WHO INPUTS: SG REPORT ON THE UN DECADE ON THE ERADICATION OF POVERTY

Your organization's contribution should focus on key activities, assessment of results and impact, gaps and challenges, including the health and socio-economic impacts of the COVID-19 crisis, response, and key policy messages and recommendations. Please also highlight efforts made to foster greater inter-agency convergence and collaboration in sharing knowledge, promoting policy dialogue, facilitating synergies, mobilizing funds, providing technical assistance in the key areas of policy focus contained in the system-wide plan of action.

BACKGROUND / KEY MESSAGES

Health is considered a precondition for, and outcome and indicator of, sustainable development. Investments in health systems are needed not only to achieve SDG 3, but also have an impact across the SDGs (in particular, SDG 1, 2, 5, 6, 8, 9, and 10).

WHO's 13th General Programme of Work is defined by 3 bold targets, intended to promote health, keep the world safe, and serve the vulnerable. These include:

- One billion more people to benefit from universal health coverage
- One billion more people better protected from health emergencies
- One billion more people enjoying better health and well-being

The pandemic has underscored the importance and interconnection of the triple billion targets in WHO's strategy for 2019–2023, as well as the link between SDG 3 and the other goals of the 2030 Agenda. COVID-19 has illustrated that healthier, more resilient societies can respond more effectively to health emergencies and that essential health services must be available to all, as the disease spreads along the fault lines of social inequality. And it has made clear that a broader, whole-of-society approach and global solidarity are essential for the response to COVID-19 and to future health emergencies.

Universal health coverage embodies the goals of equity in the use of needed, effective services with financial protection, and progress towards these goals assessed at the level of entire populations. Systems that are organized to sustain progress towards universal health coverage are better organized to respond to a disease outbreak if they are people-centered and rights-based.[1]

For individual services, the COVID-19 experience reveals that health systems with large inequalities in service entitlements and that are fragmented into multiple schemes and programmes are not only problematic for persons who are at risk of being left behind, but for societies and economies as a whole.[2]

Financing health through wage-based contributions proves to be particularly problematic at time of global economic crisis where unemployment increases, and where entitlement to services is linked to such contributions, it can reduce access to health services at the time people need it most.[3]

[1] UNSG Policy Brief on COVID-19 and UHC: https://unsdg.un.org/sites/default/files/2020-10/SG-Policy-Brief-on-Universal-Health-Coverage_English.pdf

[2] Ibid

[3] Ibid

PROGRESS TOWARD WHO'S TRIPLE BILLION TARGETS

1 billion more people benefiting from universal health coverage

An additional 290 million people are projected to have access to good-quality health-care services without incurring financial hardship by 2023, leaving a significant expected short-fall. With accelerated progress, it might be possible to close the 710 million short-fall by about 30%. Progress is expected to be greatest in low-income countries. The COVID-19 pandemic, however, threatens progress towards universal health coverage (UHC) by severely disrupting services and worsening financial hardship. Redoubled emphasis on primary health care (PHC), which is also the basis for the other two billion, will be key to recovery from COVID-19.

