

**Informal Summary**  
**Group of Friends of Universal Health Coverage and Global Health**  
**Virtual Briefing on COVID-19 and UHC**  
**15 May 2020**

**Japan - Amb. Ishikane (Co-Chair):** [Opening remarks as delivered]. Based on the momentum of the UNGA HLM on UHC, world leaders committed to achieving UHC. In the face of COVID19, this commitment is more important than ever. Everyone everywhere must be able to access the health services they need without facing financial hardship and to be able to build back better and prepare for future pandemics. We are happy to hear from MS who have not yet joined the group. We will hear from PGA, UNICEF, and WHO followed by Q&A.

**Thailand – Amb. Vitavas (Co-Chair):** We appreciate that PGA, UNICEF and WHO will join us today. COVID affect everyone. Different countries are at different stages of the outbreak. Most vulnerable are most at risk of being left behind, so it is imperative to discuss UHC in the context of preparedness, response and recovery. Large part of population needs to access healthcare for testing, treatment and vaccines when they become available. UHC strengthens medical systems to be able to tackle pandemics, reach the vulnerable most exposed to financial hardship. Without UHC, pandemics can erase the gains of development in years.

Thailand's 20-year-old UHC scheme was amended to respond to the COVID Pandemic. We rely on 1 Million community health workers for communication, monitoring and testing. We have been effective in slowing the spread of the disease, and we hope others will be able to learn from our experiences.

**Georgia – Amb. Imnadze (co-chair):** We will need to find a way to live with this disease. Health infrastructure and a whole of government of approach are needed to respond effectively to the virus. WE should discuss how countries with UHC have responded to the pandemic.

**WHO – Dr. Stewart Simonson:** GoF of UHC is instrumental in building momentum for global public health goals. We need political will to follow through on respond to Pandemic including robust investments toward UHC, which safeguards society and the most vulnerable.

**Thailand:** Invites first speaker.

**President of General Assembly:** Around this time last year Pol. Decl. on UHC was negotiated. None of us could have imagined then the timeliness of the Pol. Decl. The UN is the best place to spearhead a global response to the Pandemic. UN family is being mobilized; SG has called for a global ceasefire. UNGA is working to ensure mid- and long-term response planning: poverty

eradication, education, food and nutrition, social development, development of vaccines and other key issues. We commend the GA's timely action. People suffering from hunger, malnutrition and NCDs are more susceptible to the disease. People who do not have access to water and sanitation or health services are vulnerable to the disease. Health systems and providers are under enormous pressure. We must learn from past experiences, previous outbreaks of disease, such as Ebola in Africa, led to disruptions in childhood vaccinations and access to basic health services. This Pandemic will also disrupt other health services. UHC will strengthen and stabilize health systems, must take inclusive approach. World leaders must follow through on AAAA and UHC Pol. Decl. Pandemic is a global crisis. We must lead by example: stay at home, practice social distance. Galvanize support for UHC and build back better. My office stands ready to support you.

**ED of UNICEF Henrietta Fore:** Both Georgia and Thailand responded quickly to Pandemic. Japan's contributions of funds are already being disbursed to countries in needs. These funds provide food and medical support, messaging and communications, and strengthen local health systems. UNICEF is working to strengthen primary health care in the poorest and most vulnerable communities in the world. Communities struggle with insufficient or non-existent water, sanitation, testing, and treatment systems. Weak health systems struggling under COVID cause disruption on preventative services and rise in death of other diseases.

UNICEF Approach: 1) ensure access to care to women and children, 2) maintain routine care to mothers, children and adolescents, 3) strengthen health systems to prepare for future health crises. We need more water and sanitation and hygiene facilities, and essential health equipment. We need governments to ensure health services are accessible to all people.

**WHO Deputy Director General:** 4.2M confirmed cases of COVID. EU region stabilized, Russia and Latin America and SE Asia and Eastern Mediterranean show upward trends. Pathogens know no borders. We are only as strong as the weakest health system. Pandemic has profoundly affected path to UHC. At UNGA last year, world leaders endorsed Pol. Decl. on UHC. UHC is at its core a political issue. We need to world leaders to ensure UHC to be able to meet the pandemic and mitigate its socio-economic impacts.

