

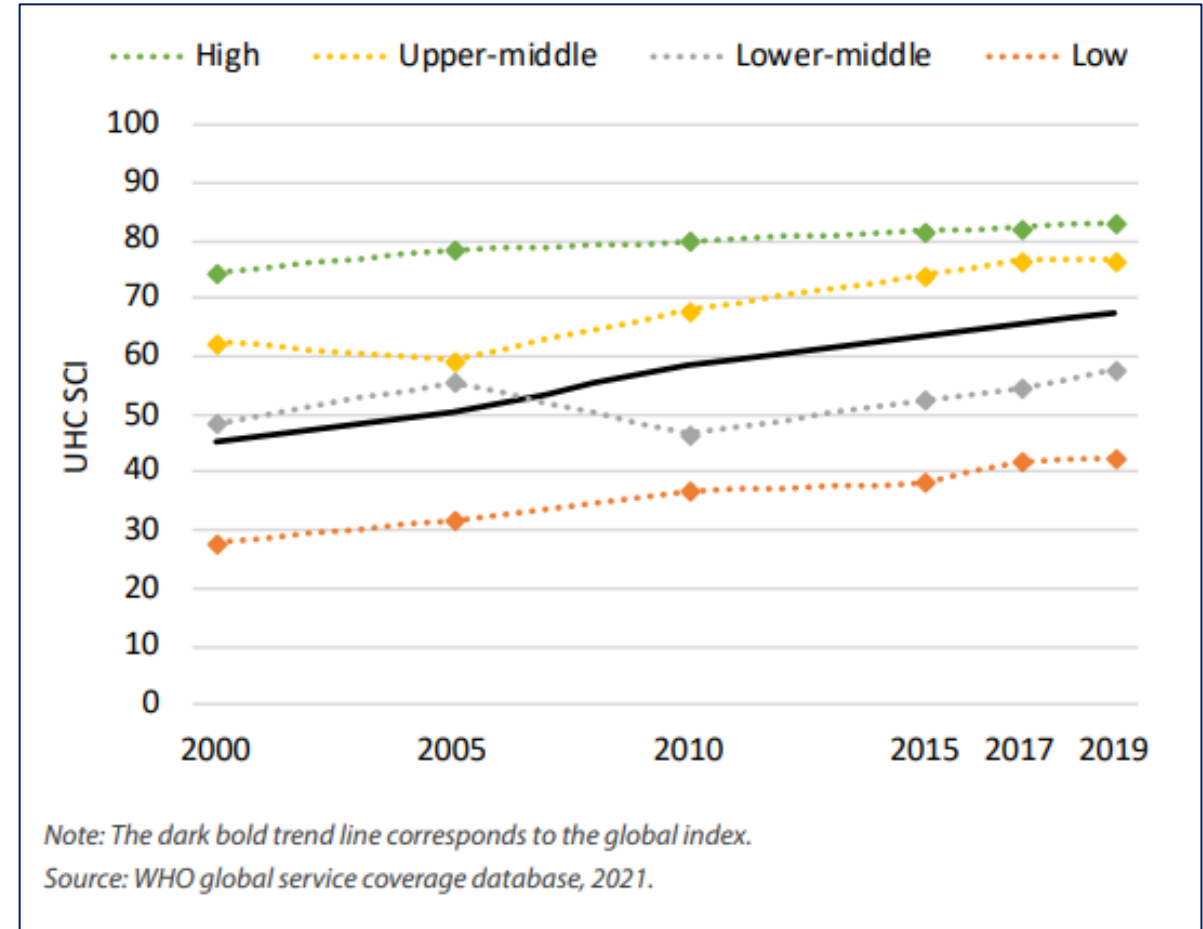
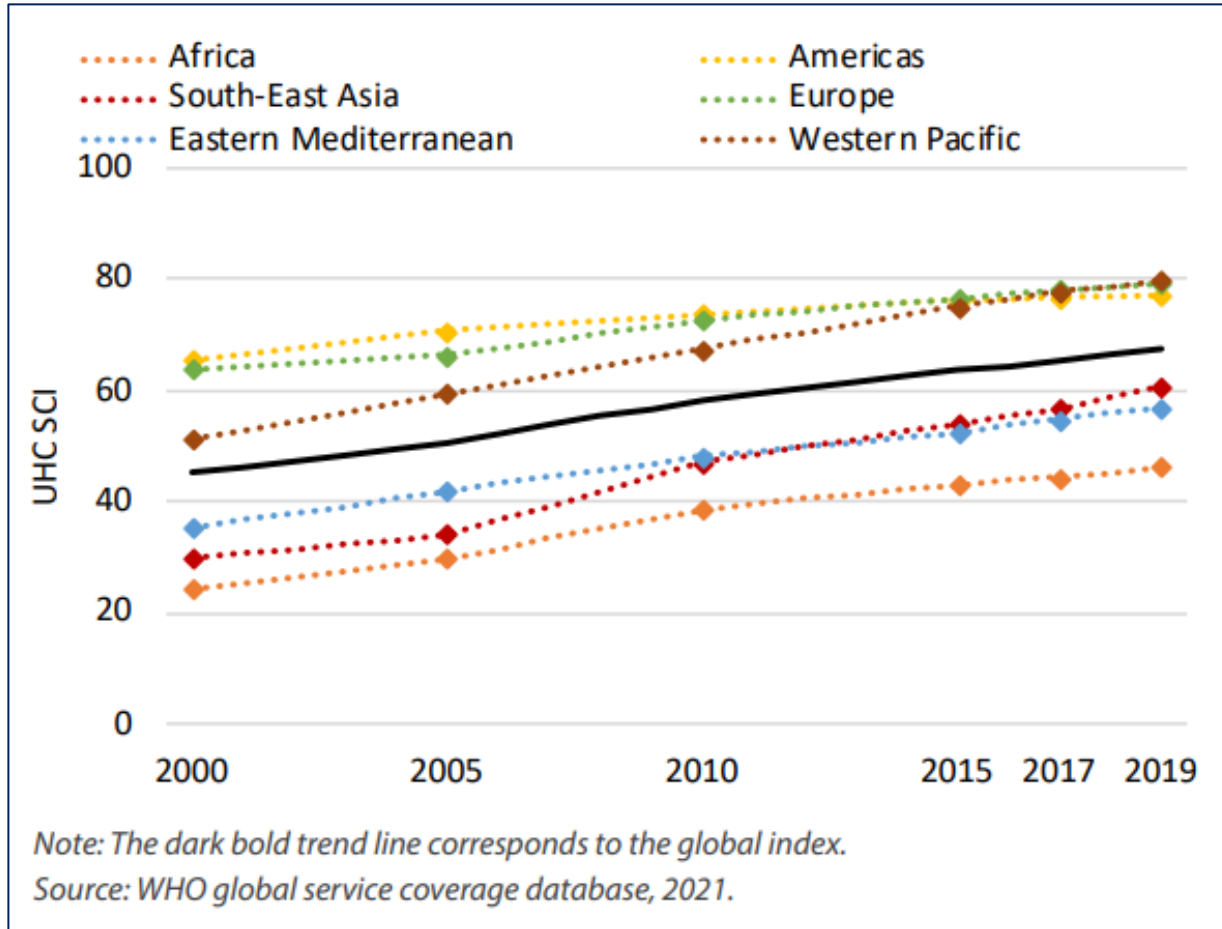