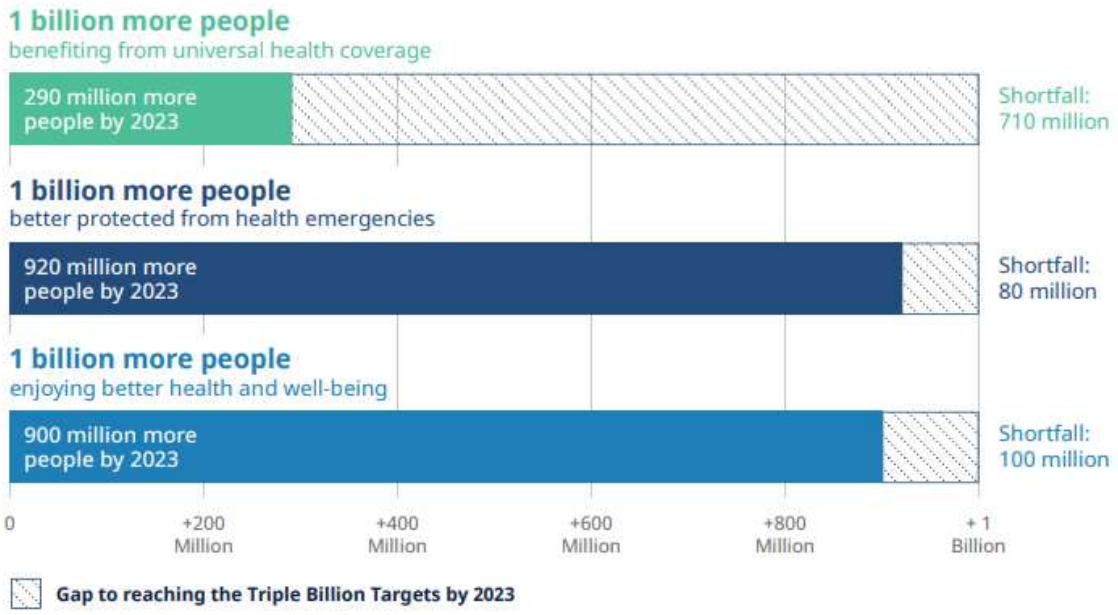
1 billion more people better protected from health emergencies

Approximately 920 million more people are projected to be better protected from health emergencies by 2023 due to improvements in preparedness, prevention, detection and response to events. COVID-19 has shown that the world was unprepared for a pandemic of such a scale; the lessons learnt will guide concerted action to improve how the world prepares, prevents and responds to health emergencies.

1 billion more people enjoying better health and well-being

About 900 million people could be enjoying better health and well-being by 2023. Progress is uneven, as it is limited in low-income countries, and over one third of countries show negative overall trends. Focus should be directed to the indicators lagging furthest behind the SDG targets, including water and sanitation, air quality and tobacco use. Tackling the worldwide trend of increasing obesity is also essential.

FIGURE 1. Current progress towards achievement of each of the targets is shown in the graph below, which does not account for the full impact of the COVID-19 pandemic.[4]



[4] Executive summary Results Report Programme budget 2020–2021 (Mid-term): https://cdn.who.int/media/docs/default-source/results-reports/who-results-report-mid-term-review-2020-2021-executive-summary.pdf?sfvrsn=5baa9ab_4&download=true

COVID-19

COVID-19 has reinforced the existing evidence that investments in health have long-term returns, while underinvestment has potential large-scale global social and economic effects and thus investments must be made in smart, multisectoral policies aligned with the SDGs. COVID-19 has surfaced and exacerbated long-standing inequalities across income groups, disrupted access to essential medicines and health services, stretched the capacity of the global health workforce and revealed significant gaps in country health information systems.

The pandemic has affected every community, but the hardest hit are the poor and marginalized, exacerbating global and domestic inequality. A large share of the new extreme poor will be concentrated in countries that are already struggling with high poverty rates and numbers of poor. Almost half of the projected new poor will be in South Asia, and more than a third in Sub-Saharan Africa. The increase in world poverty threatens the ability of the most vulnerable to access health services.

Disruptions to essential health services have resulted in interruption of essential health care for millions of people. In some areas, this could reverse development gains made over decades. The incidence of catastrophic health expenditure which increased continuously prior to COVID-19 (between 2000 and 2015), may increase further due to the COVID-19 pandemic.

The pandemic is directly and indirectly causing morbidity and mortality in three ways: (1) Due to the virus itself, (2) due to the inability of health systems to provide ongoing essential health services, (3) due to its socioeconomic impact.

While high-resource settings have faced challenges related to overload in the capacity of health services, the pandemic poses critical challenges to weak health systems in low-resource settings and is jeopardizing hard-won health and development gains made in recent decades.

Irrespective of the pandemic, existing inequalities, both within countries and between countries, impede appropriately targeted interventions. Despite recent global health gains, people everywhere continue to face a complex blend of interconnected threats to their health and well-being. Many of these threats are rooted in social, political, economic and gender inequalities and other determinants of health.

COVID-19 RESPONSE: ACT ACCELERATOR + COVAX

One of the greatest multilateral successes in the COVID-19 response is the Access to COVID-19 Tools Accelerator (ACT Accelerator), which brings together governments, health organizations, scientists, businesses, civil society, and philanthropists to speed up efforts to end the pandemic by supporting the development and equitable distribution of the diagnostics, vaccines and treatments the world needs.

