

Health: A Political Choice



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Act Now, Together



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Health: A Political Choice

A Global Governance Project Publication

Published by: GT Media Group Ltd



**Produced in collaboration with
the World Health Organization**

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"Health: A Political Choice" is an official publication of the Global Governance Project and supported by the World Health Organization. The Global Governance Project is a joint initiative between GT Media Group Ltd, a publishing company based in London, the Global Governance Program, based at the Munk School of Global Affairs and Public Policy at Trinity College in the University of Toronto, and the Global Health Centre at the Graduate Institute of International and Development Studies in Geneva.

The Global Governance Project provides a vital function for private and public sector organisations in support of their governance responsibilities.

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The **full** picture

The COVID-19 pandemic has infiltrated every aspect of our lives and societies, presenting political choices that have enormous ramifications for how we live, work and socialise. Yet as we look forwards, there is hope in a response that is collective, global and equitable, and built on determined political leadership

By Amina J Mohammed,
Deputy Secretary-General,
United Nations

In September 2020, the world passed the agonising milestone of one million deaths from COVID-19. No recent health challenge has shown us to this extent how the lives, health and well-being of people depend on political choices. These choices are made at all levels of politics: local, national, regional and global. Political leadership is called for more than ever before. And it is exactly at this critical juncture that it has become more difficult for the world to come together nationally and internationally to fight this virus and its disruptive effects.

KEY POLITICAL CHOICES

The first key political choice is to achieve universal health coverage by all countries. Only last year the member states of the United Nations came together to recommit to this key pillar of the Sustainable Development Goals in a historic political declaration. Health is a human right, and nobody should fall into poverty because they need access to health care. People should have access to quality essential healthcare services and to safe, effective, quality and affordable essential medicines and vaccines for all. COVID-19 has shown us the stark reality in countries that lack such access, concentrating disease and death in the most vulnerable populations.

COVID-19 has revealed weaknesses in health system capacities to protect the most vulnerable, even in wealthier nations. The virus affects hardest those who can least cope: older persons, the poor, those with chronic disease or those living in crowded conditions. Equitable access to testing and treatment is essential. COVID-19 is compounding existing gender inequalities, with reports of increasing gender-based violence and sexual exploitation and abuse. The extended lockdown puts the lives of women and girls at risk, with a projected 31 million additional gender-based violence cases.

AGAINST CURRENT TRENDS

Resilient health systems are needed that deliver comprehensive and integrated primary health services, including reproductive health services, across all population groups, including those that are stigmatised and marginalised. But recent data show that overall financial protection is deteriorating, not improving. If current trends continue, not more than 60% of the global population will be covered by essential health services by 2030. We cannot accept this. The United Nations and many other partners will continue to do all they can to support countries to build their health systems.

The second key political choice is to ensure social protection and financial recovery. We have learned that there is no trade-off between saving lives and saving livelihoods. Here too COVID-19 has shone the spotlight

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on existing stark social inequalities and forms of discrimination. We cannot accept that some lives do not seem to matter. The World Bank estimates that COVID-19 will push 71 million people into extreme poverty, measured at the international poverty line of \$1.90 per day. If we consider a downside scenario, this increases to 100 million. 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.

SPURRING RECOVERY

For these countries to be able to invest in their health and social protection systems, a resolution to their debt vulnerability will be needed. Many of them already had elevated levels of foreign debt and some were at high risk of debt distress before the pandemic. Reducing the cost of remittances could also spur recovery after the crisis ►



+1m

deaths from
COVID-19
globally

31m

additional gender-based
violence cases during
the pandemic

<60%


of the global population
will be covered by
essential health
services by 2030 based
on current trends

71m

people pushed into
extreme poverty by
COVID-19

\$1bn

generated initially by
the COVID-19 Response
and Recovery Fund



and greatly assist in restoring household consumption in recipient countries. Incentives are also needed to encourage increases in foreign direct investment to support recovery efforts and social assistance. It is a political priority to support the financial recovery of vulnerable countries that have been severely affected by the COVID-19 pandemic.

The Global Preparedness Monitoring Board has highlighted that stronger integrated governance systems at all levels are needed for an effective response to the COVID-19 crisis.

ISSUES INTERLINKED

The third key political choice is to invest in common goods and strengthen multilateralism. The need for global leadership – and cooperation on global common goods – is as strong as ever. COVID-19 has highlighted that we cannot view health, social, economic and political issues independently. Multilateral collaboration along several fronts is essential to recover better, and the United Nations and its agencies are fully engaged in driving the expansion to providing universal, quality, essential public services, social protection floors, access to health care, water, sanitation, clean energy and the internet. This is of course the central message of the SDGs. Countries do not have equal capacities, and multilateral and multi-stakeholder collaborations are essential. Such collaboration has begun to leverage finance, science and technology across borders along with longer-term efforts for strengthening capacity.

UNPRECEDENTED COLLABORATION

The United Nations is the key platform for facilitating coordinated national responses, especially through its specialised agencies such as the WHO. One example is the establishment of the COVID-19 Response and Recovery Fund to generate an initial \$1 billion to help support low- and middle-income countries in their response to the pandemic and to reach those most vulnerable to economic hardship and social disruption. The WHO has mobilised unprecedented global research collaboration in diagnostics, vaccines and treatments as well as a range of solidarity funds and programmes. The Access to COVID-19 Tools (ACT) Accelerator and its



COVAX Vaccine Facility, created to ensure equitable access to COVID-19 vaccines, diagnostics and therapeutics, is an extraordinary step in safeguarding that no one is left behind. Any new COVID-19 vaccines must be available to all.

