID-19: Time to get our act together on health emergencies and UHC. In the middle of Pandemic, we recommend all of you to place greater emphasis on public health actions as part of UHC; ii) invest more and better in health; iii) seize the moment for changes that benefit both UHC and health security; and iv) unite behind shared health goals. We can play a crucial role in leveraging multilateralism to put human well-being at the centre of policy —engaging all stakeholders and fostering partnerships towards better health and well-being.
- 2. We need inclusive and participatory policy- and decision-making for health.** Early evidence from the COVID-19 Pandemic has shown that civil society, women, and those with the lived experiences or expertise in the social and societal consequences of COVID-19 have not been included in the decision-making around the pandemic response. For example, a recent rapid analysis of COVID-19 task forces across 25 countries illustrated this finding at the national level<sup>1</sup> and more recently, there have been similar cases being highlighted at the global level<sup>2</sup>. These voices are needed to ensure that the impacts of rapid policy responses are not direr than the impact of the disease itself. COVID-19 reinforces the importance of governments seeing local communities, women and affected populations as part of the solution to the epidemic and working closely with them, taking into account the specific needs of all women and girls, which experience shows leads to better outcomes. Women make up the majority of the health workforce, but continue to be excluded from decision making structures. An effective response necessitates that governments are trusted so that their strategies are supported, as well as having strong management across multiple stakeholders and organizations, with clear accountability.<sup>3</sup>

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<sup>1</sup> <https://gh.bmj.com/content/5/5/e002655>

<sup>2</sup> <https://www.npr.org/sections/goatsandsoda/2020/06/24/882109538/where-the-women-arent-on-coronavirus-task-forces?t=1593628473086>

<sup>3</sup> [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Health\\_emergencies\\_and\\_UHC/UHC2030\\_discussion\\_paper\\_on\\_health\\_emergencies\\_and\\_UHC\\_-\\_May\\_2020.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Health_emergencies_and_UHC/UHC2030_discussion_paper_on_health_emergencies_and_UHC_-_May_2020.pdf)

- 3. Invest in UHC as a platform and goal that promotes action across the SDGs.** During the Pandemic, even countries considered to have strong health systems have struggled to respond effectively to the outbreak. A contributing factor seems to be that fundamental public health functions have been relatively neglected compared with clinical services. The Pandemic is a sharp reminder that everyone, everywhere should have access to quality and affordable health services and that strong and resilient health systems are vital for both UHC and health crisis management which are ‘two sides of the same coin’.<sup>4</sup> The global community should align behind UHC and remember their commitments made at UN High-Level Meeting on UHC in September 2019 where political leaders adopted the most ambitious declaration on global health. Specifically, they committed to acting on the following key commitment areas of the political declaration: 1. Ensure Political Leadership Beyond Health; 2. Leave No One Behind; 3. Regulate and Legislate; 4. Uphold Quality of Care; 5. Invest More and Better; 6. Move Together; 7. Gender Equality; and 8. Health Security. In recovering from the crisis, we must bear in mind this COVID-19 experience and encourage world leaders to recognize that meeting their UHC commitments will be the best way to tackle the current Pandemic and better prepare for future ones. UH2030 started a new initiative on the State of UHC Commitment, which aims to provide a multi-stakeholder consolidated view on the state of global and country commitments to making progress towards UHC by 2030. In 2020, we will set a baseline of UHC commitments and synthesize findings on how the world has coped UHC progress to date with the extraordinary challenge posed by the COVID-19 Pandemic. UHC2030 continues to drive positive change for health and well-being globally.
- 4. The Decade of Action needs multisectoral, collective dialogue and action at the global level.** COVID-19 has reminded us that we cannot view health, social, economic, and political issues independently of one another. Particularly in this global health crisis, it is evident that these various sectors need to work together at the global level. Multilateral governance mechanisms and institutional arrangements will allow us to have the global conversation needed to ‘build back better’ and achieve the SDGs by 2030. In many ways, the world already knows what needs to be done, but does not have the global institutional arrangements to discuss and act on these priorities, such as a ‘checklist’ for action. We need to know *how* to go forward to address these global challenges. We need various UN bodies working as one.<sup>5</sup>

### Conclusion:

**Nations don't need to be wealthy to be healthy BUT they need to be healthy to be healthy!**

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<sup>4</sup> [https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UHC2030\\_COVID-19\\_and\\_UHC\\_political\\_messages\\_final.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/UHC2030_COVID-19_and_UHC_political_messages_final.pdf)