The ACT-Accelerator is a framework for collaboration. It is not a decision-making body or a new organization. It was launched at the end of April 2020, at an event co-hosted by the Director-General of the World Health Organization, the President of France, the President of the European Commission, and the Bill and Melinda Gates Foundation.

The ACT-Accelerator is organized into four pillars of work: diagnostics, treatment, vaccines and health system strengthening. Each pillar is vital to the overall effort and involves innovation and collaboration.

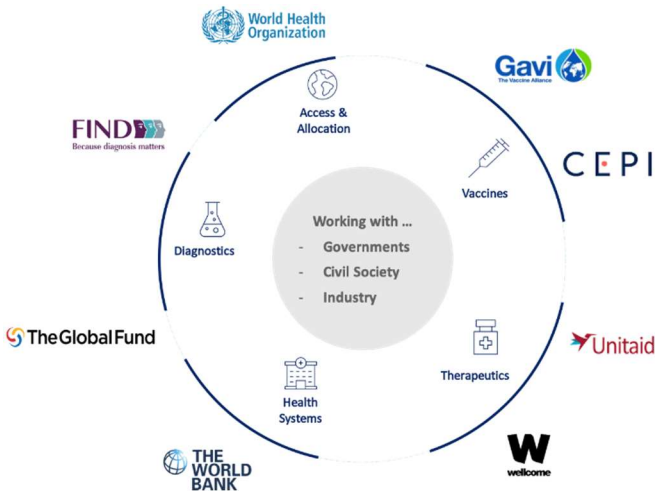
COVAX, the vaccines pillar, is co-led by Gavi, the Coalition for Epidemic Preparedness Innovations (CEPI) and WHO. COVAX is speeding up the search for an effective vaccine for all countries, supporting the

building of manufacturing capabilities, and buying supply ahead of time so that 2 billion doses can be distributed fairly in the places of the greatest need by the end of 2021.

As the global mechanism for equitable access to COVID-19 vaccines, COVAX has proven it works. Designed and implemented in the midst of an unprecedented global public health crisis, it has delivered over 70 million doses to 126 countries and economies around the world since February[5] – from remote islands to conflict settings – managing the largest and most complex rollout of vaccines in history. Over 35 countries received their first COVID-19 vaccine doses thanks to COVAX.

To ensure equitable access to vaccines, the Gavi COVAX AMC is the innovative financing instrument that is supporting the participation of 92 low- and middle-income economies in the COVAX Facility – enabling access to donor-funded doses of safe and effective COVID-19 vaccines. The AMC, combined with additional support for country readiness and delivery, will make sure the most vulnerable in all countries can be protected in the short term, regardless of income level.

FIGURE 1. ACT Accelerator



SDG 3 + UNIVERSAL HEALTH COVERAGE

As stated in SDG target 3.8, UHC means that everyone, everywhere has access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all, including protection from financial risk.

As such, monitoring progress on SDG 3.8 is broken down into 2 indicators:

- **Indicator 3.8.1**: Coverage of essential health services
- **Indicator 3.8.2:** Proportion of population with large household expenditures on health as a share of total household expenditure or income.

[5] Figure as of 27 May 2021: https://www.who.int/news/item/27-05-2021-covax-joint-statement-call-to-action-to-equip-covax-to-deliver-2-billion-doses-in-2021

Health financing policy choices can significantly affect country performance on universal health coverage, in terms of both financial protection and access to services. Out-of-pocket payments for health care tend to be highly inequitable, regressive and the main source of poor financial protection.

About 930 million people have suffered catastrophic spending on health care, and about 90 million have been pushed into extreme poverty (living on less than PPP$ 1.90 a day).

The WHO 2020-2021 Mid-Term Results Report shows that globally, the coverage of essential health services continues to expand, but not enough to meet the targets, and more people experience catastrophic health expenditure, indicating that global financial protection is deteriorating, not improving. This global divergence between service coverage and financial protection is a concern, as is the likelihood that even the broad pattern of improvement in service coverage masks large inequalities within countries.