HOW TO KEEP THE WORLD SAFE

Epidemics are blind to national boundaries, and intergovernmental cooperation is essential for future pandemic prevention and control, even as individual countries need to manage their immediate domestic crises. The multilateral system can further work to enable the most vulnerable countries to provide emergency health and social services in response to COVID-19. This would include removing restrictions on trade in goods essential for fighting the pandemic and on food and agricultural products to prevent rising hunger. We must leverage multilateralism to put human well-being at the centre of policy and countries must support and strengthen the World Health Organization to drive the achievement of SDG3 and help keep the world safe.

AMINA J MOHAMMED

Amina J Mohammed was appointed the deputy secretary-general of the United Nations in 2016 and chairs the United Nations Sustainable Development Group. Previously, she served as minister of environment of Nigeria. Ms Mohammed first joined the UN in 2012 as special adviser to the secretary-general for post-2015 development planning. She led the process that resulted in the 2030 Agenda for Sustainable Development and the Sustainable Development Goals. She served as an advocate for access to education and other social services in Nigeria, before moving into the public sector, where she rose to the position of adviser to three successive presidents on poverty, public sector reform and sustainable development.

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“

Epidemics are blind to national boundaries, and intergovernmental cooperation is essential for future pandemic prevention and control, even as individual countries need to manage their immediate domestic crises”

THE DECADE OF ACTION

Therefore, the fourth key political choice is to leverage the Decade of Action for the delivery of the SDGs as an opportunity to address the multiple and often interacting threats to our world. We face not only the pandemic threat but also the threat to our ecosystems. There can be no health security without social security and without addressing planetary health. COVID-19 also reminds us that biodiversity destruction and climate change pose global challenges to health. These, too, necessitate multilateral responses. Healthy ecosystems are essential for human health by providing a diversity of nutritious foods and clean water, and by helping to reduce disease. Nature is the origin of most infectious diseases, but at the same time is the source of medicines and antibiotics for treatment. These positive links need to be strengthened by science and government protections, while the risks of infectious diseases need attention to reduce spread and exposure. We must learn the lessons on determined political leadership from the current crisis. ■

Health: a human right



The COVID-19 pandemic has placed immense pressure on already-struggling systems. The release valve lies in solidarity, global access and the shared understanding that health is a basic human right for everyone, everywhere

In September 2019, the heads of state and government convened at the first high-level meeting of the 74th session of the United Nations General Assembly to adopt a landmark political declaration on universal health coverage. World leaders committed to move together to scale up the global effort to build a healthier world for all. They recognised that health is an investment in human capital, social and economic development and the empowerment of all people. Mere months later, it became clear that Sustainable Development Goal 3, to ensure healthy lives and promote well-being for all at all ages, is not a stand-alone goal: it is the foundation of our progress and sustainable development everywhere.

The COVID-19 pandemic has placed already tenuous systems under immense strain. It has demonstrated that the health of our interdependent and interconnected world is tied to the health of the most vulnerable person.

At the onset of the global pandemic, UN member states rallied to adopt General Assembly resolutions that called for solidarity and global access to medicines and medical equipment. Upon the advice of the membership, I appointed coordinators to shepherd an omnibus resolution to address all aspects of the response to the pandemic.

Yet more must be done.

Half the world's population has no access to essential health

services. For decades the financial cost of ventilators, a lack of quality training for healthcare workers and access to electricity proved an insurmountable barrier to implementing mechanical ventilation in under-resourced settings. For those in densely populated urban areas and camps, handwashing and social distancing are simply not options.

COVID-19 is plunging those in the most precarious contexts deeper into poverty and hunger. Prior to the outbreak of the coronavirus, approximately 100 million people each year were pushed into extreme poverty due to out-of-pocket spending on health. Moreover, the 821 million food-insecure people – and in particular the 135 million people in 55 countries who face starvation – require urgent attention if we are to evade a devastating famine that could result in more than 300,000 deaths per day. Those suffering from hunger are at greater risk of developing severe COVID-19 symptoms as a result of associated health conditions, such as malnutrition and non-communicable diseases, which compromise the immune system.

In 2018, the General Assembly held the third high-level meeting on non-communicable diseases. Throughout the 21st century, NCDs have been the leading cause of death in the world, accounting for 85% of deaths in

**By Tijjani
Muhammad-Bande,
President of the
74th Session of
the United Nations
General Assembly**

developing countries. Today, COVID-19 poses a greater threat to people with underlying conditions such as NCDs.

We know that multilateral action on contagion-driven responses alone no longer suffices. As we build back better, we must strengthen our health systems and re-commit to achieving universal health coverage – financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

CHANCE TO CHANGE COURSE

In this Decade of Action and Delivery to implement the SDGs, we have the opportunity to change course. Improving infrastructure, training and recruiting qualified health workers, and reducing catastrophic expenditures, will boost economies and help us build back stronger in the wake of COVID-19. In approximately one-third of countries, government military spending is higher than health expenditures. Make no mistake: health is a political choice. Political will, action and investment are required to reduce inequalities.