Gaps, challenges & progress towards universal health coverage, global health security & the 2030 Agenda for Sustainable Development

Inter-agency Expert Group Meeting on Implementation of the Third United Nations Decade for the Eradication of Poverty (2018-2027)

Mr. Werner Obermeyer, Director, World Health Organization Office at the United Nations

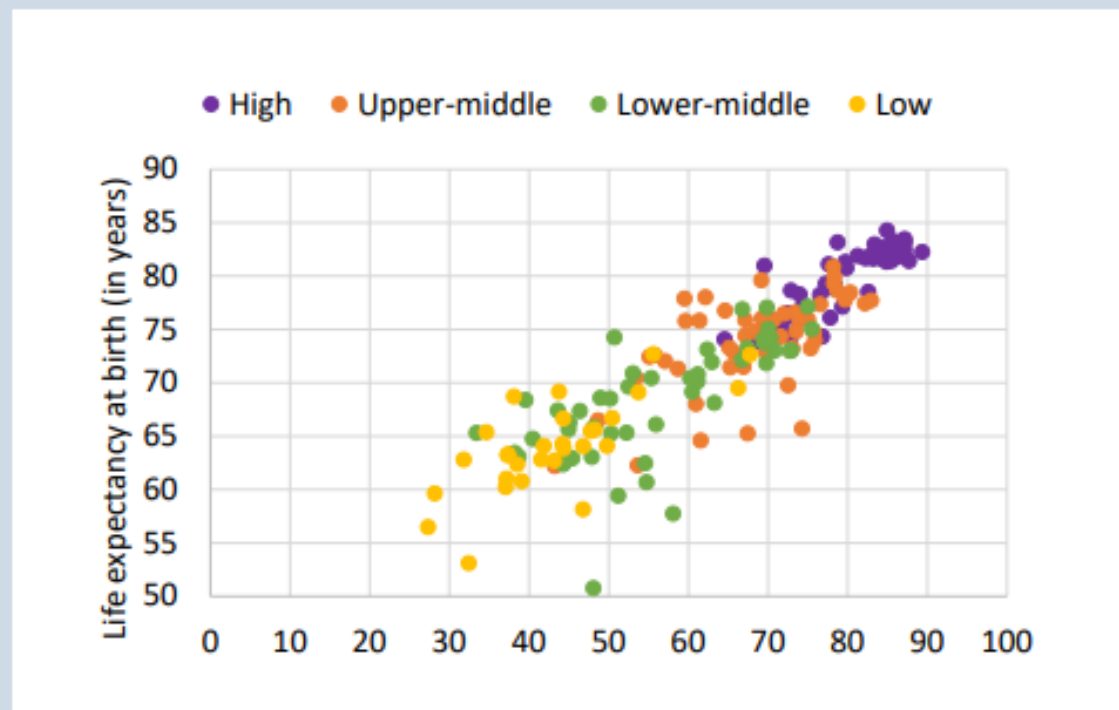
Service Coverage Index (SDG 3.8.1)