<sup>5</sup> <https://graduateinstitute.ch/73WHA-UHC>

## **UHC2030 Answers to specific questions to Guiding Questions**

*1. What are some promising actions to support progress toward advancing human well-being that generate synergies across Sustainable Development Goals and Targets? Are there trade-offs from these actions and if so, how can they be mitigated?*

- **The COVID-19 Pandemic is reinforcing messages agreed in many international fora that well-functioning, resilient health systems based on primary health care are the bedrock for progress on the interrelated goals of greater health security and universal health coverage.** If not everyone is covered and has access to free of charge testing and treatment, no one can be safe. Most recently political leaders adopted the most ambitious declaration on global health at the UN High Level Meeting on UHC – a promising action towards advancing human well-being that generates synergies across the SDGs. Taking forward this Political Declaration is a critical contribution to ensure the world is better prepared for future pandemics – see [UHC2030’s co-chairs statement on Covid-19 and UHC commitments](#) .
- Tradeoffs with other areas of the 2030 Agenda and Mitigating trade-offs: As mentioned in the Global Sustainable Development Report in 2019, both synergies and trade-offs “do not take care of themselves” and need deliberate action. UHC stresses the importance of governments acting as the guarantors of ensuring the right to health of everyone. The potential trade-offs, or possible barriers, in taking strides towards UHC could be the large initial public investments needed to ensure that no one is left behind, especially during the COVID-19 crisis. For example, WHO suggests that all countries allocate or invest at least 1% more of GDP in primary health care to advance progress toward UHC. However, health is foundation for people, communities, economies and there is a strong economic argument for UHC as it is catalyst for economic growth and will lead to long term benefits for the whole of society. Mitigating these trade-offs can include fighting corruption, addressing system inefficiencies, and strategic investments for health. Although the current climate has promulgated a debate on the trade-offs between health and the economy, these two sectors should and can work together to advance human well-being. Notably, the costs of inaction vastly outweigh the costs of investing in public health functions and outbreak preparedness.<sup>6</sup>

*2. What challenges and opportunities does COVID-19 present for protecting human well-being and ending poverty?*

- It is undeniable that political leaders are facing hard choices, navigating between controlling the outbreak while protecting other essential health services, mitigating the ‘indirect’ effects of

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<sup>6</sup>[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Health\\_emergencies\\_and\\_UHC/UHC2030\\_discussion\\_paper\\_on\\_health\\_emergencies\\_and\\_UHC\\_-\\_May\\_2020.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Health_emergencies_and_UHC/UHC2030_discussion_paper_on_health_emergencies_and_UHC_-_May_2020.pdf)

COVID-19, and restoring the economy. However, experience shows that effective epidemic control and protecting the most vulnerable benefits the economy.<sup>7</sup>

- This is an opportunity to invest in ‘step zero’ of UHC – the public health ‘common goods for health’ – which will lay a strong foundation for building healthy and thriving societies, resilient to future pandemics.

*3. What are the most critical interventions and partnerships needed over the next 2 years, 5 years, 10 years to protect and advance human well-being and end poverty?*

- **The need for global leadership on health, and cooperation on global common goods, is as strong as ever.** Global research collaborations in diagnostics, vaccines and treatments have been mobilized rapidly, as have funds. There has not yet been similar intensity of collaboration between governments. There is a real need for individual countries to manage their immediate domestic crisis, but epidemics are blind to national boundaries, and inter-government cooperation is essential for future pandemic prevention and control. Global leadership can also influence local political will even if it cannot create it. Going forward, international donor funding may be constrained but has a very important role to support governments during the immediate crisis, longer-term national public health capacity development, and global goods such as research.<sup>8</sup>

*4. Which groups are especially vulnerable to poverty and lack access to capability enhancing services?*

- Evidence from COVID-19 has shed light on **those who lack access to health and social insurance** and therefore lack the financial protection to obtain testing and treatment for COVID-19. Further, those who cannot properly physically distance, predominantly those of low socioeconomic status and **racial/ethnic minorities**, continue to be at an increased risk of exposure to COVID-19. Leaving no one behind means investing more and better in public systems that ensure the most marginalized and vulnerable populations are included. For example, this means waiving costs and co-payments for COVID-19 testing and treatment while also expanding financial protection for all essential health services, which should not only be for those who can afford it.
- The recent global movement and debate on racism following the brutal killing of George Floyd in Minneapolis on 25 May, 2020, by police, has shed light on the reality that Black and minority groups face disadvantages globally.

