



General Assembly

Distr.: General
26 October 2021

Original: English

Seventy-sixth session

Agenda item 129

Global health and foreign policy

Global health and foreign policy: strengthening health system resilience through affordable health care for all as well as improving international coordination and cooperation to address the health needs of all States during health emergencies

Report of the Secretary-General

Summary

The seventy-sixth session of the General Assembly marks the midway point between the high-level meeting on universal health coverage in 2019 and the planned follow-up progress report on universal health coverage requested by the Assembly for 2023. The present report, requested by the Assembly in its resolution [75/130](#), entitled “Global health and foreign policy: strengthening health system resilience through affordable health care for all”, is a stocktaking of key country and global health commitments on universal health coverage and emergency preparedness in the context of the Sustainable Development Goals. In the report, the Secretary-General highlights the unprecedented and devastating health and development losses resulting from the coronavirus disease (COVID-19) pandemic – losses that have reversed gains made over the past decades and threaten attainment of the Goals. He also sets out priority actions that countries can take to strengthen their health systems and enhance resilience against shocks and explores priority actions within the domain of global health policy and cooperation, for consideration by the Foreign Policy and Global Health Initiative, which is celebrating 15 years of engagement since its launch in 2006.



I. Stocktaking of key global health and foreign policy commitments

1. Global health and foreign policy are inextricably linked. This was highlighted by the Foreign Policy and Global Health Initiative launched in 2006, referenced in the Oslo Ministerial Declaration of 2007 and emphasized by the General Assembly in its resolution 63/33.¹ Over the past decade, the importance of State preparedness, diplomacy and cooperation among nations and commitment to health as a common good for all people has underpinned ongoing attention to this crucial area. Now, in the midst of the global coronavirus disease (COVID-19) pandemic, and combined with the growing climate crisis and emergent foreign policy challenges, it can be seen, more than ever, what is at stake for people, prosperity, planet and peace. At the high-level meeting on universal health coverage in 2019,² the commitment of the General Assembly to advancing universal health care for all people was set out. Progress has been slow, affected by myriad factors, in particular the COVID-19 pandemic. Despite this, universal health coverage remains the most effective and surest means of improving the health of all people; this common commitment, made in the context of the Sustainable Development Goals, lies at the heart of global health priorities.

2. The next high-level meeting on universal health coverage will be held during the general debate of the seventy-eighth session of the General Assembly, in September 2023 (see resolution 75/315). Prior to the meeting, the President of the General Assembly will convene an interactive multi-stakeholder hearing before the end of June 2023. The Secretary-General will provide a report including recommendations on the implementation of the political declaration of the high-level meeting on universal health coverage towards achieving universal health coverage to inform the high-level meeting (see resolution 74/2, para. 82). The report will draw from the World Health Organization (WHO) global monitoring report on universal health coverage and the International Health Partnership for UHC2030 annual synthesis of the state of commitment to universal health coverage, which provides a consolidated multi-stakeholder view of the state of progress being made towards universal health coverage at the country and global levels.³

Established agreements framing the implementation of global health and foreign policy commitments

3. International coordination and cooperation on a massive scale produced a clear plan for transforming global health as part of the Sustainable Development Goals. The Goals were a call to action to “end poverty, protect the planet and improve the lives and prospects of everyone, everywhere”.⁴ Goal 3 (good health and well-being) includes a commitment to affordable health care for all through universal health coverage. About 930 million people (12.7 per cent of the world’s population) faced

¹ The Foreign Policy and Global Health Initiative was launched in September 2006 and was followed in 2007 by the Oslo Ministerial Declaration entitled “Global health: a pressing foreign policy issue of our time”. There has been a succession of General Assembly resolutions on global health and foreign policy since then, with an emphasis on global health security and preparedness, including resolution 63/33. See also A/63/591.

² See www.un.org/pga/73/event/universal-health-coverage.

³ World Health Organization (WHO), *Primary Health Care on the Road to Universal Health Coverage: 2019 Monitoring Report* (Geneva, 2019). See also www.uhc2030.org/what-we-do/voices/accountability/the-state-of-uhc-commitment.

⁴ See www.un.org/sustainabledevelopment/development-agenda.

catastrophic expenditure on health care (indicator 3.8.2) in 2015, up from 9.4 per cent in 2010,⁵ making the achievement of universal health coverage more urgent than ever.

4. Several of the other Sustainable Development Goals include targets for humanitarian and development action, such as Goal 1 on eradicating poverty, Goal 2 on eliminating hunger, Goal 5 on realizing gender equality and Goal 13 on vigorous and sustained climate action. This vision deeply integrates the realization of health, well-being, security and sustainability for all, issues that have been of concern for decades.⁶ For example, it is stated in Agenda 21 of the United Nations Conference on Environment and Development, held in Rio de Janeiro in 1992, that “health and development are intimately interconnected”.⁷ In the Plan of Implementation of the World Summit on Sustainable Development, held in 2002, it was noted that “the goals of sustainable development can only be achieved in the absence of a high prevalence of debilitating diseases”.⁸ It was reaffirmed in the political declaration of the high-level meeting on universal health coverage that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development and the implementation of the 2030 Agenda for Sustainable Development (see General Assembly resolution 74/2).