The UHC Service Coverage Index (SCI) improved from 2000 to 2019 in all WHO regions and World Bank income groups

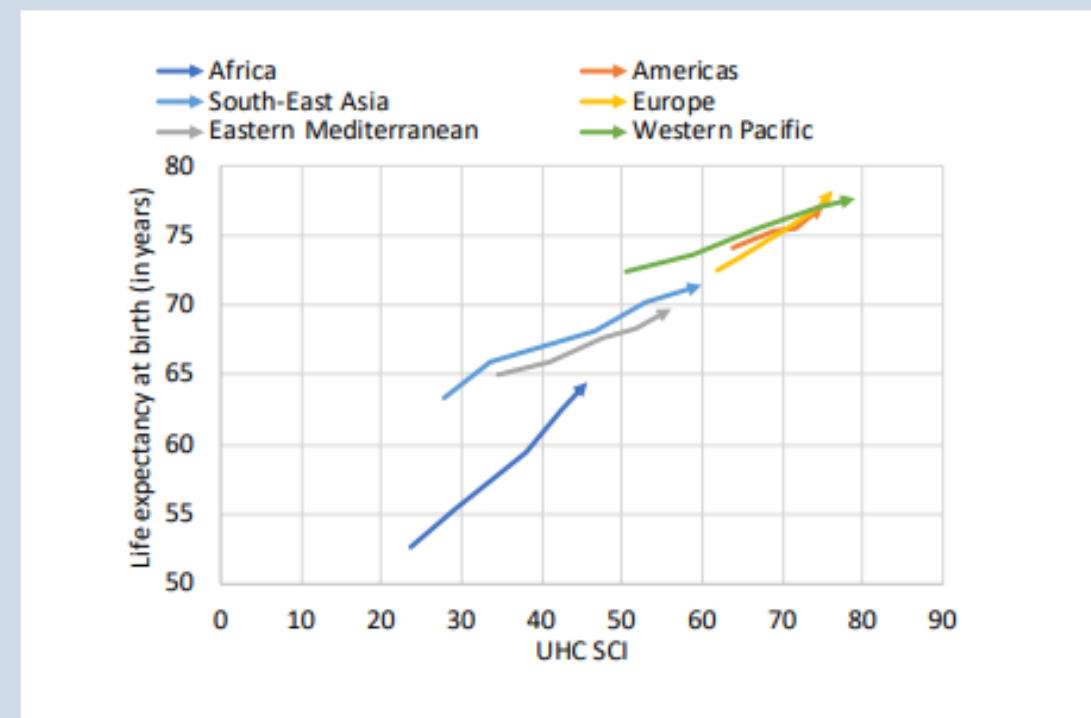
Service Coverage & Health Gains

Figure 1.11 Relationship between UHC SCI and life expectancy at birth, by World Bank income group, 2019



Source: WHO global service coverage database, 2021, and WHO global health estimates, 2020.

Figure 1.12 Trends in UHC SCI and life expectancy at birth, by World Bank income group, 2000–2019