Although improvements in coverage of essential health services have been recorded in all income groups and across different types of services, at least half the world's population still lacks access to essential health services and many inequalities persist. Globally and for many countries, the pace of progress has slowed since 2010, and the poorest countries and those affected by conflict generally lag furthest behind. And certainly the full impact of COVID-19 is yet to be measured.

Even prior to COVID-19, financial protection has been deteriorating. The proportion of the population with out-of-pocket spending exceeding 10% of their household budget rose from 9% to 13% and those exceeding 25% rose from 1.7% to 2.9%, over the period 2000-2015.

Continued progress requires considerable strengthening of health systems, particularly in lower income settings, along with a recognition of the crucial role of healthcare workers in public health capacity with adequate protection for their safety and wellbeing.

FIGURE 2. Population with large household expenditures on health as a share of total expenditure or income (SDG Indicator 3.8.2) – Greater than 10%

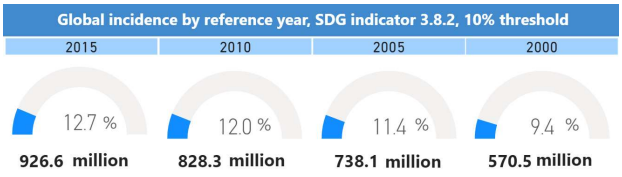


FIGURE 3. Population with large household expenditures on health as a share of total expenditure or income (SDG Indicator 3.8.2) – Greater than 25%

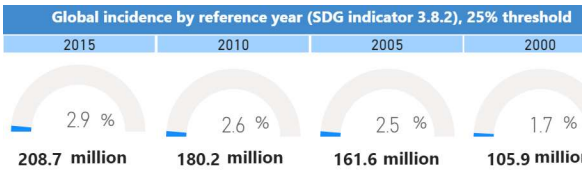
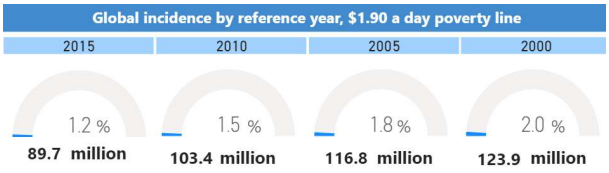


FIGURE 4. Population pushed below a poverty line by household expenditures on health (at the $1.90 a day poverty line)



GAPS AND CHALLENGES

Data

Despite recent progress, the lack of disaggregated data remains a significant challenge across the world. Current data is inadequate in many countries to monitor health inequalities and assess the situation of vulnerable populations. According to the recent WHO SCORE global report, 2020, only half of countries included disaggregated data in their published national health statistics reports. These data blind spots can mask the struggles of vulnerable groups and people living in specific areas misleading policymakers' efforts to allocate resources effectively and prioritize interventions properly.

Health workforce

The global health workforce has responded heroically since the pandemic began. And fittingly, 2021 has been designated International Year of Health and Care Workers in appreciation of their unwavering dedication in the fight against COVID-19. Yet, despite huge growth in the global health workforce, there will still be a shortfall of 18 million health workers by 2030, with the biggest workforce development challenges falling on the lowest income countries. The newly launched WHO Academy, a state-of-the-art training institution, aims to bring the lifelong learning revolution to the health sector and reach 10 million learners around the world by 2023. As a centre for delivering advanced digital and classroom training to health workers and others around the world, the WHO Academy will be a game-changer for lifelong learning in health.

CONTINUITY OF ESSENTIAL HEALTH SERVICES

Overall, 94% of the 135 countries and territories participating in the 2nd round of WHO's *National pulse survey on continuity of essential health services during the COVID-19 pandemic* reported some kind of disruption to services during the preceding three months from the date of survey submission (January-March 2021), only slightly down from the percentage of countries reporting service disruptions in the first pulse survey rounds during quarters 3 and 4 of 2020.

Primary care, rehabilitative, palliative and long-term care are most heavily affected, with over 40% of countries reporting disruptions that affect the availability of and access to quality services, including for the most vulnerable individuals.

Potentially life-saving emergency, critical and operative care interventions continue to be disrupted in about 20% of countries, likely resulting in substantial near-term impact on health outcomes. In addition, 66% of countries report disruptions in elective surgeries, with accumulating consequences as the pandemic continues.