5. The Sustainable Development Goals include numerous targets related to the prevention and management of health and humanitarian crises. The International Health Regulations of 2005 provide a global framework to protect people from specific public health emergencies⁹ and are intended to help countries to work together to combat the spread of diseases and other health risks, strengthen their abilities to control diseases that cross borders, establish early warning systems and guide them in detecting, assessing and responding to health threats and informing other countries quickly. The Regulations should prepare all sectors for potential emergencies through coordination and information-sharing. As an instrument of international cooperation, the Regulations have not fully realized their potential in the context of the COVID-19 experience, and there are important lessons to be learned even now as the pandemic continues to unfold. The response to humanitarian emergencies is governed under the Inter-Agency Standing Committee, with WHO as the designated global lead agency for health sector coordination of the emergency response.¹⁰ Conflict and humanitarian and natural disasters also significantly affect progress across health and all of the Goals.

6. At the high-level meeting on universal health coverage, countries committed to making primary health care the main means of delivering universal health coverage. Primary health care is widely considered the most inclusive, equitable and cost-effective approach to enhance people’s health and well-being. It is the cornerstone of a sustainable health system for universal health coverage and the health-related Sustainable Development Goals, based on the principle of delivering universally accessible, high-quality and affordable essential health care, such as vaccinations, to

⁵ The indicator for catastrophic expenditure is defined as direct medical expenditure (out of pocket at the time of use) equivalent to 10 per cent or more of annual household expenditure or income.

⁶ See www.un.org/sustainabledevelopment/development-agenda.

⁷ *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3–14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

⁸ *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August–4 September 2002* (United Nations publication, Sales No. E.03.II.A.1 and corrigendum), chap. I, resolution 2, annex.

⁹ See www.euro.who.int/en/health-topics/health-emergencies/international-health-regulations.

¹⁰ The Inter-Agency Standing Committee is led by the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, see <https://interagencystandingcommittee.org/the-inter-agency-standing-committee>. See also World Health Assembly resolution WHA65.20.

“individuals and families in the community”^{11,12} and to people of all ages, including older persons (see General Assembly resolution 75/131).

7. The direct health impact of COVID-19 has been immense, unprecedented and near universal in terms of countries affected. In his report on progress towards the Sustainable Development Goals (E/2021/58) of April 2021, the Secretary-General stated that COVID-19 had devastated the global economy and upended all spheres of human life. There were more than 243 million confirmed cases and almost 5 million confirmed deaths worldwide as at 26 October 2021, with the greatest concentration of deaths among older persons.¹³

Reversal of progress made owing to the pandemic

8. Progress in achieving the Sustainable Development Goals was lagging even before the global pandemic unfolded.¹⁴ Almost two years into it, millions of lives have been lost, the human and economic toll has been unprecedented and recovery efforts so far have been uneven, inequitable and insufficiently geared towards achieving sustainable development. The pandemic carries the additional and very real risk of further delaying the urgent transition to greener, more inclusive economies, which are a vital driver of health, poverty reduction and sustainable growth. The health of people – especially the most vulnerable and the poorest – is intimately linked to the health of the planet and to peaceful development and growth. Although progress had been made – slowly and unevenly – in poverty reduction, reproductive, maternal and child health, access to electricity and clean water and gender equality, it has not been widespread enough or sufficiently paced to achieve the Goals by 2030. Barriers to accessing quality health services have played a role in this, including geographical distance, cost, a lack of trust, social and cultural barriers, perceptions about quality and other factors. Since the start of the pandemic, additional deterrents have included restrictions on movement, loss of trust in the health system, fear of infection due to poor infection prevention, control and safety practices, and the reduced ability to pay for health care, often from loss of employment or reduced employment due to public health restrictions.

9. Had the paradigm shift envisioned by the 2030 Agenda been fully embraced over the past six years, the world might have been better prepared to face this crisis – with stronger health systems, expanded social protection coverage, the resilience that comes from more equal societies and a healthier natural environment. Now, however, the global extreme poverty rate has risen for the first time in over 20 years.¹⁵ The effects on individual lives beyond the direct impact of illness and death caused by the virus have been documented: over 100 million people pushed back into extreme poverty, lost education and the reversal of gains made on gender equality, girls’ education, access to basic sexual and reproductive health services and essential services for non-communicable diseases. Women and girls have been particularly affected in many settings, experiencing an increase in harmful practices that affect their health, including domestic violence, child marriage and unpaid work.

10. The vast majority of countries, from low- to high-income countries, have reported some level of disruption to essential health services due to the pandemic. Evidence suggests that, in many settings and countries, the capacity to ensure that

¹¹ International Conference on Primary Health Care, Declaration of Alma-Ata, September 1978.

¹² WHO and United Nations Children’s Fund (UNICEF), *A Vision for Primary Health Care in the 21st Century: towards Universal Health Coverage and the Sustainable Development Goals* (Geneva, 2018).

¹³ WHO, WHO Coronavirus (COVID-19) Dashboard database, available at: <https://covid19.who.int> (accessed on 6 August 2021).

¹⁴ Ibid.