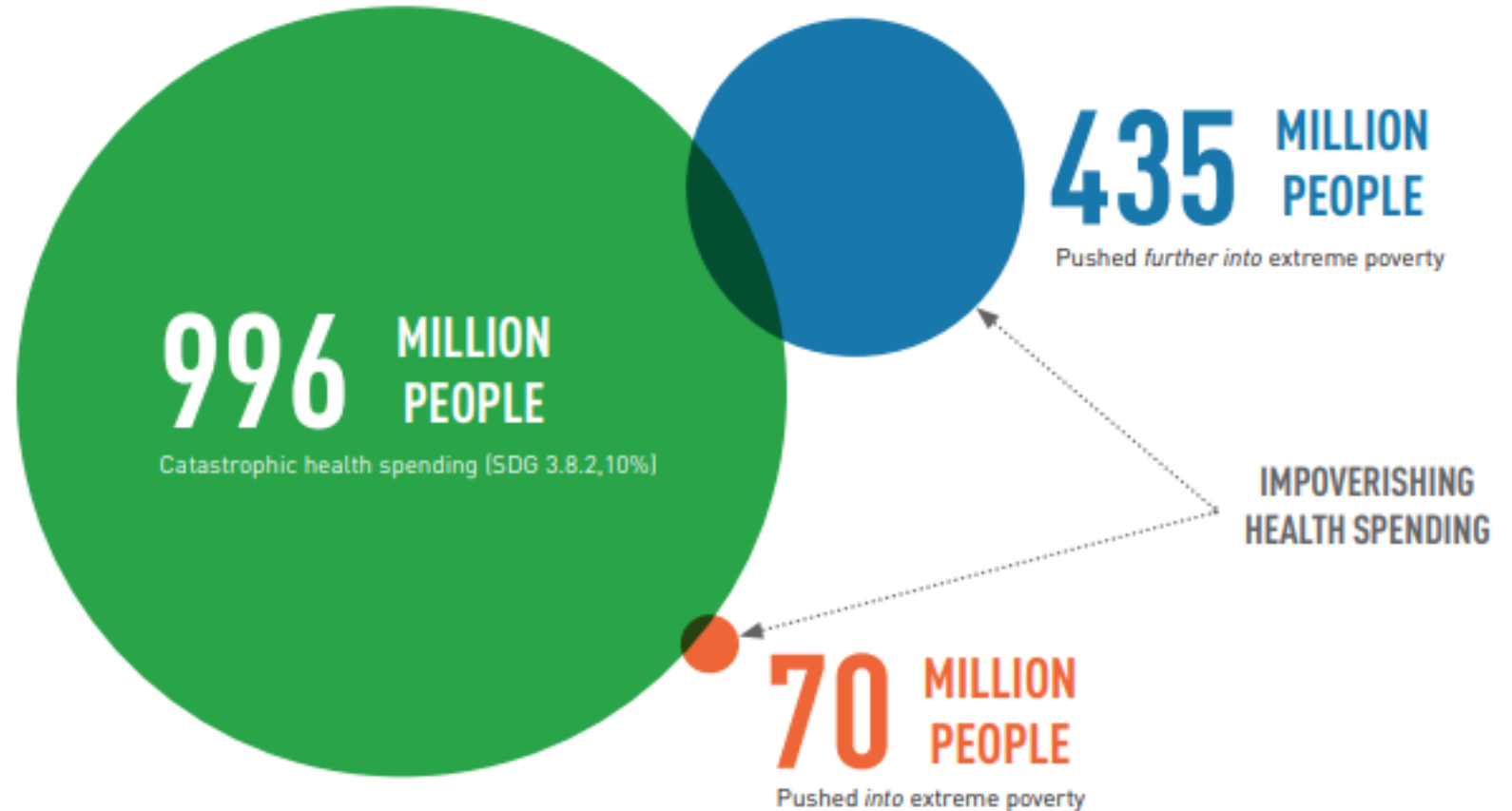
Source: WHO global service coverage database, 2021, and WHO global health estimates, 2020.

Financial Protection (SDG 3.8.2)

FINANCIAL PROTECTION

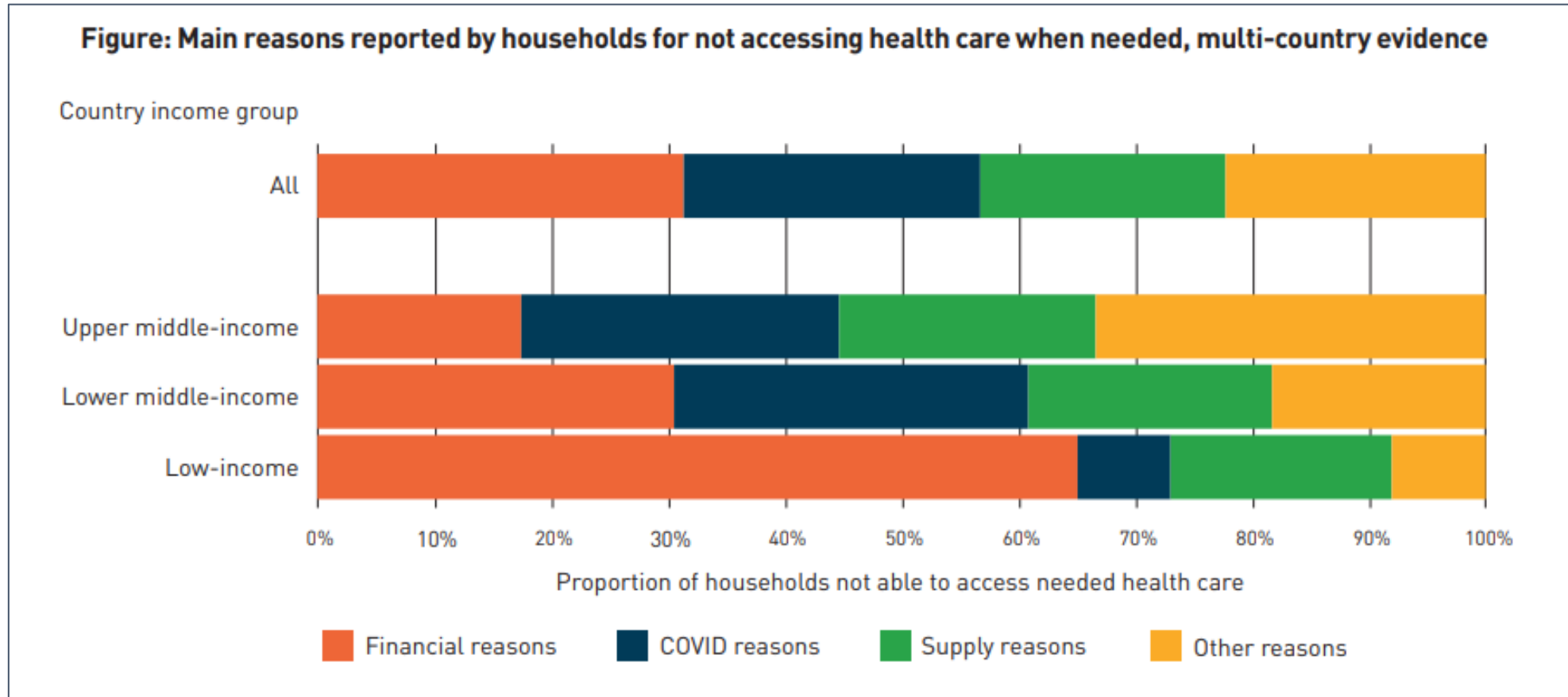
Two thresholds are used to define *large household expenditure on health*:

- Greater than **10%** of total household expenditure or income
- Greater than **25%** of total household expenditure or income



AT LEAST 1.4 BILLION PEOPLE INCURRED FINANCIAL HARDSHIP

Financial Protection & Barriers to Care



While service coverage has improved in the last 20 years, **the proportion of people facing financial hardship due to out-of-pocket health spending has increased.** With rising poverty and shrinking incomes resulting from the current global economic recession and health systems struggling to provide continuity of health services, the COVID-19 pandemic is likely to halt the progress made towards universal health coverage, particularly among disadvantaged populations.



ACHIEVING 1 BILLION MORE PEOPLE BENEFITING FROM UNIVERSAL HEALTH COVERAGE

270 million more
people by 2023

Shortfall 730



ACHIEVING 1 BILLION MORE PEOPLE BETTER PROTECTED FROM HEALTH EMERGENCIES

920 million more people by 2023

Shortfall 80



ACHIEVING 1 BILLION MORE PEOPLE LIVING WITH BETTER HEALTH AND WELL-BEING

900 million more people by 2023

Shortfall 100



Two years into pandemic service disruptions persist across all regions and income levels



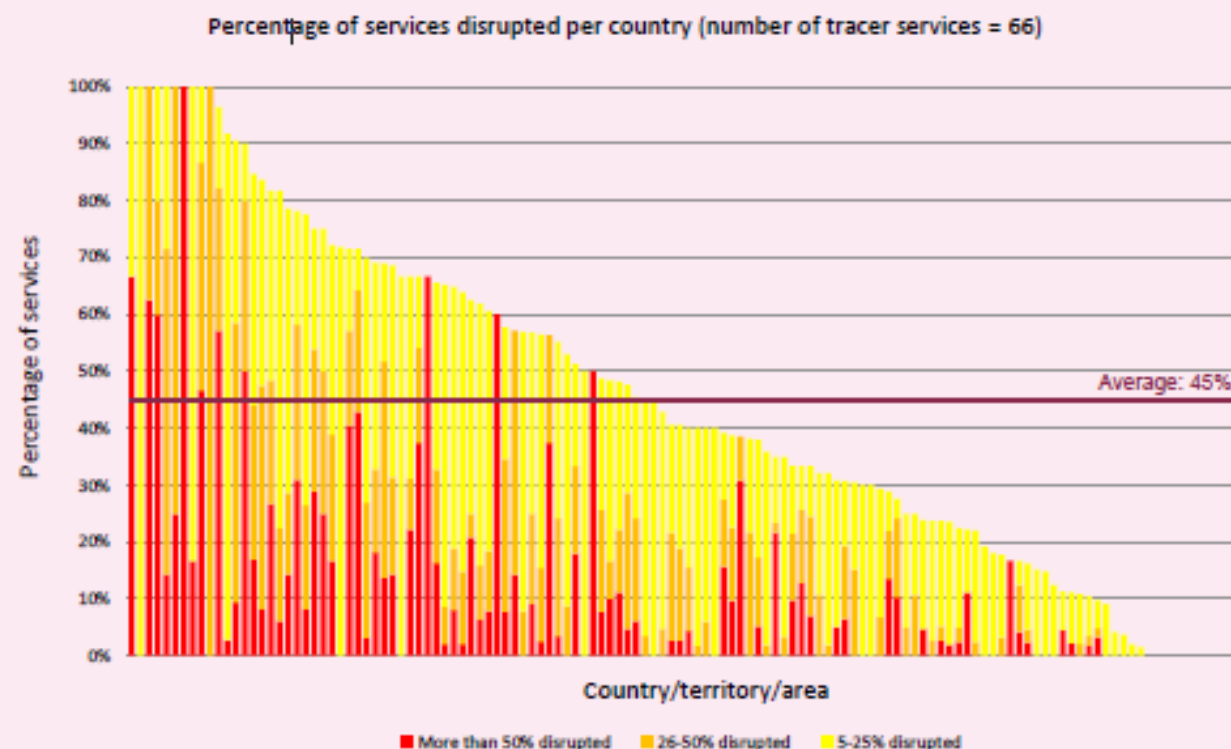
World Health Organization

92%

(117 of 127) countries reported some extent of disruptions in at least one essential health service



Countries reported continued disruptions to 45% of tracer health services



Denominator: represents responses from countries/territories that responded to at least one survey section and consented to data sharing agreement.