Three waves of mortality: 1) from the virus itself 2) inability of health system to maintain regular care 3) deaths from socio-economic downstream impacts. UHC supported by sufficient resources mitigate the damage. Pandemic has exposed vulnerabilities: reliance on employer-based health care for example. Highlighted gaps in health workforce and lack of resilience in infrastructure. Deficiencies in health systems to protect the most vulnerable: the old, the poor, those with NCDs, those in difficult living conditions. Work is needed to extend and strengthen UHC to respond to this and future pandemics:

- 1) Scale up investments in core public health functions (policy making, risk communication and community outreach to empower families, information systems, laboratories, regulations, subsidies to health institutes);
- 2) Maintain essential health services (diseases and injuries continue to affect people, overstretched health systems lose lives from preventable causes is essential services

cannot be maintained.) Strategic expenditure to expand and protect health workforce to continue essential health services, vaccinations, reproductive health, care of vulnerable populations such as infants and the elderly, provision of ongoing medicines, mental health services, emergency and acute health services, auxiliary services such as diagnostic imaging and blood bank services. Equitable access and targeted services to marginalized communities and individuals. Countries must sustain health services for each age group in the human lifecycle. Impact of pandemic on child and maternal death, estimated at >56,000 additional maternal deaths, and >1M infant deaths. Interruption of vaccinations could see resurgences of measles, diphtheria, polio. Countries need to make concerted efforts to reach the most marginalized populations to maintain these essential preventative programs. We see countries deprioritizing essential basic services, and sexual and reproductive healthcare. We expect to see a rise in unplanned pregnancies, unsafe abortions and obstetric complications. Essential medicines and services need to be made available when normal health care locations cannot be accessed, such as through telemedicine, delivery of prescriptions. Governments need to make legal and regulatory changes to support these services.

Countries need to develop a Post-COVID UHC strategy. Higher cases in people with NCDs. Delays in testing and therapies for NCDs. Delayed care for emergencies such as heart attack, stroke, diabetic crisis and delayed cancer diagnosis. Patients with respiratory conditions are particularly at risk of getting delayed or insufficient care. Countries need to invest in health workforce, scale up capacity training and skills. Scale up health system infrastructure, clinics with water, electricity and connectivity. Strengthen supply chains and ensure access to medicines. Countries with vulnerable health systems will need external support to strengthen their health systems, especially in rural and remote regions.

Health systems to be able to respond to the movement of the pandemic: establish patient flow, redistribute workforce capacity to affected areas.

A primary healthcare approach promotes a multi-sectoral approach including prevention, nutrition, water and sanitation. May involve schools, religious institutions, and other partners. WHO UHC Partnership reprogramming resources to respond to the pandemic from a UHC approach. Resources from EU and Japan to strengthen preparedness, national actions plans.

- 3) Countries need to remove financial barriers to accessing essential health services. Payment may create a barrier to seeking care. Gov. should establish reliable no-fee delivery of essential services and communicate this to the public. Beyond costs related to the epidemic, gov. planning should consider mechanisms to fill the gap of loss of revenue to health institutions.

Underinvestment in health systems can lead to extreme downside risks as demonstrated by the COVID19 Pandemic. Perhaps the pandemic can catalyze the

political will to increase investment in health sector, and strong multisectoral whole-of-government approaches to public health. Access to health information, services, financial protection needed to help the poor and vulnerable persons.

WHO Strategic Response Plan to help countries plan response. Global Humanitarian Response Plan compliments with guidance to deal with communities most at risk. WHO is fully engaged in all these streams of work. Now is time for countries to apply three components of UHC in response to COVID19. Global donors need to support countries' efforts toward UHC and support WHO's technical expertise.

### **Discussion / Question and Answer**

**Ghana:** Commend commitment of WHO and Dr. Tedros. Pandemic should galvanize efforts to achieve UHC. Pandemic has exposed vulnerabilities and gaps in health systems. Developing countries have inadequate health infrastructure. Need to enhance international collaboration (we are only as safe as the weakest health system). We need to support WHO. Initiatives to use digital technologies and AI to address the pandemic. How can we enhance cooperation in light of the digital divide? How can this group support initiatives and innovations around the world?

**Ireland:** We keep faith with WHO, we know your work is fundamental to meeting this challenge. We quadrupled funding to WHO. Resilient Primary Health Care system are key to responding to health shocks. On interrupted access to healthcare for most vulnerable, rural and isolated areas: what are the most urgent measures? What role can we in NY play to reinforce WHO's support to vaccination, SRHR, etc.? On financial barriers: what can we be doing now, looking to the Post-COVID era, to address financial barriers?

**Brazil:** Pandemic highlights importance of commitments of Pol. Decl. on UHC. Governments have responsibility to elaborate a response to the crisis. COVID disproportionately affects the poor and most vulnerable. Impacts on physical and mental health, including health workers and children, older person, people with disabilities and people with preexisting health conditions. We need to strengthen access to medicines, tests, diagnostics, vaccines and other health products. GoF should help to combat disinformation, and work with GoF of Solidarity on Global Health, and GoF of Mental Health.