¹⁵ Ibid.

health systems function normally during shock events such as the pandemic has been limited.^{16,17} The box below summarizes some of the most significant disruptions and illustrates the scale of the problem. For example, poor health caused by missed basic vaccinations will intersect with rising levels of poverty and hunger. As a result, malnutrition rates will increase, further exacerbating the effects of vaccine-preventable diseases.^{18,19}

Indirect health service disruptions and adverse health impacts of the global pandemic

In the WHO “Pulse survey on continuity of essential health services during the COVID-19 pandemic” for the first quarter of 2021, 94 per cent of 135 responding countries reported essential health service disruptions due to the COVID-19 pandemic, with 48 per cent reporting disruptions to essential primary care services.^a

*Percentage of
countries reporting
disruption* *Services*

35	Reproductive, maternal, newborn, child and adolescent health and nutrition
37	Immunization services
36	Communicable disease services
37	Non-communicable disease services
45	Mental, neurological and substance use disorder services
44	Neglected tropical disease services

Some 66 per cent of countries reported health workforce-related challenges as the main reasons for disruption. Supply chain disruptions, a lack of personal protective equipment and health products, and patients not presenting for care (e.g. because of community fear and mistrust or financial difficulties caused by lockdowns) were also commonly reported.^b

These disruptions may have negative health consequences if not addressed, including the following:

- Early estimates from 118 low- and middle-income countries show that reductions of up to 52 per cent in high-impact maternal and child health intervention coverage over six months could result in a 10–45 per cent increase in child deaths and an 8–39 per cent increase in maternal deaths per month.^{c,d} Children’s health and well-being may be further negatively affected owing to the increased morbidity and mortality of their caregivers because of COVID-19 infections and other service disruptions^e

¹⁶ WHO, “Pulse survey on continuity of essential health services during the COVID-19 pandemic: interim report”, 27 April 2021.

¹⁷ Saqif Mustafa and others, “COVID-19 preparedness and response plans from 106 countries: a review from a health systems resilience perspective”, *Health Policy and Planning* (2021).

¹⁸ Kim Mulholland and others, “Action needed now to prevent further increases in measles and measles deaths in the coming years”, *The Lancet*, vol. 396, No. 10265 (December 2020).

¹⁹ UNICEF, “UNICEF and WHO call for emergency action to avert major measles and polio epidemics”, press release, 6 November 2020.

- Data from 84 countries compiled by WHO show that 1.4 million fewer people received tuberculosis care in 2020 compared with 2019 (21 per cent reduction), which is estimated to have led to an additional half a million deaths from tuberculosis^f
- The long-term effects for individuals with non-communicable diseases, especially older persons, is of significant concern in terms of reduced physical activity, rises in mental health disorders and limited access to safe care^g

Nonetheless, positive trends and signs of recovery have been observed. The pulse survey for the first quarter of 2021 showed that the magnitude and extent of disruptions within countries had decreased, from just over half of services disrupted in 2020 according to the previous pulse survey to just over one third in 2021. These improvements may relate indirectly to changed practices during the pandemic (e.g. improved hygiene) or to country response actions to mitigate disruptions and barriers to care (e.g. recruiting additional health workers or switching to alternative service delivery methods).^a

^a WHO, “Pulse survey on continuity of essential health services during the COVID-19 pandemic: global results – as of 16 April 2021”, presentation, Geneva, April 2021. Available at: www.who.int/docs/default-source/coronaviruse/finalupdate_22-april-2021_summary-ppt_ehs-pulse-survey_second-round.pdf?sfvrsn=a965e121_8.

^b Ibid.

^c Timothy Roberton and others, “Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study”, *The Lancet*, vol. 8, No. 7 (July 2020).

^d UNICEF, “COVID-19 pandemic leads to major backsliding on childhood vaccinations, new WHO, UNICEF data shows”, press release, 15 July 2021.

^e Susan Hillis and others, *Children: The Hidden Pandemic 2021 – A Joint Report of COVID-19 Associated Orphanhood and a Strategy for Action* (Washington, D.C., United States of America, Centers for Disease Control and Prevention and others, 2021).

^f WHO, “Impact of the COVID-19 pandemic on TB detection and mortality in 2020”, 2021.

^g European Union, “EIP partnership publication on the potential long-term impact of the COVID-19 outbreak on elderly patients with NCDs”, 8 June 2020.

11. Indeed, in many countries, the socioeconomic impacts of COVID-19, through direct health and health system impacts or – possibly even more pernicious – through the loss of jobs, has resulted in increased poverty, disruptions to education, threats to nutrition and other disruptions across societies. Some countries have already made demonstrable progress in establishing expanded social protection schemes – including advances in universal health coverage commitments – to mitigate the negative impacts of wider social hardship and have started a dialogue on how to continue to provide support to communities and citizens. These countries are using the crisis as an opportunity to make ambitious national reforms, building on collective social, political and financing commitments, often across political divides, and strengthening the social compact between Governments and civil society. Many others, however, face challenges in momentum and leadership for large-scale social protection reforms or in finding the resources needed for sustained concrete action.

Ambitious action by countries and international cooperation to reverse negative trends

12. Municipal leaders have often been powerful champions for improving health – for example, by improving transport systems and water and sanitation facilities. Across the world, a coalition of municipal leaders is also at the vanguard of climate action.²⁰ Too often, however, the lack of basic social services for some communities can trap people in a spiral of sickness and insecurity. Access to healthy housing, in safe neighbourhoods, with clean air and water and adequate educational and recreational amenities, is essential to achieving health for all.