Services include 66 services from the following areas: primary care, emergency, critical and operative care, rehabilitation, palliative care, cancer care, community care, and tracer services for reproductive, maternal, newborn, child and adolescent health, nutrition, immunization, communicable diseases, neglected tropical diseases, mental, neurological and substance use disorders, and care for older people

Source: Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021 (reflecting situation during previous 6 months)

All health care settings and service delivery platforms were affected, particularly first-contact services

Percentage of countries reporting disruptions:

53%

Primary care

38%

Emergency, critical and operative care

59%

Elective surgeries

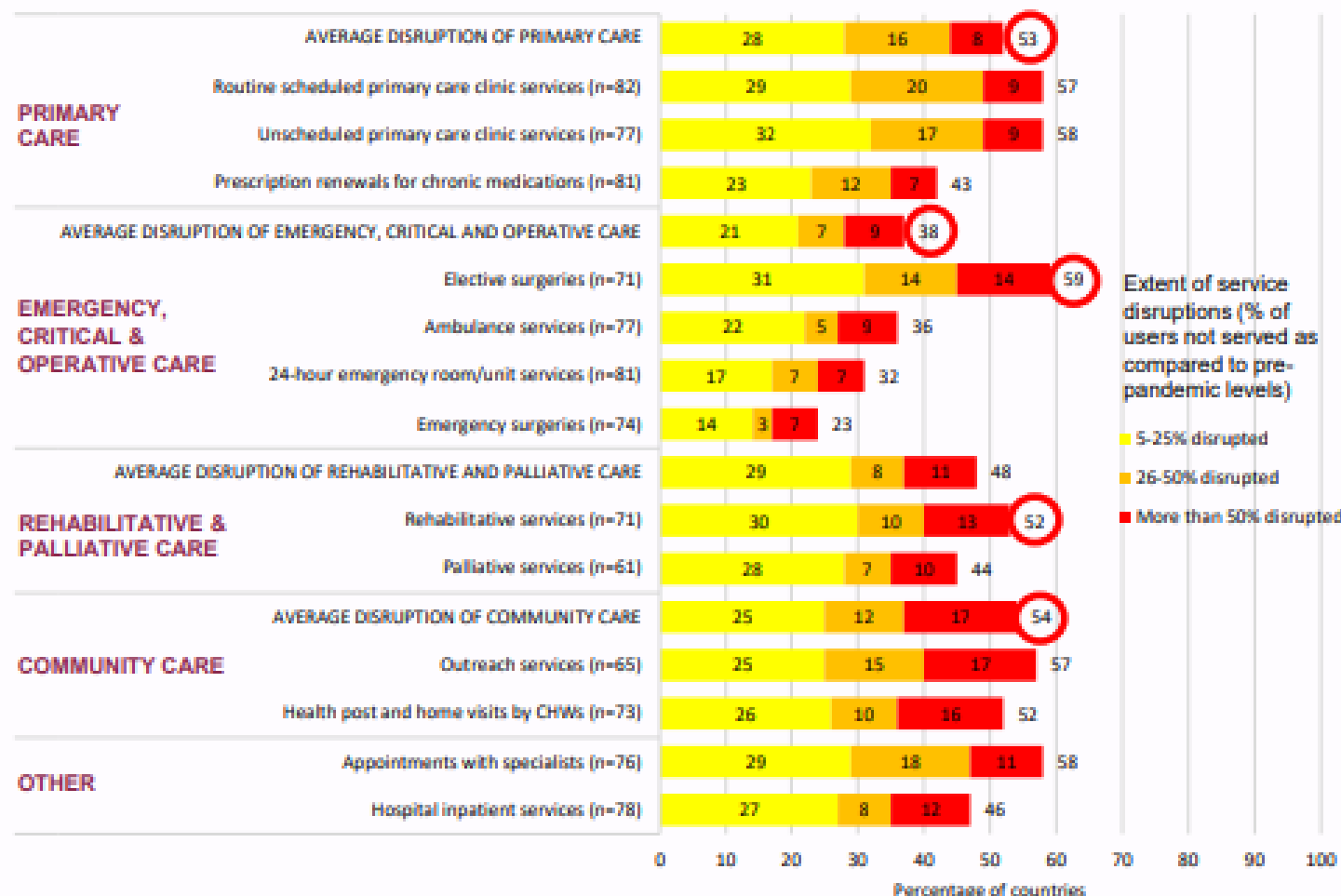
52%

Rehabilitative services

54%

Community care

Percentage of countries reporting disruptions by service delivery setting (n=93)





Policies and plans for continuity of essential health services and health systems recovery