*5. What are ways to ensure that actions leave no one behind? How might COVID-19 facilitate or complicate efforts to reduce vulnerabilities among marginalized groups?*

- **Data gaps and societal inequities have been exposed in the current crisis:** Amidst the crisis that exacerbates existing inequities, the consequences of non-existent health data on marginalized populations has become even more apparent. We need to know who is being left behind. We need detailed and disaggregated data systems that identify vulnerabilities, exposure to discrimination and specific deprivations including overlapping deprivations among women,

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<sup>7</sup>[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Health\\_emergencies\\_and\\_UHC/UHC2030\\_discussion\\_paper\\_on\\_health\\_emergencies\\_and\\_UHC\\_-\\_May\\_2020.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Health_emergencies_and_UHC/UHC2030_discussion_paper_on_health_emergencies_and_UHC_-_May_2020.pdf)

<sup>8</sup>[https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key\\_Issues/Health\\_emergencies\\_and\\_UHC/UHC2030\\_discussion\\_paper\\_on\\_health\\_emergencies\\_and\\_UHC\\_-\\_May\\_2020.pdf](https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Health_emergencies_and_UHC/UHC2030_discussion_paper_on_health_emergencies_and_UHC_-_May_2020.pdf)

children, indigenous peoples, youth, rural populations, older persons, persons with disabilities, LGBTQ individuals and others. In 2019, Evidence from Civil Society Engagement Mechanism for UHC2030 demonstrated that data disaggregation at the country level on key dimensions of equity such as gender, age, wealth, ethnicity, disability, geographic location, fragile states and conflict situations is immensely lacking. As such, there is a strong need to institutionalize data collection on implementing the SDG Global Indicator Framework, particularly indicator 3.8.1 on service coverage and 3.8.2 on financial protection, and consider equity dimensions such as age, sex, geographical location, and income level.

*6. Are there examples of successful partnerships and initiatives for advancing human well-being? Can these be scaled up or adjusted to fit other contexts?*

- Universal Health Coverage aligns action on the social, economic, and political determinants of health, cutting across many SDGs in order to advance the well-being and health for all and leave no one behind. The **International partnership for UHC, UHC2030**, coordinated by WHO and the World Bank, provides a multi-stakeholder platform that promotes collaborative working at the global and country levels on health systems strengthening toward achievement of universal health coverage by 2030. UHC2030 advocates for increased political commitment to UHC and facilitates accountability and knowledge sharing. Through the UHC2030 platform, a participatory process with diverse actors resulted in the Key Asks from the UHC Movement, which helped influence the most ambitious and comprehensive political declaration on health in history. This platform continues to drive positive change for health and well-being globally.

*7. How can science and technology support well-being in the context of COVID-19 and in the future?*

- **Strengthening human well-being through innovations and technology needs an equitable approach:** STI solutions can be leveraged as a means to strengthen human well-being through promoting innovation and harnessing a variety of technologies, including digital technologies, to improve equitable access to health services. In the Political Declaration on UHC, governments pledged to leverage innovations and technology as a means to enhance existing health service delivery models and to address challenges to deliver quality health services. COVID-19 has launched us in a new domain of telehealth and virtual connectivity. We have the opportunity to utilize technology to deliver health remotely, and in a means that is more accessible and removes barriers to healthcare. Digital technology not only has the opportunity to improve access to healthcare, but also could improve access to remote learning and support for health workers in rural areas. However, governments and all actors must think of who is being excluded in this initiatives, as many have highlighted that many globally still do not have access to the internet.
- **Adherence to human rights and preventing harm:** Although STI solutions are paving the way to greater and faster progress in the health sphere globally, they can invoke harms if not properly considered, evaluated, and designed through multi-stakeholder approaches and with civil society. This is why governments need to enable and introduce processes for structured and meaningful engagement of all government sectors and actors, the private sector and a broad base of civil society, including youth and academia. Furthermore, governments also must ensure the appropriate, safe and affordable use of digital and AI innovation. To do so, UHC2030 advocate for the creation of a strong, enabling regulatory and legal environment that can evolve and is responsive to people's needs, sets an ethical framework, is inclusiveness of all

stakeholders, and supports innovations. In a period of rapid technological evolution and medical innovation, governments need to set and implement national quality control mechanisms or minimum national quality health service standards, and create legislation on data protection and security and patient rights to safeguard the protections and uphold the rights of people.