13. Notwithstanding the role and potential for health advances in urban settings, it is important to recognize that many people in extreme poverty live in rural areas, often in contexts in which natural resource depletion, environmental change and soil erosion preclude healthy development and growth without significant and sustained investment. Today, 8 out of 10 people who lack basic drinking water services live in rural areas, as do two thirds of those who lack basic sanitation services (see [A/75/189](#)).

14. These challenges are further exacerbated in countries with fragile and conflict-affected settings,²¹ which have very high rates of maternal, child and newborn deaths and low capacity to make sustained progress on the Sustainable Development Goals. Global health diplomacy can help to shield the most vulnerable in conflict settings and to reduce the impact of conflict on the health of civilians, especially women and children.

15. Furthermore, the Sustainable Development Goals require coverage of quality essential health services for everyone, including the most disadvantaged. The entitlement of only a portion of the population to health services does not equate to universal health coverage. More effort is required to support the estimated 90 million people who are pushed into extreme poverty each year by the need to spend money on health care that they cannot afford.²² These inequities are evident both between and within countries and suggest that traditional efforts to strengthen health systems as a means of assuring universal health coverage and health security have been insufficient. Quality of care requires focused attention, both in terms of care for COVID-19 patients and to maintain safe essential health services, with adequate infection prevention and control and attention to the potential impact of antimicrobial resistance.²³

16. Global plans to achieve the Sustainable Development Goals and expand universal health coverage to all, on the basis of effective, high-quality primary health care and guided by the International Health Regulations, are not as advanced as they could or should be. This is evidenced by the reduced ability to pay for health services, increasing financial barriers and catastrophic health expenditure, the inability of millions of people to access any kind of health care, and service disruptions during the pandemic. Actions that can be taken to address this are presented below.

²⁰ For example, see the Global Covenant of Mayors (www.globalcovenantofmayors.org); C40, a network of global megacities (www.c40.org); and others.

²¹ See www.worldbank.org/en/topic/fragilityconflictviolence/overview.

²² WHO and World Bank, *Global Monitoring Report on Financial Protection in Health 2019* (Geneva, 2020).

²³ Tedros Adhanom Ghebreyesus, “How could health care be anything other than high quality?”, *The Lancet Global Health*, vol. 6, No. 11 (1 November 2018).

II. Actions for countries: critical investments in health systems

17. Strengthening health systems with the necessary attributes of efficiency, effectiveness, equity, resilience and responsiveness is a long-term investment and one that can be complex, challenging and multifaceted. Strong health systems are an essential means of recovering from the pandemic and rejuvenating progress towards universal health coverage and all interlinked Sustainable Development Goals.

18. Health systems comprise all the people, institutions, resources, goods and information that together support and enable the delivery of essential health services needed for people's health. Fundamental features of health systems everywhere include: governance and management of health systems; sufficient and sustained financing; adequate numbers of competent, responsive and productive health workers who are available where they are needed; provision of high-quality health services to all people at all times, with essential medical products, vaccines, diagnostics and therapeutics of assured quality, safety, efficacy and cost-effectiveness; national and regional production capacity where relevant and supply chain management systems for the equitable and efficient distribution of vital commodities to where they are needed most; a well-functioning health information system that ensures the production, analysis, dissemination and use of timely and reliable health information; appropriate and safe health facility infrastructure that is fit for purpose and maintained; secure public health and research institutes and capacity; and testing and laboratory capacity that is appropriate for population health needs, including emergent risks.

19. Within every health system, essential public health functions include dedicated capacity to ensure and deliver overall all-hazard emergency and disaster risk management capabilities, including preparedness and response for specific public health hazards such as epidemics and pandemics, as well as food safety, chemical or radiological hazards, climate change and other hazards. Other essential public health functions include evaluating and assuring preventive health services, informing, educating and empowering people about health issues, developing policies and plans that support individual and community health efforts and mobilizing community partnerships to identify and solve health problems. The importance of public trust and community engagement in health systems has been emphasized by the pandemic.

20. These features and functions are essential for all health systems, but are insufficient on their own. Other critical actions are needed, including effective public policy processes, an integrated approach to health system planning, targeted investment in essential public health functions that address public health risks and flexibility to adopt innovations and implement new ways of organizing and delivering health services, all pursued under strong, sustained leadership.²⁴

21. The approach to strengthening each country's health system will look different, shaped by each country's own needs and context. Governments need to identify their priorities for strengthening health systems and apply tailored approaches, based on their capacities, context, implementation feasibility, resource constraints and, most importantly, population health needs. The attainment of universal health coverage depends on country-specific planning efforts and activities that are implemented to ensure equitable access to quality, integrated health services throughout the life course. Despite these differences, the seven actions described below can optimize health system features and functions to ensure both universal health coverage and health security.

²⁴ WHO, *Health Emergency and Disaster Risk Management Framework* (Geneva, 2019).

Fostering trust with people-centred leadership and an integrated vision across society

22. Purposeful effort is needed to strengthen all aspects of health systems to ensure that the goals embedded within universal health coverage are achieved. Given the depth and breadth of the challenges to be addressed, strengthening systems for universal health coverage requires political leaders, managers and societies to maintain sustained engagement in strengthening and developing health systems through short-, medium- and long-term efforts. No longer can health sector investments be made one component at a time without considering overall system-level requirements and societal values and needs. An integrated vision for health systems will help to tackle the root causes of health system weaknesses²⁵ and build public trust.