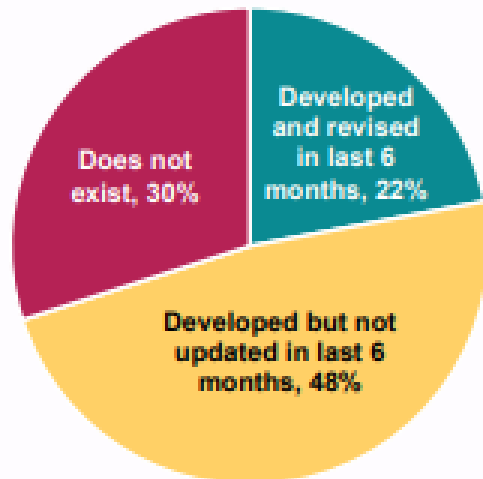
World Health
Organization



2/3

About two thirds of countries have policies and plans for continuity of essential health services during the pandemic

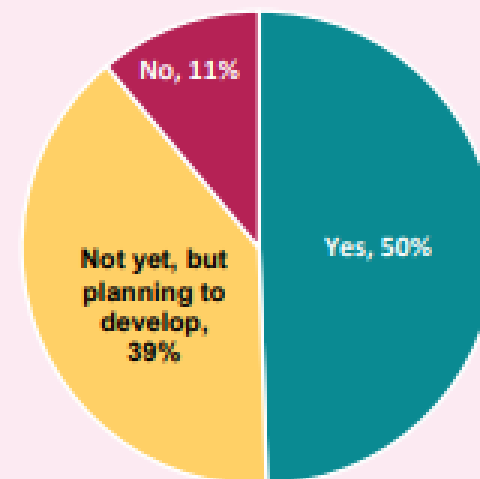
Percentage of countries with policy or plan for continuity of essential health services during the COVID-19 pandemic (n=86)

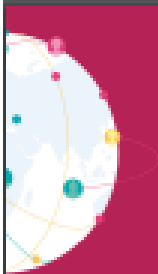


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Half of countries have plans in place for building longer-term health service resilience and preparedness

Percentage of countries with health system recovery plan to strengthen health service resilience and preparedness for future public health emergencies (n=87)



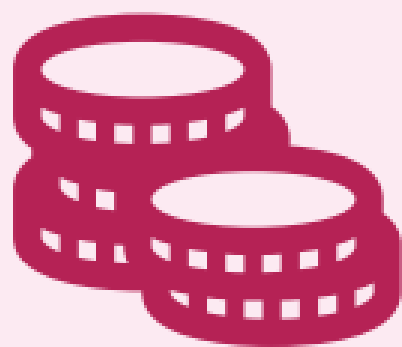


More than two-thirds of countries allocated additional funding for longer-term health system recovery

Access to medicines and supplies and workforce capacities are the most common areas of investment