When decision makers choose to invest in health, the entire population benefits, whether that decision is to finance



TIJJANI MUHAMMAD-BANDE

As Nigeria's ambassador to the United Nations since 2016, Tijjani Muhammad-Bande was vice-president of the General Assembly in 2017 and has chaired the United Nations Special Committee on Peacekeeping Operations, served on the advisory board of the UN Counter-Terrorism Centre and chaired ECOWAS. He was the director general of Le Centre Africain de Formation et de Recherche Administratives pour le Développement in Morocco. Between 2004 and 2009, he served as vice chancellor of Usman Danfodio University before being appointed director general of Nigeria's National Institute for Policy and Strategic Studies, a position he held from 2010 to 2016.

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While millions of people around the world are still facing health emergencies, progress has stalled on combating major diseases such as malaria and tuberculosis”

antiretroviral drugs for people living with HIV, or to invest in community health workers who are positioned according to the needs of the community, or to commit to eliminate tropical diseases such as guinea worm. Universal health coverage will help us to eradicate poverty and make gains on equal access to quality education, decent work and economic growth, improve infrastructure, and achieve the primary purpose of the United Nations: lasting peace.

The work of the 74th session of the General Assembly has been anchored in the SDGs, prioritising conflict prevention, poverty eradication, zero hunger, climate action, quality education and inclusion with a focus on gender equality. These are key areas that must be reflected in decision-making related to health. For too long, we have worked in silos and marginalised groups have suffered the most.

Since the adoption of the Beijing Platform for Action 25 years ago there has been considerable progress made in the health outcomes of women. Increased access to maternal health care has contributed to declining maternal mortality rates.

In a report by the United Nations secretary-general, two-thirds of member states reported undertaking action to promote access to health services for women and girls through expanding universal health coverage and public services. This included the provision of free or subsidised services such as maternity care, HIV testing, human papillomavirus vaccines and screening for breast and cervical cancer. Investments in healthcare infrastructure such as primary clinics and maternity waiting homes and the extension of services to rural areas through mobile clinics and community health worker programmes have addressed the specific needs of women.

There is more to do. Urban women still fare better than women in rural and remote areas, and migrant women and girls face significant barriers to accessing health care. Although 81% of births take place in the presence of trained healthcare workers, in sub-Saharan Africa two-thirds of the world's maternal deaths occur, with only 47% of births taking place in the presence of trained healthcare workers.

The COVID-19 pandemic requires urgent action. While millions of people around the world are still facing health emergencies, progress has stalled on combating major diseases such as malaria and tuberculosis. A lack of access to water, sanitation and hygiene was linked to an estimated 829,000 diarrhoeal deaths in 2016. Hunger is on the rise for the fourth consecutive year. In 2015, we committed to leave no one behind and to reach the furthest behind first. This was a political choice, and it is one that should not be revoked at a time of crisis.

Health is a political choice, but it is one predicated on the indisputable fact that health is a human right for everyone, everywhere. ■

85%

of deaths in developing countries are caused by non-communicable diseases

1/3

of countries spend more on military than health

100m

people pushed into extreme poverty due to spending on health each year before COVID-19

Development at large



In the wake of COVID-19, countries must avoid self-interest and lurching from one crisis to the next, and instead take action that is proactive, visionary and a benefit to all

Every so often, a generation faces a reckoning, often because of a calamity that shakes the very foundations of our societies. This generation is already facing the climate crisis. Now it also faces the COVID-19 pandemic, which has wreaked devastation across the world. No country is immune. Tens of millions of cases have been confirmed worldwide; hundreds of thousands have died. The real tallies are surely higher once indirect effects – from disruption in health services to lost livelihoods – are accounted for. We know little about the longer-term health implications of the disease.

The pandemic is also a humanitarian and development crisis. The World Bank projects the deepest global recession in decades, with severe, long-lasting effects. Developing countries could see income losses that exceed \$220 billion. COVID-19 threatens to push 27 million people in Africa into extreme poverty. Food shortages loom. Gender-based violence has spiked. Global human development – combining education, health and living standards – could decline for the first time since the United Nations Development Programme began measuring it 30 years ago.

One way to respond is reactionary, with countries succumbing to self-interests seeking little more than a return to the pre-COVID status quo. The other is proactive and visionary – seizing the opportunities that emerge in even the most formidable crises. This is the path we must take, informed by other major pandemics, such as AIDS. We must defeat not just the disease but also the conditions that allow it to flourish and that impede access to potential therapeutics and vaccines. And any COVID-19 vaccine must be considered a global public good – a “people’s vaccine”, in the words of United Nations secretary-general António Guterres.

INEQUALITIES OF EPIDEMICS

Epidemics are about more than pathogens; they are about inequalities and the socio-ecological systems in which pathogens take root. Zoonotic diseases like COVID-19 regularly threaten people, typically the poor and vulnerable, who may live in degraded natural habitats where pathogens move easily between wildlife, livestock and people. Even if we defeat COVID-19 but do nothing about its source – that is, how humans interact with nature – it is only a matter of time before the next novel pathogen emerges, as we have seen with HIV, severe acute respiratory syndrome, Middle East respiratory syndrome, H1N1 and other zoonoses.