23. This strategic shift towards integrated, people-centred, primary health care-oriented systems and services requires strong and ambitious political leadership and policy directions that propel the whole health system forward, overcoming political, bureaucratic, funding and administrative barriers. The benefits of such a strategy compared with parallel vertical approaches include sustained health gains and more efficient use of resources. This strategy builds on the following approaches:

(a) A whole-of-society approach involves engagement with a wide range of actors, including populations, civil society, communities and the private sector, for improved health policy development, from planning to delivery. This allows planning to be tailored to population needs and reinforces trust in the health system, which has proven critical during the pandemic;

(b) A whole-of-system approach means that leadership embraces the public and private sectors as well as the full trajectory of promotion, prevention, detection, treatment and care. Limited capacity to align the private sector with national response efforts, including for universal health coverage, has led to missed opportunities and major system distortions. In a fiscally constrained post-pandemic environment, the private sector's role may be even more prominent;

(c) A whole-of-government approach means engaging across all sectors to identify and respond to health impacts by aligning other sectoral goals in ways that maximize health outcomes. Ensuring full government engagement in “activities to influence the policies and actions of other sectors to address the political, social, environmental and economic determinants of health” can hugely expand health impacts by shifting underlying determinants such as road networks and safety, agriculture and food policy, broader social and education systems and employment and labour practices.²⁶

Instituting policy, financing and regulatory mechanisms

24. As countries move forward after the pandemic, it is vital, despite fiscal constraints, to avoid cuts in public spending on health and other social sectors. Such cuts are likely to increase hardship among already disadvantaged groups, weaken health system performance, increase health risks, add to fiscal pressure in the future and undermine development gains.

²⁵ Phyllida Travis and others, “Overcoming health-systems constraints to achieve the Millennium Development Goals”, *The Lancet*, vol. 364, No. 9437 (4 September 2004).

²⁶ Dheepa Rajan, “Situation analysis of the health sector”, in *Strategizing National Health in the 21st Century: A Handbook*, Gerard Schmets, Dheepa Rajan and Sownmya Kadandale, eds. (Geneva, WHO, 2016).

25. Preparedness is a highly cost-effective investment. The cost of ensuring universal health coverage and preparedness for health emergencies is extremely low compared with the cost of responding to the impact of crises, such as the COVID-19 pandemic.²⁷ The cost of making meaningful improvements to emergency preparedness can be as little as \$1 per capita annually. Furthermore, WHO estimated before the pandemic that countries needed to allocate at least an additional 1 per cent of gross domestic product to delivering primary health care to bridge gaps in essential health service coverage.²⁸

26. In all circumstances, countries need policy, financing and regulatory frameworks to ensure that health systems can provide essential quality health services, suited to the needs of their populations and accessible to those that need them, while paying specific attention to the needs of women and girls and marginalized and vulnerable groups, without causing financial hardship.²⁹ This is universal health coverage and it has to be available to everyone, regardless of their ability to pay, otherwise it is not universal.

27. Financial barriers to access can be mitigated by strong policies on pharmaceutical pricing, purchasing and financing, as they strengthen the efficiency and resilience of health systems, including during health emergencies. In formulating such policies, transparent information about the markets for health products is necessary. In 2021, the WHO Fair Pricing Forum brought together member States and stakeholders to discuss, among other topics, how to improve the price transparency of health products according to national and regional legal frameworks and contexts. The forum will be held every two years to improve international coordination and cooperation towards achieving fair pricing of and universal access to health products.

Ensuring preparedness for health emergencies at all levels

28. An essential attribute of a health system is its capacity to guarantee the continuity and safety of essential health services at all times, at all levels of the system, even while responding appropriately to increased needs during health emergencies. Crucially, health systems should not be overwhelmed by a sudden, rapidly evolving health crisis (such as the Ebola virus disease outbreak, the Zika virus disease epidemic or the COVID-19 pandemic). They should be able to scale up the provision of services quickly to cope with increased needs, rapidly reprioritizing the use of available resources and staff.

29. The health systems of almost all countries have been seriously challenged by the COVID-19 pandemic, usually because of the number of people hospitalized with the virus, the intense pressure placed on health workers and the demand for essential medicines and equipment. When health systems are overwhelmed, the number of deaths increases, from both the direct effects of the main disease (in this case COVID-19) and indirect effects as the systems' capacity to treat people for other conditions decreases dramatically as resources – including health workers – are reallocated to address the pandemic.

30. Progress achieved in recent decades in improving health outcomes and reducing health inequities is now at risk not just because of the pandemic but more fundamentally as a result of underinvestment in the core foundations and functions that underpin public health – the health of whole societies – such as integrated disease surveillance systems, disease prevention and public health policies and strategies,

²⁷ As highlighted in the recent position paper, WHO, *Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond* (Geneva, 2021).

²⁸ WHO, *Primary Health Care on the Road to Universal Health Coverage*.

²⁹ See www.who.int/health-topics/universal-health-coverage#tab=tab_1.

health and environmental regulations and regulatory systems, and public health and emergency management institutions.³⁰ These cross-cutting society-level services require public financing and public action through sustained investment.