Substantial disruptions span across all major health areas, including: management of mental, neurological and substance use disorders (with particular disruptions to school based and other mental health programmes); noncommunicable diseases, including cancer, hypertension, diabetes, and chronic respiratory disease; neglected tropical diseases; infectious diseases, including to tuberculosis (TB), human immunodeficiency virus (HIV), hepatitis and malaria; reproductive, maternal, newborn, child and adolescent health and nutrition; and immunization.

Nonetheless, the magnitude and extent of disruptions within countries decreased in 2021 compared to 2020, with just over a third of a set of 35 tracer services in countries disrupted on average, as compared to half in quarters 2-3 of 2020. Immunization and rehabilitative and palliative care services saw the largest reduction among countries reporting disruptions.

Health systems around the world are still being tested more than one year into the pandemic. Nearly all responding countries reported at least one service disruption and disruptions were reported across all health areas, demonstrating the far-reaching impact of the pandemic on health systems.

Even moderate service interruptions can affect health outcomes, and disruptions are especially concerning in settings where progress towards achieving universal health coverage (UHC) was already challenged, such as in fragile, conflict-affected and vulnerable settings. Ensuring continued availability of and access to high-quality services is of critical concern, particularly over the long-term as the indirect consequences of the pandemic are sustained.

The magnitude and extent of disruptions within countries has decreased since 2020, and almost all countries have intensified efforts to respond to health systems challenges, bottlenecks and barriers to care brought on by the COVID-19 pandemic.

WHO will continue to support countries to close the remaining gaps in service delivery, continue to respond to rapidly evolving priorities and needs throughout the course of the pandemic, and ensure that COVID-19 control strategies are in balance with other health priorities to secure continued access to comprehensive care for all.

The ACT Accelerator, the pilot Universal Health and Preparedness Review programme, and plans for the WHO Hub for Pandemic and Epidemic Intelligence in Berlin, the WHO Academy, and the WHO BioHub in Switzerland are examples of the platforms needed to fill gaps.

HEALTH FINANCING

No country has made significant progress toward universal health coverage without relying on a predominant share of public funds in financing health. **Public funds are essential to ensure both access to quality health services and financial protection against health risks.**

This calls for improved tax revenue collection and administration systems. There is new evidence demonstrating the importance of "health taxes" for both revenue generation and health impact. (e.g. taxes on tobacco, alcohol, sugar-sweetened beverages, fossil fuels).

As countries transition away from external aid and search to sustain outputs, equal attention should be given to managing expenditure as they do to increasing revenues. Both revenue and expenditure challenges must be addressed concurrently.

Country experience shows that progress toward the SDG and UHC, in particular, requires improved capacity to design and implement robust public budgeting**. Sector ministries should be better equipped to engage in productive dialogue with finance authorities and ensure public financial management systems are strengthened and tailored to serve the UHC goals.**

WHO underscores the limitations of private financing for UHC**: global evidence shows that out-of-pocket spending in health is a risk for financial protection and impoverishment across countries and should be limited.** Increase in public spending for health e.g. through budget re-prioritization toward the sector is essential to improve both service coverage and financial protection.

Common Goods for Health (CGH) are the foundation of the health system and society more broadly, and are essential to building national and global health security, including preventing and mitigating