COVID-19 exposes health disparities in all countries. Poor, racial and ethnic minorities or otherwise vulnerable groups face multiple risks because of the jobs they perform,

By Achim Steiner,
Administrator, United Nations
Development Programme

the confined spaces they live in or the health services they cannot reach. They are also indirectly vulnerable to pre-existing conditions, such as non-communicable diseases, that make COVID-19 deadlier. Universal health coverage is important, but will not eliminate health disparities: countries should also address the long-term social, economic, commercial and environmental choices that disadvantage some over others, creating social fault lines exploited by epidemics and other disasters.

UNDP has documented how digital disparities shape people’s experience of the pandemic, from obtaining health information and coping with isolation to being able to work, engage in online schooling or consult with doctors.

Trust and solidarity are necessary to defeat COVID-19. However, they face massive structural headwinds due to growing inequalities in human development – the central theme of UNDP’s 2019 Human Development Report. Combating COVID-19, like climate change, requires addressing a broad, deep set of social, economic and environmental choices – in other words, development at large.

We already have the Sustainable Development Goals, which bind together the social, economic and environmental dimensions, and a pledge to leave no one behind. What we need is a renewed global compact for the SDGs that amplifies the COVID-19 responses. It must rest on three interconnected pillars.

1. Sustaining solidarity through universalism

We need to capitalise on the solidarity generated by COVID-19. A renewed universalism will go far in reducing inequalities that tear at the social fabric and impair our ability to marshal collective responses. There is no better moment to advance universal health coverage than following a crisis. We need to strengthen and integrate social

27_m **30_{yr}** **\$220_{bn}**

people in Africa could be pushed into extreme poverty

Global human development could decline for the first time since measuring began three decades ago

of income losses possible in developing countries from COVID-19

safety nets. Indeed, UNDP has also outlined how the introduction of a temporary basic income for the world's poorest could slow COVID-19 cases by enabling nearly three billion people to stay home.

2. Reimagining the global social contract

We cannot knit the world together with the internet, air transport, trade and investment on the one hand, while on the other, address climate change, pandemics, financial risks and inequality by retreating within the porous walls of the nation-state. Global health challenges like COVID-19 that do not respect borders demonstrate the critical need for a strong, well-resourced World Health Organization. Indeed, the UN secretary-general has called the pandemic “the most challenging crisis we have faced since the Second World War” – out of which the current multilateral system, with the UN as its cornerstone, was born. The solidarity emerging today can reinvigorate that multilateralism so instrumental in achieving results once perceived impossible – from eradicating smallpox to closing a giant hole in the ozone layer. COVID-19 and climate change need a decisive global response.

3. Rebuilding better

Our approach to ravaged healthcare systems and economies must go from repair to resilience. This applies



Even if we defeat COVID-19 but do nothing about its source – that is, how humans interact with nature – it is only a matter of time before the next novel pathogen emerges”



ACHIM STEINER

Achim Steiner became UNDP administrator in 2017. He is also the vice chair of the United Nations Sustainable Development Group, which unites 40 entities of the UN system that work to support sustainable development. Prior to joining UNDP, he was director of the Oxford Martin School and professorial fellow of Balliol College, University of Oxford. Mr Steiner led the United Nations Environment Programme (2006–2016), and was also director general of the United Nations Office at Nairobi. He previously held other notable positions including director general of the International Union for the Conservation of Nature and secretary general of the World Commission on Dams.

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to addressing climate change and disasters as much as to COVID-19 and future outbreaks. All countries need to develop capacities in compound risk management. As economies come back online, following a mass, if unequal, experiment in telecommuting and telehealth – we should rethink our environmental footprint and expand digital access, including regarding digital finance. Record low oil and gas prices are opportunities to raise carbon taxes, and new taxes on health-harming products can help finance COVID-19 responses and reduce NCD burdens, paying a double dividend.

The UN system is marshalling its collective resources in a coordinated response. UNDP has supported UN teams in approximately 100 countries to assess the social and economic impacts of COVID-19 and take urgent measures to minimise long-term impacts, particularly for vulnerable and marginalised groups.

Through their COVID-19 response and recovery plans, countries are making important development choices that extend well beyond the current crisis. The UN's engagement will be critical to ensure that the recovery accelerates progress towards the SDGs.

UNDP will work with its colleagues to help scale up integrated solutions in governance, social protection, the green economy and digital disruption. The overarching ambition is to reduce inequalities, build trust in institutions, strengthen service delivery and put societies on a more sustainable footing. Connecting the development dots with a long-term view is one of UNDP's many strengths. This know-how is more necessary now than ever.

We will fail if we restrict our vision to the health sector alone, if we aspire only to return to ‘normal’, where we lurch from one crisis to the next, if we retreat behind borders that are as invisible to pathogens as pathogens are to us. It was inevitable that humanity would have to reckon with a development model that is simply unsustainable for people and planet. That moment, during this collective sudden time-out, when much of humanity is galvanised around a singular threat, should be now.

The choice is ours. ■

Lessons we're (re-)learning from COVID-19

By Michelle
Bachelet, United
Nations High
Commissioner
for Human
Rights

Ensuring the right issues make it onto the political agenda, and lead to effective policymaking, rests on leadership that places the same importance on economic, social and cultural rights as it does on civil and political rights

Human rights advocates have long called for conferring, both on policy and practice, the same importance to economic, social and cultural rights as that given to civil and political rights. I have also consistently mentioned the need to recognise the indivisibility of all human rights – and the obligation of duty bearers to act accordingly. To give full effect to the realisation of every right almost always engages the exercise of several other rights. This is very much the case with the right to health.