Prioritizing primary health care with risk preparedness and mitigation in communities

31. Primary health care-oriented health systems have consistently produced better health outcomes, enhanced equity and improved efficiency. Scaling up primary health care interventions in low- and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030. As identified before the pandemic, to support this objective, Governments should strive to increase spending on primary health care by at least an additional 1 per cent of gross domestic product.³¹

32. A primary health-care approach can be used effectively to organize and strengthen health systems so that people can access services for their health and well-being on the basis of their needs and preferences, at the earliest opportunity and in their everyday environments. Primary health care includes three interdependent components that work together: integrated health services with an emphasis on primary care and public health functions; multisectoral policy and action; and empowered people and communities.

33. Not only is primary health care essential for communities in normal times, but it is also the basis for delivering health care in emergency situations. To mitigate disruptions to regular services – such as those seen during the COVID-19 pandemic – basic capacities must be scaled up to address increased, emergency-specific needs. A primary health-care approach needs to integrate emergency risk management capacities that include preparedness and mitigation, basic public health measures, functional primary health-care facilities and – most critically – a flexible, competent and valued health and care workforce.

Investing across sectors in the health and care workforce

34. Health systems depend on having an adequate and accessible health workforce within an integrated and effective health system. As noted in the 2017 report on health employment and economic growth (see [A/72/378](#)), universal health coverage is possible only with bold investments in the health and social workforce. Sustainable Development Goal target 3.c calls for investment in the recruitment and retention of health and care workers.³²

35. Countries must work hard to reduce the global shortfall of 18 million health workers needed to achieve universal health coverage by 2030. This includes creating at least 10 million additional full-time jobs globally and strengthening gender equality efforts. Women deliver most of the world's health and social care, accounting for up to 70 per cent of all health and care workers, but are denied equal opportunities to lead it. Key solutions include equal pay to reduce the gender pay gap and recognizing unpaid health-care work.

36. At the high-level meeting on universal health coverage, countries committed to increasing their efforts to promote the recruitment and retention of competent, skilled and motivated health and care workers and to secure equitable distribution in hard-to-reach rural areas, including by providing decent and safe working conditions and fair pay. This requires Governments, multilateral institutions and partners to allocate

³⁰ Agnès Soucat, "Financing common goods for health: fundamental for health, the foundation for UHC", *Health Systems and Reform*, vol. 5, No. 4 (2019).

³¹ WHO, *Primary Health Care on the Road to Universal Health Coverage*.

³² See <https://sdgs.un.org/goals/goal3>.

resources for education, jobs and safe and fair working environments that support health workers in order to protect the world from disease and achieve universal health coverage.

37. The year 2021 has been designated International Year of Health and Care Workers, across all sectors, in appreciation of and gratitude for their unwavering dedication in response to the COVID-19 pandemic. WHO has launched a year-long campaign to highlight the urgent need to invest in health and care workers for shared dividends in health, jobs, economic opportunity and equity, under the theme “Protect. Invest. Together”.³³

38. Future pandemic preparedness plans should include processes for estimating health workforce requirements based on projections of pandemic spread and incorporate options for rapidly scaling up the health workforce through modelling and scenario planning. Sufficient financial resources to ensure that such scenarios can be implemented rapidly and at scale will be necessary. Pandemic preparedness requires readily available and flexible back-up options for surge capacity.

Targeting inequalities and inequities with improved data, digital technologies and multisectoral action

39. Information about health needs, impacts, trends and trajectories is one of the basic foundations of a resilient, responsive health system. The COVID-19 pandemic has highlighted and exacerbated known inequalities, but it has also revealed a number of hidden inequalities within and between countries. All countries need to increase the availability and use of timely, high-quality data disaggregated by sex, wealth, education, ethnicity, race, gender and place of residence, across all ages, to ensure that health needs are visible and addressed equitably and fairly within resource constraints.

40. All Governments and development partners, including donors, should focus efforts on building and strengthening holistic and nationally owned and managed information systems that respond to needs and are reliable and adequately funded. Health inequality monitoring should be an integral part of all national health information systems. Digital technologies have rapidly evolved to identify populations most at risk.

41. A central commitment of the Sustainable Development Goals is that no one is left behind. It is important to intensify efforts to reach rural communities with health and other basic social services, including water and sanitation, as well as increased economic investment and better access to digital technologies. It is vital that disadvantaged communities are engaged in planning and implementing programmes designed to support them.

Adapting to meet emerging population and planetary health challenges and evolving with evidence and innovation

42. The final critical attribute of a health system is its ability to adapt to emerging population and planetary health challenges and to evolve with new evidence and innovative approaches and technologies.

43. Health systems should be able to adapt and evolve to meet emerging health challenges, new population health needs, emerging scientific evidence and technologies and new challenges and opportunities to ensure people's health and well-being at all ages.

³³ WHO, “Briefing note: defining terms, health and care workers”, 2021 (not available online).