**Bangladesh:** Resilient health systems are needed to provide a timely and effective response to epidemic disease. Special care needs to be taken to ensure routine immunizations and other essential services are not disrupted during a health crisis. New 21,000 bed field hospital built in three weeks in Bangladesh. Strengthening and repurposing our UHC system, community health clinics and NGOs, telemedicine services. There is an urgent need to invest to strengthen health sector. We will need international support, ensure affordability and access to vaccines and treatments. Impact of COVID to economic development is very dangerous. We would support a side-event on UHC.

**Haiti:** COVID highlights urgent need to promote unconditional and universal access to healthcare. Healthcare cannot be a luxury good; no one is safe unless everyone is safe. In line with the 2030 Agenda “no one should be left behind”. Food security, nutrition, and education are being severely impacted and must be incorporated alongside UHC. Haiti’s diaspora is experiencing many deaths in France, Canada, US. Haiti has many on-going humanitarian crises. Response to immediate crisis and its socio-economic impacts will require international support.

**Fiji:** We are reducing our number of new cases. We hope to get to zero new cases soon. But we are subject to cyclones and other disasters that hamper our efforts. We have been following WHO’s guidance as closely as possible. Pandemic exposes and multiplies the fragilities of our health systems. We are facing the climate crisis and the pandemic at the same time. Measles, dengue, and typhoid are ongoing challenges. We have had to repair and relocated health care facilities in the face of the sea level rise and climate related disasters. As an island state we face obstacles with regard to accessing medical supplies: supply chain issues, price gouging... We are unable to get enough ventilators for example.

**El Salvador:** I concur with organizing a Side-Event on UHC. This GoF is best used to share best practices and spur collaboration including SS cooperation. This disease effects everyone, but disproportionately affect poor, elderly, people with disabilities and preexisting conditions, people living in vulnerable situations such as migrants, refugees, the homeless. We are concerned with reports of inflammatory condition that affects children in wake of COVID infection; can WHO provide more information on this condition? How are WHO and UNICEF going to face this challenge?

**Spain:** A good universal public health system is fundamental to face a pandemic and to reopen economies afterward. We support WHO’s model, and we support putting UHC at the center of the 2030 Agenda. In Spain, we are spending 10% of GDP on healthcare, up by 7%. Countries with weakened health services and inadequate water and sanitation infrastructure must be supported because we all live in a shared global system. What measures can we take to ensure that investments in health which will be needed will be taken out of the debt crisis issue?

**Morocco:** My delegation supports the leadership of the SG to center the UN in catalyzing the global response to the Pandemic and the work of all the UN Specialized Agencies. 1) Effective response requires making essential health commodities, especially vaccines, a global public good, 2) need to ensure access and affordability of vaccines and support to achieve UHC, 3) developing countries need support to accessing affordable essential and emergency health products. Stress and fear impact the mental health and well-being of individuals, heightened risk of domestic abuse and suicide: what actions are being taken to deal with rising tide of mental health conditions?

**Georgia:** I would also like to add the need more reliable data.

**WHO**

- What you can do: advocate with govts. to have balance response to COVID while ensuring regular health services. Help us with supply chains for TB, Malaria, HIV and SRHR health care services. Countries need funding to build capacity. We are all behind Dr. Tedros' leadership. One the one hand we need to respond to COVID, but on the other hand we must continue all our on-going operations.
- Post COVID health Systems: health systems have proven to be weak. Need to be based on primary health care, need to integrate all essential health systems, water and sanitation and nutrition need to be integrated.
- WHA in Geneva next week: review critical areas of investment, including preparedness.
- Commodities, vaccines, therapeutics and diagnostics: a lot of work ongoing to innovate new products. We will need your support to ensure equitable access to these new products.
- Data: we are investing on integrated health data systems and supporting countries to gather high quality disaggregated data.
- Mental health, domestic abuse: it was already a big problem, it's now a bigger a problem. During WHO Academy we will provide online training to different population groups. We need civil society partners to help to deal with mental health domestic violence and GBV.
- SIDS: Supply chain and cost issues will require concerted bilateral cooperation to overcome.

**Indonesia:** 1) COVID is a common enemy, multilateralism must be at the core of our response. Governments must scale up capacity building, training, education. 2) We need to ensure affordability and accessibility of healthcare for all. Equitable and timely access to medicines, vaccines and other health products.