Realising the highest attainable standard of physical and mental health means, first of all, that priority must be given to service delivery and to social, structural, legal and other factors, which determine the extent to which we enjoy health. Second, individuals, communities and societies should be able to exercise their other rights, among them the right to participation (so that they can contribute to policy), freedom of association (which allows them to organise and advocate) and the right to an adequate standard of living.

A MULTIDIMENSIONAL CRISIS

The COVID-19 pandemic has put to rest the fallacy that we can treat human rights as separate and unrelated entitlements. What began as a public health emergency quickly deteriorated into a multidimensional crisis as the impact of response measures was felt around the world, affecting the global economy, businesses, livelihoods and families. Many countries have recorded their highest number of job losses in decades, tens of millions of people are facing imminent hunger and starvation, and the racial, ethnic, socio-economic and other inequalities, which characterise our societies today, are on full display.

But the COVID-19 crisis has been a remarkable lesson for another reason. A common justification for the failure to make progress on economic, social and cultural rights is a lack of resources, even in affluent countries. However, the speed with which some countries were able to roll out substantial economic stimulus packages ►

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Although the majority of the world's countries express support for universal health coverage, the reality is that wealth, privilege, marginalised status and place of residence have a role in determining who has access”

to respond to the socio-economic impact of the pandemic has demonstrated that these rights are not necessarily in peril because funding is in short supply. These rights have been neglected because other concerns are routinely identified as deserving higher priority.

To take another example, although the majority of the world's countries express support for universal health coverage, the reality is that wealth, privilege, marginalised status and place of residence have a role in determining who has access to the available health services, and what the quality of these will be. And, tellingly, some resource-poor countries have managed to extend health coverage despite significant constraints, while some of the wealthiest countries are home to entrenched inequalities in this area.

We can safely say, therefore, that politics has a decisive effect on which considerations will influence action to protect the right to health, as well as on the constraints that governments will recognise as legitimate or expedient in deciding how to promote health, as well as on the vested interests, which will gain their attention. Consequently, leadership – including at the highest levels – is indispensable for ensuring that the right issues make it into the political agenda, that no one is left behind and that the major structural changes required to address inequalities within countries are made.

THE CHANGE WE NEED

Using a human rights-based approach as a compass can help leaders make the right choices. Without that approach to public health policy, millions will continue to be left behind due to discrimination and marginalisation, rendering our health responses inadequate. The key policy shifts, which will deliver the change we need, include the following concrete actions:

allocating the maximum available resources for health, or at least those sufficient to ensure the enjoyment of the minimum essential levels of the right to health; ring-fencing budgets to ensure the availability of essential services; prioritising the protection of the environment; collecting human rights-based data, which also requires investment in capacity; addressing the determinants of health (such as poverty and discrimination) as part of a fully costed strategy and plan of action; and implementing specific measures to protect the health rights of marginalised populations and groups – even when resources are severely limited.

The response to COVID-19 will dominate the coming year. The crisis requires us to reconsider the policies and practices that have contributed to our current situation. We must ensure a response that respects, protects and fulfills all human rights, including the rights to health and to a healthy environment. Universal health coverage, universal social protection, and increased environmental protection and enforcement in order to create resilience and reduce future pandemic risks are crucial elements. My office will continue to work with states and with other United Nations agencies, civil society organisations and other partners to uphold these values and support action in these critical areas. We will also continue working to operationalise the secretary-general's Call to Action for Human Rights, which includes specific actions related to the rights of future generations, climate justice and the implementation of the human right to a healthy environment.

But states will have to lead the effort. They have a duty to align their policy choices with their human rights commitments, to deal with the vested interests that have maintained such a stranglehold on sharing public goods and to invest resources into leaving no one behind. The encouraging reality is this: although the room for manoeuvre will vary, every country can, by making the right policy choices, obtain better health outcomes for its people, including for its most marginalised and vulnerable population groups. This is the real opportunity we have today. ■



**MICHELLE
BACHELET JERIA**

Michelle Bachelet assumed her functions as the seventh United Nations High Commissioner for Human Rights in 2018. She was elected president of Chile on two occasions (2006–2010 and 2014–2018), and previously served as health minister and defence minister. In 2010 she chaired the Social Protection Floor Advisory Group, a joint International Labor Organization and World Health Organization initiative. In 2011, she became the inaugural director of UN Women. More recently she also chaired the Partnership for Maternal, Newborn and Child Health and co-chaired the High-Level Steering Group for Every Woman Every Child.

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A new world

The COVID-19 pandemic is changing the fabric of our societies. The question is whether countries can pull together in their research on vaccines, diagnostics and therapeutics, or whether misguided nationalism will prevail.

By Tedros Adhanom Ghebreyesus, Director General, World Health Organization

The World Health Organization was founded in 1948 with a simple but bold vision: the highest attainable standard of health for all people.

Like every pandemic before it, the COVID-19 pandemic will change the world. It already has.

Lives and livelihoods have been lost and economies and societies have been upended. The pandemic has exposed and exploited political fault lines and inequalities, and the gaps in national health systems. The effects will be far-reaching and long-lasting.

But the impacts go far beyond the suffering caused by the virus itself, with major disruptions to services for nutrition, immunisation, non-communicable diseases, family planning and more.