44. The pandemic carries the risk of further delaying the urgent transition to greener, more inclusive economies, which are a vital driver of health, poverty reduction and sustainable growth. WHO has outlined six essential conditions for a healthy and green recovery from the pandemic³⁴ and has published guidance to support country implementation.³⁵ Accessing the climate financing necessary to address this additional health risk is a challenge for low- and middle-income countries.³⁶

45. At the same time, health care now contributes approximately 4–5 per cent of global carbon emissions.³⁷ There are new, positive examples of large health systems succeeding in reducing their emissions by the 7–8 per cent per year³⁸ necessary to reach the goals of the Paris Agreement, thereby serving as an example. The presidency of the twenty-sixth session of the Conference of the Parties to the United Nations Framework Convention on Climate Change is championing two new initiatives with the support of WHO and partners to encourage and support countries in committing to building more climate-resilient and sustainable health systems in order to ensure planetary health.³⁹

III. Priorities for global health action and foreign policy

46. The seven action areas outlined above offer a blueprint for countries to deliver affordable health care for all and achieve the health targets of the Sustainable Development Goals. However, they will require intensive and coordinated collaboration by the international community, backed by large-scale sustainable investment and long-term commitment. Critical next steps for global health and foreign policy cooperation are set out below.

Accelerating equitable access to COVID-19 technologies between and within countries

47. Safe and effective vaccines have been developed and approved at record speed. The challenge now is to ensure that they are available to everyone who needs them. The COVID-19 Vaccine Global Access Facility, the vaccine pillar of the Access to COVID-19 Tools (ACT) Accelerator, has had its efforts to equitably distribute vaccines hampered by vaccine nationalism and bilateral deals. The ACT-Accelerator is intensifying its drive for equity and scale in the delivery of vaccines and other essential COVID-19 tools, with the aim of supplying approximately 1.9 billion doses by the end of 2021, but this mission cannot be achieved without continued Member State support, both financially and in facilitating access to vaccines.

48. Successful, equitable and sustained access to vaccines now and in the future also requires the sharing of knowledge, technology and licences. Vaccine equity cannot be achieved through donations alone, no matter how generous; in the medium term, vaccines could be produced and distributed in ways that build systems, redistribute capacity more efficiently and affordably and meet the needs of all countries. That

³⁴ WHO, “WHO manifesto for a healthy recovery from COVID-19: prescriptions and actionables for a healthy and green recovery”, 2020.

³⁵ WHO, *Operational Framework for Building Climate Resilient Health Systems* (Geneva, 2015).

³⁶ WHO, “WHO health and climate change survey report: tracking global progress”, 2019.

³⁷ Manfred Lenzen and others, “The environmental footprint of health care: a global assessment”, *The Lancet Planetary Health*, vol. 4, No. 7 (July 2020).

³⁸ United Kingdom of Great Britain and Northern Ireland, National Health Service, *Delivering a ‘Net Zero’ National Health Service* (London, 2020).

³⁹ WHO and others, “COP26 health programme: country commitments to build climate resilient and sustainable health systems”, May 2021.

capacity needs to be built through local and regional manufacturing, not only for COVID-19 vaccines, but also for other vaccines and medical products.

49. Vaccines alone will not overcome the COVID-19 pandemic. Commodities such as medical oxygen and personal protective equipment, as well as reliable diagnostic tests and medicines for treatments, are also vital. The work of the ACT-Accelerator is therefore more vital than ever as new variants of the virus threaten to resist current COVID-19 tools, posing the risk of further death, illness and social and economic harm.

Strengthening the global health architecture, including through a new pandemic preparedness treaty

50. The COVID-19 pandemic has revealed flaws not only in health systems but also in the architecture and governance of the global health system. A long-standing reluctance to invest in preparedness and response, despite many prior recommendations and warnings, including from the Foreign Policy and Global Health Initiative, enabled the pandemic to rage through health systems unchecked. As noted in the 2020 report of the Global Preparedness Monitoring Board, preparing for a pandemic would have cost the world an additional \$5 per person, compared with the \$11 trillion spent so far.⁴⁰ A number of new reports on the pandemic and the global health response, commissioned by Member States, intergovernmental bodies and independent expert panels, have been published in the past year. They include 215 new recommendations, 10 per cent of which address global health architecture and governance, including the priority of the Group of 20 to strengthen the multilateral health architecture with a fully funded, independent and effective WHO at its centre.⁴¹

51. Much like the need for system-level investment, there are some functions that require the global community to come together with global-level joint financing and governance. Threats to health do not respect borders, and therefore countries will need to come together to make joint investments, including in research and development, safety norms and standards and global governance, through WHO.⁴² There is also a requirement for the global architecture to lead on global solidarity. Despite dents in the global economy due to the pandemic, this is not the time to reduce much-needed financial support for the poorest countries as they work to improve their health systems, including essential public health functions. The systemic weaknesses exposed by the pandemic, coupled with overall fiscal constraints, highlight the need to reform the global health architecture to ensure the full complementarity and coordination of roles across the range of international organizations and funders. Paramount on this list is for funding to be better aligned with national health and development plans and processes, contributing to sustainable and equitable outcomes and societies.

52. At the seventy-fourth session of the World Health Assembly, States members of WHO agreed to hold a special session of the Assembly in November 2021 to consider a proposal for a pandemic treaty. Such a treaty would foster improved sharing, trust and accountability and help to strengthen national, regional and global capacities for global health security in the form of a framework convention on pandemic preparedness and response. The proposal, now under development by the member State working group on the pandemic treaty, involves reviewing recommendations of various panels and committees to strengthen pandemic preparedness and response and prioritizing the assessment of the benefits of developing a WHO convention,

⁴⁰ Global Preparedness Monitoring Board, *A World in Disorder: Global Preparedness Monitoring Board Annual Report 2020* (Geneva, WHO 2020).