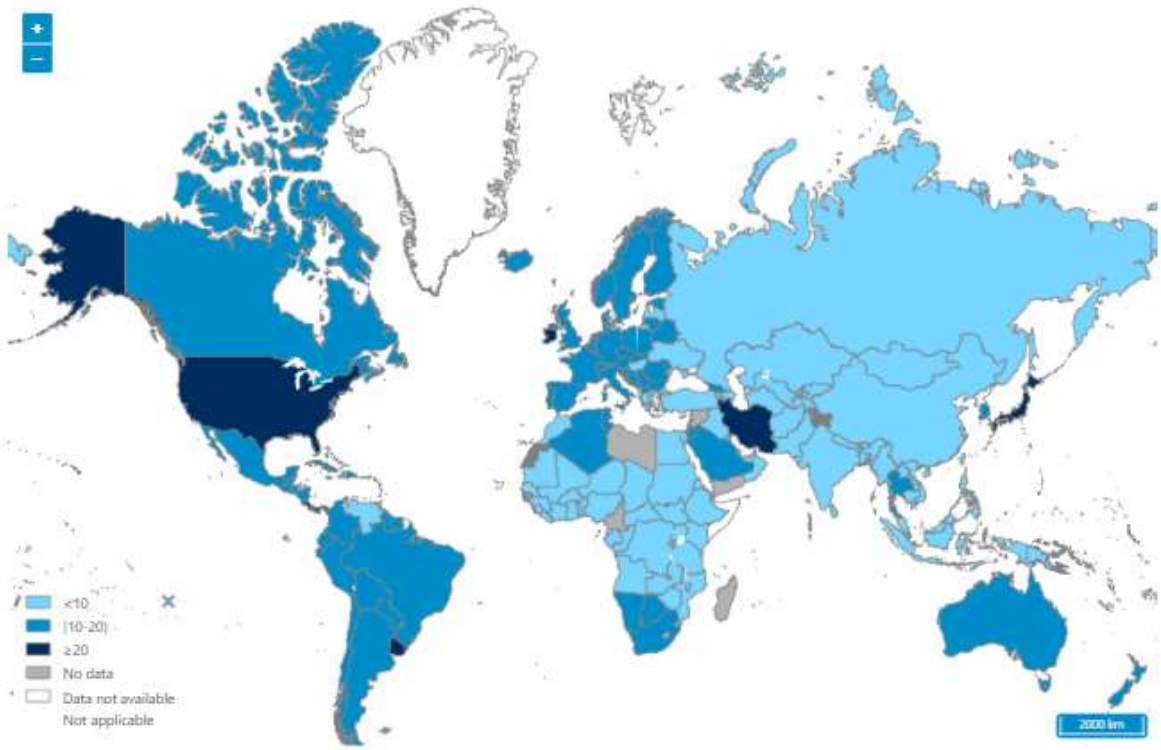
epidemic and environmental threats to society. In this way, they are cross-cutting functions that do not necessarily sit exclusively within a single specific disease or intervention area, or even the health sector.

Despite their central importance to human health, CGH are often underfunded and underprovided relative to investments in personal, facility-based services. At national level, the CGH domestic financing agenda needs to be integrated into the annual and multi-annual budget dialogue.

Common Goods for Health (CGH) require adequate, stable, and sustained funding. These population-based functions or interventions require collective financing, in the form of either public domestic revenues or pooled donor funding, based on their significant positive externalities.

CGH include all those required for preparedness and response, but they also go beyond these to encompass larger health system needs, such as water and sanitation services, comprehensive surveillance (including laboratories), and data and information systems.

FIGURE 5. Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%) - 2018[6]



ONE HEALTH APPROACH

A One Health approach, to address the human – animal – environmental interface, must also be a key component of preparedness strategies, to address the linkages between human health, food safety and

[6] Global Health Observatory, WHO. https://www.who.int/data/gho/data/indicators/indicator-details/GHO/domestic-general-government-health-expenditure-(gghe-d)-as-percentage-of-general-government-expenditure-(gge)

security, the environment and climate change, and the economy (including emerging threats of antimicrobial resistance and infectious zoonotic diseases, such as COVID-19). 'One Health' is an approach to designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes.

Antimicrobial Resistance (AMR) – known as the 'silent pandemic' **–** occurs when bacteria, viruses, fungi and parasites change over time and no longer respond to medicines making infections harder to treat and increasing the risk of disease spread, severe illness and death. **Rising levels of AMR are making infections in humans, animal and plants harder to treat and threatening recent gains in key areas of global health, food security, economic growth and development.** This means that resistant pathogens can become a "superbug" and spread globally.

WHO estimates that drug-resistant diseases already cause at least 700,000 deaths globally a year, and if no action is taken, it is predicted to lead to 10 million deaths a year and a cumulative economic impact of $100 trillion by 2050.

No health system will be sustainable without access to affordable antibiotics, that work. The problem is aggravated because the pipeline for the development of new classes of antibiotics is almost empty. **AMR will make the attainment of universal health coverage more challenging** due to the increased health-care costs. Medicines will cost more, treatments will take longer, and cures will be less certain.