It has never been clearer that health is a political and economic choice. In the past 20 years, countries have invested heavily in preparing for terrorist attacks, but relatively little in preparing for the attack of a virus – which, as the pandemic has proven, can be far more deadly, disruptive and costly.

Since the beginning of the pandemic, much attention has been given – rightly – to accelerating the development of vaccines, diagnostics and therapeutics. Advances in biology, science and technology have propelled this work. No disease in history has benefited from such rapid research.

But the greatest test we face now is not scientific or technical. It is a test of character. Can countries come together in solidarity to share the fruits of research? Or will misguided nationalism reinforce the inequalities and injustices that have blighted our world for too long?

In April, the World Health Organization, the European Commission and many other partners launched the Access to COVID-19 Tools Accelerator to catalyse the development and equitable distribution of vaccines, diagnostics and therapeutics. As part of the ACT Accelerator, more than 170 countries have joined the COVAX Facility, gaining guaranteed access to the world's largest portfolio of vaccine candidates.

But in our urgency to end the pandemic, we must give equal urgency to the task of doing everything we can to prevent another pandemic of this magnitude and severity from ever happening again.

At the World Health Assembly in May, WHO's member states endorsed a historic resolution calling for a comprehensive review of the international response to the pandemic. As a result, the Independent Panel for Pandemic Preparedness and Response has been established and has started its work.

I have also established a review committee under the International Health Regulations to assess whether changes are needed to the legal instrument that governs global preparedness and response for health emergencies.

But several lessons are already staring us in the face.

THE LESSONS WE'RE FACING

The first is that health is not a luxury item for those who can afford it. It is a necessity, a human right and the foundation of social, economic and political stability.

The second is that there has never been a greater need for global cooperation to confront a global threat. A coherent international response is key to stopping this pandemic. ►

And the third is that the time to prepare for emergencies is before they occur. COVID-19 has demonstrated that the world was not prepared. Even some of the most advanced societies and economies have been overwhelmed.

In recent years, many countries have made enormous advances in medicine. But too many have neglected their basic public health systems, which are the bedrock for preventing, preparing for, detecting and responding to outbreaks.

Investments in disease surveillance and monitoring, health promotion, water, sanitation and hygiene and in educating and empowering communities and building a strong health workforce are therefore essential for building resilient public health systems.

The absence of any one of these leaves communities vulnerable and undermines the timely response necessary to contain outbreaks.

Some countries are already showing the way. Germany's Chancellor Angela Merkel has announced that Germany will invest €4 billion by 2026 to strengthen its public health system.

Ultimately, the best defence against the impact of outbreaks and other health emergencies is a strong health system, built on primary health care with an emphasis on promoting health and preventing disease.

That is why WHO's top three priorities are healthier populations, universal health coverage and health security. Addressing the root causes of disease in the air people breathe, the food they eat, the water they drink and the environment in which they live and work is essential for keeping people healthy and out of hospital. When people do need health services, countries have a duty to ensure those services are accessible, affordable and high quality. Just as many countries invest in their military capacity in case of conflict, so too they must invest in robust public health capacities to prepare for, prevent, detect and respond rapidly to outbreaks when they occur.

This will not be the last pandemic. But when the next one comes, the world must be ready. Part of every country's commitment to build back better must therefore be to public health, as an investment in a healthier and safer future. ■

TEDROS ADHANOM GHEBREYESUS

Tedros Adhanom Ghebreyesus was elected director general of the World Health Organization in 2017, and was the first person from the WHO African Region to serve as chief technical and administrative officer. He served as Ethiopia's minister of foreign affairs from 2012 to 2016 and minister of health from 2005 to 2012. He was elected chair of the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2009, and previously chaired the board of the Roll Back Malaria Partnership, and co-chaired the board of the Partnership for Maternal, Newborn and Child Health.

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Countries have invested heavily in preparing for terrorist attacks, but relatively little in preparing for the attack of a virus – which, as the pandemic has proven, can be far more deadly, disruptive and costly”



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CHAPTER

Health politics: forever changed

By Ilona Kickbusch

Political choices have always played a key role in shaping health – no matter in what kind of political system. The message of the United Nations and the Sustainable Development Goals is that all governments should choose health and enable their citizens and the people living within their borders access to the best possible health and well-being. This goal is also expressed in the constitution of the World Health Organization: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.” This statement by the founders of the WHO has needed to be repeatedly reinforced – it is far from being realised. Indeed, following the impact of COVID-19, development gains in health and poverty alleviation have been rolled back and concerns over human rights abuses in relation to the pandemic have arisen.

Already before COVID-19, the health and human rights debate and the debate on the social determinants of health continuously drew attention to persisting health inequalities. What determines a person's health can rarely be influenced by individuals alone – it is shaped by the conditions in which people are born, grow, live, work and age. Those conditions include structural factors such as socio-economic status,

The impact of COVID-19 on health politics is a landscape that will never look the same as the world pursues – with greater determination – the highest attainable standard of health for every human being