**Nigeria:** Need to ensure that every person regardless of socio-economic status has access to essential health services. Necessity of UHC has been driven home by the COVID crisis, which has exposed inequities and vulnerabilities in our health and economic systems. Disproportionately affecting those with NCDs and other preexisting conditions. Must step up efforts to achieve UHC to respond to this crisis and also to prepare to for future pandemics. Those already whose health is already compromised are vulnerable population. Role of private sector must not be forgotten. Must cooperate to ensure affordable access to quality medicines, vaccines, products.

**France:** COVID shows that primary health care need to be integrated into the fight against epidemic disease. Pushing for stronger and more resilient health systems. Seize opportunity of Pandemic to communicate on the need for UHC to fight against pandemics. Our GoF can help WHO to provide framework for equitable access to medicine, vaccines, diagnostics. France is contributor to ACT Accelerator, €500M support. €1.9B support package to countries in Africa. Whole of government, whole of society, gender-responsive approach. SRHR must be maintained. Build back better.

**Russia:** Integrated national health system with strong epidemiological monitoring and laboratory capacity for countering COVID-19. Primary health care and testing are important. Active information campaigns to ensure adherence to containment measures, preventing spread of false information. Wider health agenda should not be forgotten: addressing NCDs. International cooperation, exchange of information, non-discrimination, removing obstacles to COVID-19 response and giving up politicized approaches. We support the WHO and its key coordinating role, commend efforts by other UN system agencies.

**India:** Pandemic has stressed every social and economic system in the world. Our response to the pandemic is only as strong as our data. We need to leverage technologies to enhance surveillance and preparedness. Systems of vaccine development and advanced medical research need to be reviewed. Vaccines as global public good and private sector R&D need to be balanced. Pandemic shows need for UHC.

**Sweden:** UHC requires political commitment and investment. Sweden supports WHO to guide us how to respond and recover. Resilient health systems, vulnerable groups, SRHR and gender equality should remain high priorities. Need to take stock of surveillance strategies. 1) Review global health security, 2) invest in resilient health systems, 3) build back better.

**Peru:** We support all international efforts to achieve UHC and access to quality essential health services, medicines and vaccines for all. We support global, multilateral response. The whole global community must work together to prevent collapse of health care systems. Vaccines must be accessible for all. Strengthen institutions to monitor and respond to health crises in the future.

**Portugal:** Critical role of UN, UNDS agencies and WHO. We believe in importance of UHC. In Portugal we have extended healthcare to all migrants and asylum seekers in the midst of the pandemic. UHC is not a burden, it is a good investment, especially in a time of crisis.

**Kazakhstan:** Primary health care is cornerstone of strong and resilient health system. Need to focus on PHC to increase efficiency and access to healthcare. PHC will promote micro-economic benefits.

**Germany:** 1) Crucial importance of equitable and universal access to affordable healthcare services, including SRHR. 2) Resources: Germany has, inter alia, provided €525M to ACT Accelerator, €300M additional funds for humanitarian aid measures, and reallocated €1B development cooperation funds. 3) COVID is call for multilateralism. UN, in its entirety, has a key role to play and we need to support WHO, leading the battle at the front line, and agencies such as UNICEF. .

**European Union:** Before crisis, investment and progress to SDG8 was insufficient. Animal health and human health, biodiversity and ecological sustainability are linked. Adverse impacts of climate change and air and water pollution.

**Kenya:** Access to quality health services is a human right. Global efforts to a vaccine progress. We should ensure health systems can respond to pandemic.

**Saudi Arabia:** Whole government approach, testing, tracing, isolation, suspension of prayers, paying medical expenses for all patients without condition. Virtual summit held to raise funds to fill funding gap. Pledge \$500M to international agencies for preparedness and response, fulfilling unmet needs for surveillance, developing vaccines and medicines, and providing PPEs and health products to frontline workers. Stepped up cooperation with WHO, \$10M for preparedness and support in the region. \$10M through WHO to support countries for national COVID response plans.

**WHO:**

- We are thankful for your financial support and solidarity.
- GoF plays a critical role in moving the UHC agenda forward. We have to be together in this. This Pandemic shows us what happens when we don't invest in health preparedness and resilience. Primary Health Care that covers all individuals, including the most vulnerable, is essential.
- ACT Accelerator project: we thank all countries that have provided support to develop vaccines and therapeutics.
- Identifying lessons learned and gaps moving forward.

**Amb. Ishikane:** Impressed by your firm commitment. Let's work together. This should be a GoF of Action. Countries that are not yet members of the GoF are invited to join.