GLOBAL ACTION PLAN FOR HEALTH LIVES AND WELL-BEING

As more countries begin to recover from the pandemic, maintaining the momentum of collaboration spurred by COVID-19 will be essential to enable an acceleration of progress towards the SDGs in countries.

SDG3 GAP provides a platform to improve collaboration among 13 agencies in the multilateral system as they support countries on the path towards an equitable and resilient recovery from the pandemic.

Country-level implementation of the SDG3 GAP has scaled-up to 37 countries in 2020. Many countries are prioritizing primary health care, sustainable financing and data for improving equity as accelerators to get back on track to the SDGs. SDG3 GAP agencies look forward to supporting additional countries under the SDG3 GAP approach by strengthening their collaboration in support of national health and development plans and by working through existing government-led coordination mechanisms.

The GAP is focused on improving how the agencies work together in support of countries, further creating synergies and integration between GAP accelerator areas. The first joint mission to a country by GAP agency accelerator working groups on primary health care and sustainable financing for health took place this year, co-hosted by the government of Pakistan and WHO.

Through a joint statement, GAP agencies renewed their commitment towards a more harmonized approach towards primary health care to achieve universal health coverage and the health-related SDG targets.

In 2021, ILO joined the SDG3 GAP as a new signatory agency, SDG3 GAP is promoting increased alignment through the joint work in countries, the accelerators and within the broader health ecosystem.

Through its long-term, forward-looking SDG focus, the SDG3 GAP complements collaborative efforts in response to the COVID-19 pandemic, such as Access to COVID-19 Tools Accelerator (ACT-A). SDG3 GAP continues to strive to better integrate work at country level – for example by incorporating parts of the

Every Woman, Every Child (EWEC) agenda and working jointly with the Health Data Collaborative (HDC) in countries.

The SDG3 GAP agencies are committed to reviewing progress and learning together to enhance shared accountability. Five of the six recommendations from the 2020 Joint Evaluability Assessment have been addressed, including through the recent development of a monitoring framework. This progress report presents progress achieved, especially at country level, but also challenges encountered. Agencies look forward to feedback on this progress report and future monitoring efforts, and acknowledge the important roles countries, their boards and donors play in setting the incentives for this collaborative effort.

Ultimately the success of the SDG3 GAP will be determined if people, especially those most left behind, are living healthier lives by 2030.

UHC COMPENDIUM

The UHC Compendium is a database of health services and intersectoral interventions designed to assist countries in making progress towards Universal Health Coverage (UHC). It provides a strategic way to organize and present information and creates a framework to think about health services and health interventions.

The database for the Compendium spans the full spectrum of promotive, preventive, resuscitative, curative, rehabilitative, and palliative services, as well as a full complement of intersectoral interventions. The Compendium will provide rapid one-stop access to supporting evidence, associated human and material resource inputs, and feedback on cost impact as interventions are selected.

Version 1.0 of the Compendium focuses on clinical health services and includes a list of over 3500 health actions across different health areas, available here. The health actions can be grouped dynamically into categories such as health programmes, life-course stage, and SDG goals. This version of the database provides a global reference point for organizing and presenting information on health interventions for UHC.

The UHC Compendium has also been designed to support countries in integrated service delivery, and a key innovation is a structured architecture that promotes linkages across health system levels. WHO will expand the UHC Compendium to include linkages of health interventions to various service delivery platforms.

UHC PARTNERSHIP

COVID-19 continues to test health systems and expose gaps in health security. The UHC Partnership supports WHO's efforts to strengthen the capacity of countries to address the impacts of the pandemic, maintain essential health services and protect communities from future health threats.

The UHC Partnership is supported and funded by WHO, the European Union, the Grand Duchy of Luxembourg, Irish Aid, the French Ministry for Europe and Foreign Affairs, the Government of Japan – Ministry of Health, Labour and Welfare, the United Kingdom – Foreign, Commonwealth & Development Office and Belgium.

Live monitoring of WHO Country Support Plans provides a unique opportunity for WHO and its partners to review progress and actively engage in regular dialogue on the support provided to Member States to deliver on their UHC goals and strengthen their COVID-19 response.