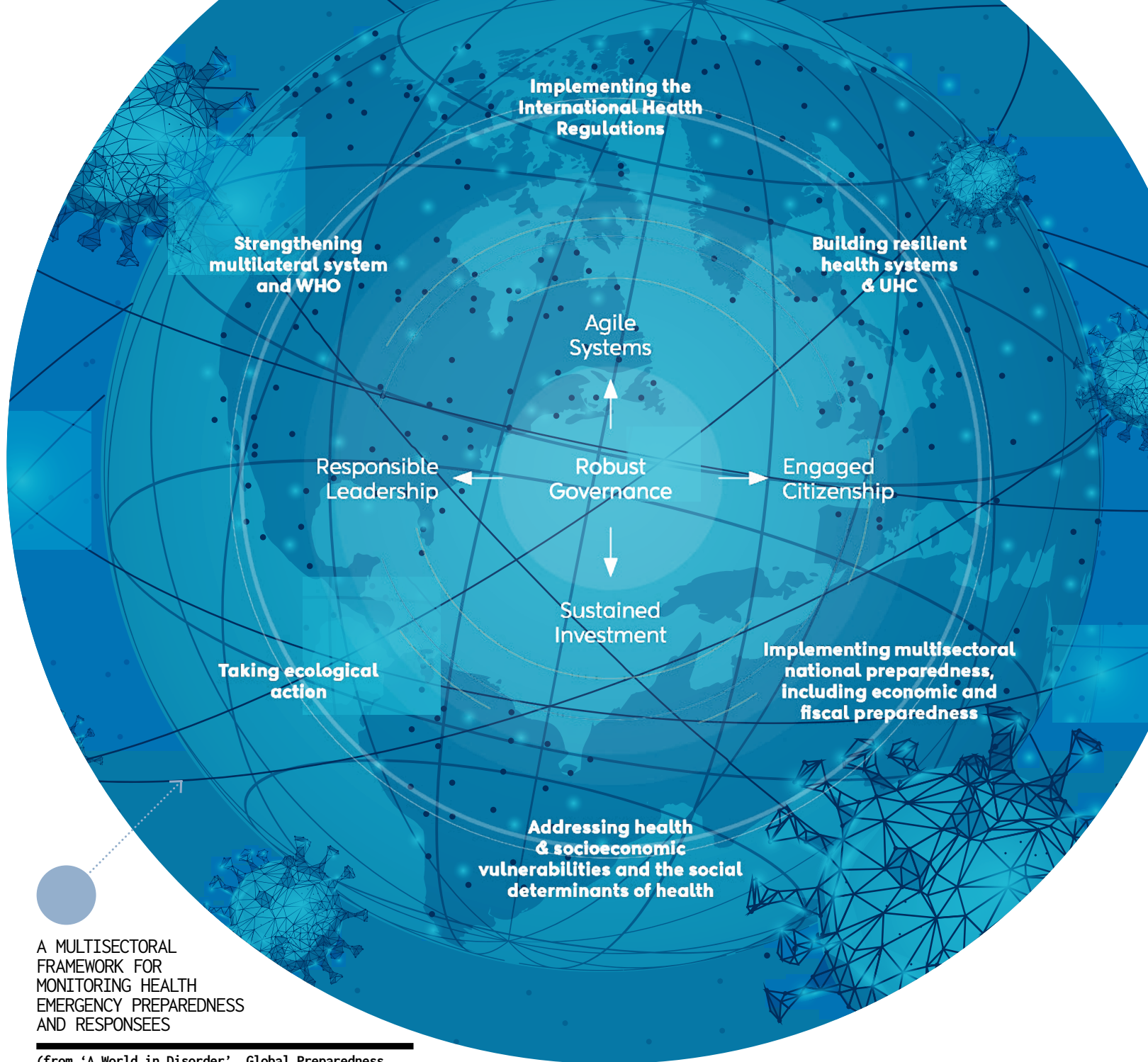
education, neighbourhood and physical environment, employment and social support networks, as well as access to health care. These in turn are influenced by political decisions, as the Commission on the Social Determinants of Health has highlighted: these decisions shape the distribution of money, power and resources not only among people but also among countries and regions of the world.

Ten years after the commission, a new, more radical health debate has emerged. It questions whether enough has been done to address structural inequalities but also whether a totally new approach based on ‘critical justice’ is required to truly address the root causes. Gender, for example, was not named in the WHO constitution as a key determinant of health, and the true extent of structural racism as experienced today was not understood. And although processes of globalisation have pulled many people out of poverty, they have also contributed to new dependencies and new inequalities.

The need to address the determinants of health therefore ranges from the very local to global decision-making based on a ‘Health in All Policies’ approach. With the SDGs the UN has attempted to provide a road map for a more equitable future and to set the key theme: leave no one behind. It calls on sectors, countries and organisations to work together to create a sustainable future. But the first assessments at the end of 2019 already gave cause for concern – in health, the world was falling behind. The impact of the COVID-19 pandemic has since made that gap even larger. More people are falling into poverty, food security is threatened and many other priority health issues do not get the attention they deserve.

DIMENSIONS OF HEALTH

If anything, the COVID-19 pandemic has highlighted the importance of all three dimensions of the WHO definition of health: the physical, the mental and the social. People





might escape the virus but be subjected to mental health problems, domestic violence or unemployment. The virus has also underscored the fact that the vulnerable fall ill and die in higher numbers. It has demonstrated with great clarity that there can be no health security without social security. As countries debate how they can build back better, they must address these key issues to avoid driving their societies apart. That means they must build into an uncertain future.

