



CONCEPT NOTE

2020 HLPF - Voluntary National Review Lab Session 12

Financing health systems to strengthen preparedness for future shocks

(12:30-14:00, New York, 13 July)

Background

The COVID-19 pandemic has descended upon countries across the world, wreaking havoc on their health and economic systems. Unlike any other previous crisis, COVID-19's most immediate impact is on SDG 3 relating to human health and well-being, but extends far beyond the health sector. COVID-19 has potential to cause three waves of morbidity and mortality: the first is due to the virus itself, the second due to the inability of health systems to provide ongoing essential health services, and the third is linked to the socioeconomic impact. For reducing the human toll of all of these, fulfilling the commitments made in the Political Declaration on Universal Health Coverage is essential.

The pandemic has revealed the fragility of our public health systems and underscored the need to strengthen them. Countries must reprioritize their public spending patterns so as to optimize budgetary allocations on common goods for health and essential services. Increased public health spending, including on testing, tracing, and treatment capacities, can help ease the health impact of COVID-19, and have a multiplier effect on the economy.

This health emergency also serves as a strong reminder that access to quality and affordable healthcare is a fundamental human right. In this context, there is growing momentum for the provision of Universal Health Coverage (UHC) as a means of providing effective health crisis management and ensuring health security – especially for vulnerable populations. According to [World Bank/World Health Organization \(WHO\)](#), countries must increase primary healthcare spending by at least 1% of their (GDP) to close coverage gaps and meet the health targets agreed under the SDGs.

The Addis Agenda calls upon countries to consider setting nationally appropriate spending targets in essential public services for all, including health, that are consistent with national sustainable development strategies. It further commits to enhancing international coordination and enabling environments at all levels to strengthen national health systems and achieve universal health coverage.

However, the current environment of declining investments, rising debt risks and protectionism is further constraining government capacities to fund essential public services such as healthcare. Countries need to explore all available financing options in order to respond to and recover from the pandemic. In light of this, the Addis Agenda, while

underscoring the primary and pivotal role of the public sector also calls for greater participation and bolder action from diverse actors. Scaling up the mobilisation of resources, while a critical challenge, also represents an opportunity, especially for private enterprise, including in research and development of therapeutics and vaccines.

The COVID-19 pandemic has demonstrated the interconnectedness and interdependence of countries across the world. While countries have various levels of exposure and resilience, no one is fully shielded from the crisis. As emphasized by the Secretary-General, “we are only as strong as the weakest health system in our interconnected world”. The international community must work together to eliminate financial barriers to access and ensure equitable distribution of diagnostics, vaccines and other health services, while strengthening the health systems of the most vulnerable countries.

Objective

The VNR lab sessions aim to complement the main sessions of the HLPF by featuring policies, instruments and national experiences, e.g. on particular SDGs. This VNR lab session will raise the awareness of the financing gaps and showcase solutions to financing health systems, building on lessons learned from COVID-19. Recommendations identified by the session can be fed into the work in support of global follow-up to the 2030 Agenda and the Addis Ababa Action Agenda.

Guiding Questions

- *Given the tightened financial conditions, how can countries mobilize adequate resources for both immediate health response and longer-term health system strengthening? What are the successful stories and lessons learned?*
- *How can international support measures address the dual objective of immediate response and health system strengthening?*
- *What are the public-private partnerships that prove scalable and widely applicable in financing UHC? What does it take to enable them at various levels?*

Registration

The VNR Lab will be a virtual meeting on Webex. Participants wishing to join the meeting need to register at the following [link](#). For further questions, you may contact ffdforum@un.org or clarkj@who.int.

DRAFT PROGRAMME

Opening Remarks & Moderation – 3 min.

- **Mr. Navid Hanif**, Director of FSDO/DESA

Panel Discussion – 45 – 60 min.

- **Dr. Agnes SOUCAT**, Director of Health Governance and Financing, WHO
- **Mr. Feng Zhao**, Program Leader in the Health, Nutrition and Population Global Practice for Europe and Central Asia, World Bank Group
- **Dr. Emmanuel Ankrah Odame**, Director, Policy Planning, Monitoring and Evaluation, Ministry of Health of Ghana
- **Dr. Haruka Sakamoto**, Primary Care Physician and Assistant Professor at the Department of Health Policy and Management, Keio University, Japan
- **Ms. Emilia Siaz**– Secretary-General of United Cities and Local Government (UCLG); Member of the UHC Movement Political Advisory Panel, UHC2030
- **Mr. Trevor Gunn**, Vice President International Relations, Medtronic; Member of the UHC2030 Private Sector Constituency

Open Discussion / Q&A – 25 min.

Closing Remarks – 2 min.