⁴¹ Ibid.

⁴² Gavin Yamey and others, "Financing global common goods for health: when the world is a country", *Health Systems and Reform*, vol. 5, No. 4 (2019).

agreement or other international instrument on pandemic preparedness and response. The working group will submit a report to the special session of the Assembly. In strengthening pandemic preparedness and response for the future, the focus should be on bringing various actors and components together in a coordinated manner, building on existing structures, rather than establishing new ones, to avoid further fragmentation and duplication. The aim would be an international agreement under article 19 of the WHO constitution that represents all countries and people, addresses shared risks and leverages shared humanity and solidarity.

Pursuing foreign policy that promotes rights, gender, equity and multisectoral action

53. Health emergencies reveal and exacerbate inequalities. The COVID-19 pandemic has underscored the global importance of women and their full and meaningful participation in both health systems and the broader care economy. It has also highlighted the fragility of gains made in women's health over recent decades. The interdependencies and interrelationships between foreign policy and foreign aid provision, global health, care provision, poverty and gender equality have never been more evident, suggesting that a multisectoral and equity-oriented approach to health policies and health system strengthening is needed. It is therefore encouraging to witness that an increasing number of countries are developing and implementing foreign policy that includes an explicit emphasis on best practices to achieve gender equality and equity in health within a human rights framework while being mindful of the growing backlash against the push for gender equality, equity in health and human rights. Such leadership presents a critical opportunity to position gender equality, the empowerment of women and their full and meaningful participation in health and care work as a cornerstone of the strengthening of post-pandemic health systems and economic recovery. The contribution of women to health and care should therefore be an important element of foreign policy in the future.

54. Such policies must continue to ensure access to sexual and reproductive health services for women and girls. This encompasses gender equality and rights in guiding actions on political representation, aid allocation and sustainable funding of comprehensive sexual and reproductive health and rights programmes and services.

Taking stock with clear action plans and necessary implementation support at the 2023 high-level meeting on universal health coverage

55. In July 2022, the world will reach the midpoint of the Sustainable Development Goals. The high-level meeting on universal health coverage, planned for September 2023, will be a significant opportunity for Heads of State to set out actions necessary to overcome the health losses from the pandemic and revert attention to universal health coverage. Follow-up actions to the political declaration of the 2019 high-level meeting on universal health coverage need to complement and build on preceding and ongoing health-related high-level initiatives, including for HIV/AIDS, antimicrobial resistance, tuberculosis and the prevention and control of non-communicable diseases, as well as emergency preparedness and gender equality. Recognizing the need for greater collaboration and harmonization among health stakeholders and programmes in the lead-up to the 2023 high-level meeting, the International Health Partnership for UHC2030, together with other health-related partnerships, established the Coalition of Partnerships for Universal Health Coverage and Global Health to unite health leaders and advocates behind a common goal and align advocacy and accountability efforts to achieve universal health coverage and advance the Sustainable Development Goals.⁴³ In keeping with the priority of better aligning the health agenda under the

⁴³ See www.uhc2030.org/what-we-do/voices/advocacy/the-coalition-of-partnerships-for-uhc-and-global-health.

umbrella of universal health coverage, the group aims to build a foundation for multisectoral action and political leadership beyond health, optimize budgetary allocations, broaden fiscal space, prioritize health in public spending and increase global awareness, international solidarity, international cooperation and action.

Towards a renewed global health and foreign policy vision for health and sustainable development

56. Human health does not exist in a vacuum, nor can efforts to protect and promote it. The close links between human, animal and environmental health demand close collaboration, communication and coordination between the relevant sectors. Increasing numbers of infectious diseases, including HIV/AIDS, severe acute respiratory syndrome and the Ebola virus disease, have made the jump from wildlife to humans, and all available evidence suggests that COVID-19 has likely followed the same route. In parallel, the frequency of devastating climate and climate-linked events is increasing alongside a vast range of health security threats arising from habitat and biodiversity loss, with its attendant impact on food security, the increased human-animal interface and zoonotic transmission, pollution, antimicrobial resistance, war and conflict, rapid urbanization, growing inequity and mass migration. These health security threats account for a growing burden of disease. To address the threats, national and global policies need to be recalibrated and rejuvenated to invest in transparent and equitable governance systems that build the health of people and the planet, focusing especially on prevention and mitigation. The example of the new One Health High-Level Expert Panel, convened by the Food and Agriculture Organization of the United Nations, the World Organization for Animal Health, the United Nations Environment Programme and WHO, is relevant. Established to improve understanding of how diseases with the potential to trigger pandemics emerge and spread, the launch was attended by the Ministers for Foreign Affairs of France and Germany.

57. The priorities set out above are tabled for consideration and further development. They require the leadership of foreign policy and global health communities in order to advance. The world's worst global health crisis in generations presents an opportunity: this is not the time for small changes and temporary solutions, but for bold ideas, bold commitment and bold leadership. There is an urgent imperative and opportunity to strengthen each country's health system and reinvigorate international cooperation so that current and future generations are protected from health emergencies and have universal health coverage to ensure health and well-being at all ages and in all situations.