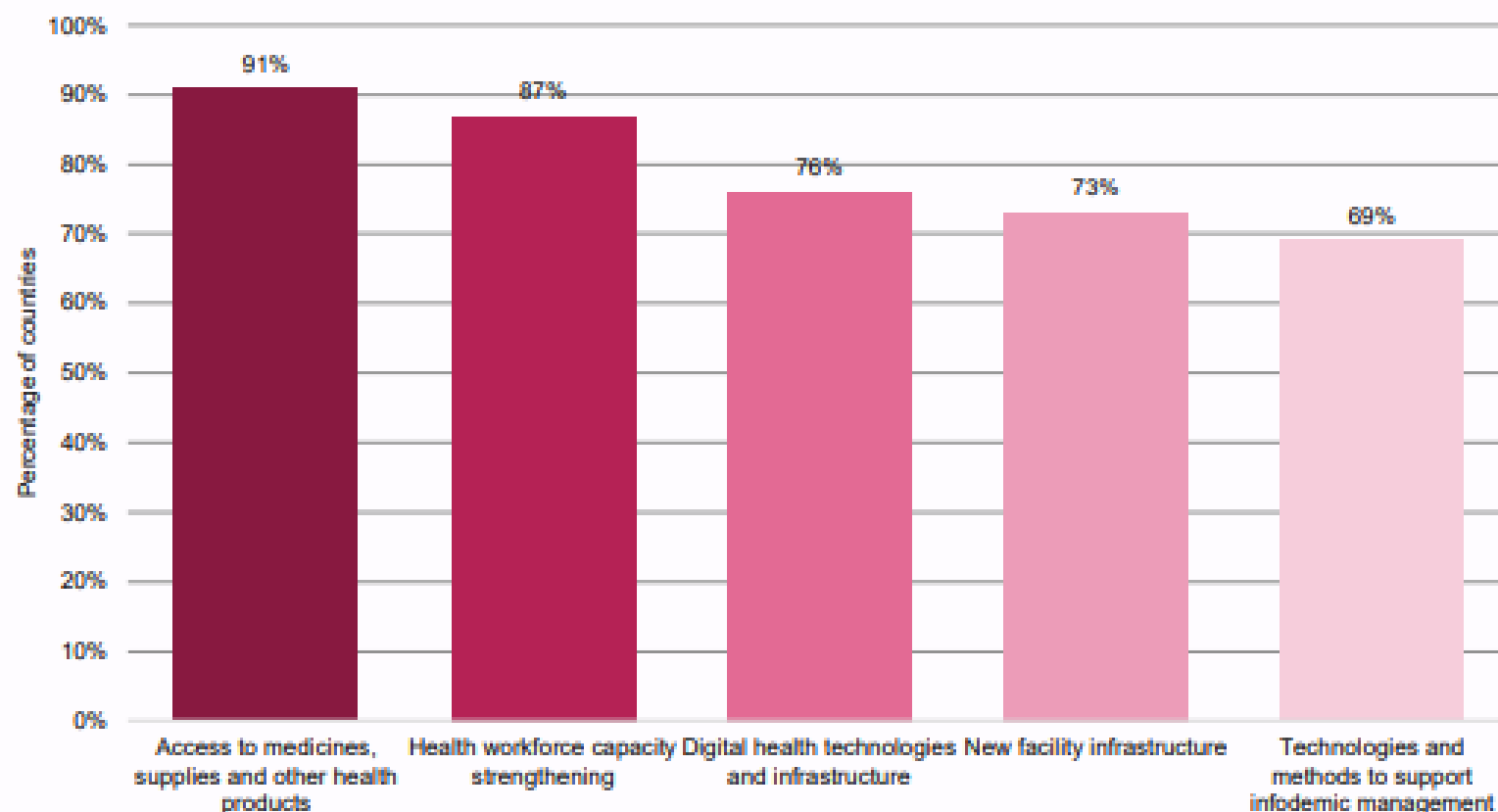
World Health Organization



70%

of countries allocated additional government funding for longer-term health system recovery and/or health service resilience and preparedness (n=79)

Percentage of countries reporting investments for longer-term health system recovery and/or health service resilience and preparedness (of the countries reporting any investments: n=55)





Bottlenecks to scaling up access to COVID-19 tools include:



Lack of funding



Health workforce challenges



Supply & equipment shortages



Lack of distribution capacity



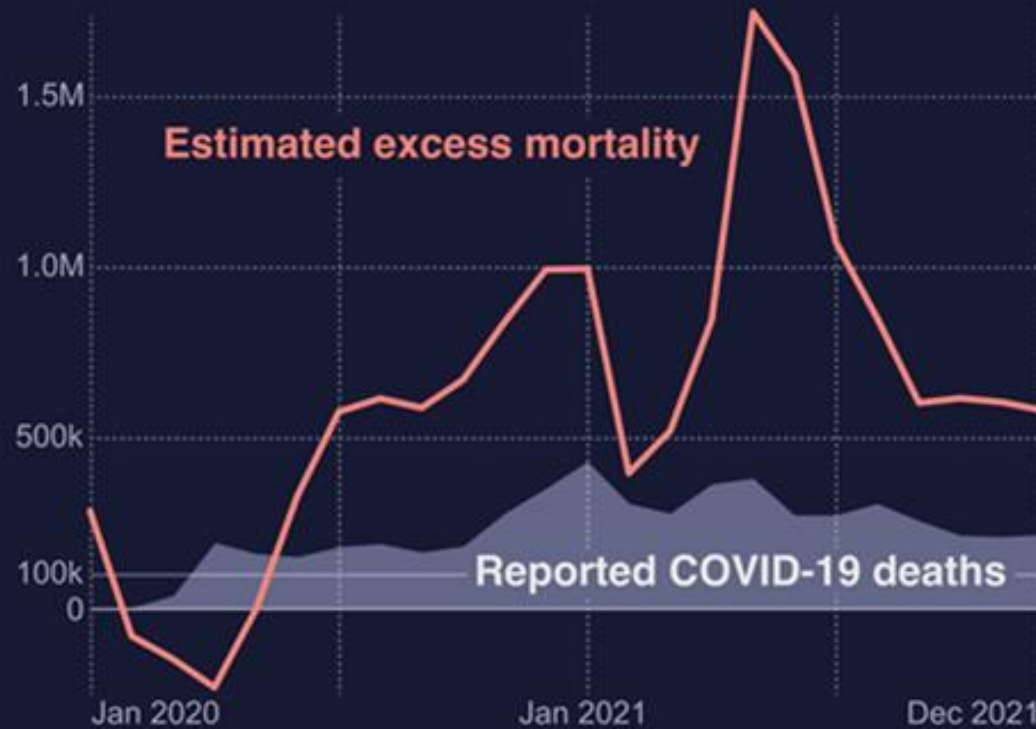
Lack of clear strategy, guidance, or protocols



Lack of needed data & information

Global excess deaths associated with COVID-19, January 2020 - December 2021

A comprehensive view of global deaths directly and indirectly associated with the COVID-19 pandemic.



+14.91 million

Estimated excess mortality

+5.42 million

Reported COVID-19 deaths

Baseline: Expected mortality under normal circumstances

1

Leverage the current response to strengthen both pandemic preparedness and health systems

2

Invest in essential public health functions including those needed for all-hazards emergency risk management

3

Build a strong primary health care foundation

4

Invest in institutionalized mechanisms for whole-of-society engagement

5

Create and promote enabling environments for research, innovation and learning

6

Increase domestic and global investment in health system foundations and all-hazards emergency risk management

7

Address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations

**Building health systems
resilience for universal
health coverage and
health security
during the COVID-19
pandemic and
beyond**