The discussion on social determinants in the context of COVID-19 has made clear how politicised an issue health has become, and how significant political choices are. Health, in the past, was considered an issue that would bring people and countries together – who could possibly be opposed to creating more and better health? Today, ►

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social security”

ILONA KICKBUSCH

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health is divisive – groups of citizens no longer trust their government, do not trust science and set themselves against others, for example by refusing to wear a mask. Some states no longer want to work together to fight the virus; others want to make sure that their citizens have access to a potential vaccine first. Strange political bedfellows have emerged – some populists join forces with anti-vaccine groups; other populists fight to have access to a vaccine as rapidly as possible through what has been termed “vaccine nationalism”.

The world was not ready for the virus – despite many warnings. But the virus could also not have hit the world at a more difficult time. Geopolitical shifts in combination with the rise of populist leaders have led to a weakening of multilateralism. One major country has announced it will leave the World Health Organization – the key global agency for countries to work together on health. The fiscal space in many countries has shrunk again, just when it was starting to pick up support for strengthening universal health coverage, as outlined in our 2019 edition in this series, *Health: A Political Choice – Delivering Universal Health*

Coverage 2030. Funding for the United Nations and its agencies is no longer assured. New initiatives such as COVAX to ensure a common goods approach to vaccine development for COVID-19 have received strong support from more than 170 countries but are still not endorsed by some of the most powerful ones.

The ‘long tail’ of COVID-19 will involve dealing not only with the long-term health effects of the virus but also with the consequences of a divided world and of increasingly divided societies. The Global Preparedness Monitoring Board has titled its new report *A World in Disorder*. It underlines that as a world we have the knowledge, the resources and the technologies to deal with such a threat, and yet it seems we are failing.

That underlines the message so many contributions in this book put forward: a rethink of health policies to include the determinants of health at all levels is required not only for success, but also for trust. Determined political leadership at national and global levels is in high demand. Otherwise the political fallout of the COVID-19 crisis could be much longer-lasting and devastating than the direct health impact of the virus. ■

Stronger health governance

As COVID-19 has laid bare, no one is safe until everyone is safe, making collaborative, collective commitment critical to strengthening the global governance of the determinants of health

By John Kirton

simultaneously as front-line healthcare workers and caregivers and teachers at home, digital skills and facilities for working, shopping and socialising, caring neighbours and communities, and supportive governments that people trust. They depend on nature to sustain the physical and mental health of individuals, to prevent animals from bringing pandemic pathogens into human settlements and bodies, and to provide the clean water, air and land needed to survive. Indeed, even an effective vaccine against COVID-19 could depend on the bark of a particular tree grown in a few developing countries in the world.

COVID-19 is a global threat from which no one will be safe until everyone is safe. It highlights the critical importance of global governance in addressing and strengthening the determinants of health in a comprehensive, mutually reinforcing and ambitious way. For over a century, countries' leaders and ministers have come together to create and support several multilateral organisations dedicated to improving some of the key individual determinants of health. Along with the League of Nations, they started with the International Labour Organization in 1919 for workplace safety and labour standards, followed by the International Monetary Fund and World Bank in 1944 for economic stability, growth and development, and the United Nations itself in 1945 with its vision of coordinating all. These historic pillars have been joined by the UN bodies for the environment, climate change, biodiversity and animal health, the regional European Union and African Union, compact informal summit institutions such as the G20, a committed business community, foundations and non-governmental organisations to protect the most vulnerable and help provide essential public goods. ►

The COVID-19 pandemic has dramatically displayed the importance of the underlying, multifaceted determinants of health in saving people's lives, protecting their well-being and sustaining the economy, society and ecology they need. Thus far the most effective instruments in controlling COVID-19 have come less from biomedical equipment, therapeutics, procedures or vaccines than from simple actions in society at large – handwashing, physical distancing, mask wearing, self-isolating, home working and schooling, and connecting digitally. These social, economic and educational determinants in turn depend critically on having abundant, accessible, affordable clean water and soap, secure jobs and incomes, safe and spacious homes, women serving

THE WORLD HEALTH ORGANIZATION

At the hub of this growing network governing the determinants of health stands the World Health Organization. Since 1948, the WHO has worked to bring health and well-being to all, by controlling and eliminating individual diseases and addressing the ever-expanding underlying determinants of health. It does so to fulfill its broad constitutional mandate to address the social determinants as well as the biomedical ones. To its inherited, long-standing, recently upgraded legal instrument of the International Health Regulations governing the outbreak of infectious disease, it added the Framework Convention on Tobacco Control, aimed at a key agricultural determinant. These are supplemented by codes on the food and nutritional determinants of health, from breast milk substitutes to sugary beverages. The WHO's growing concern with preventing and controlling chronic, non-communicable diseases, climate change and gender equity has widened its field of action even more.

THE UN AND 2030 AGENDA'S SUSTAINABLE DEVELOPMENT GOALS

Equally important is the United Nations, constitutionally mandated to address health, as part of its overarching purpose to bring peace and security, economic development and social well-being to all. Since 1990, it has increasingly addressed the determinants of health through global summits: for children in 1990; for the natural environment including climate change, biodiversity and desertification in 1992; for HIV/AIDS, NCDs at recent high-level meetings; and, in September 2019, for universal health coverage as a critical instrument. Its importance was highlighted in the first volume in this series, *Health: A Political Choice – Delivering Universal Health Coverage 2030*.

A major sustained thrust came with the eight Millennium Development Goals launched in 2000. Three were dedicated to child and maternal health and HIV/AIDS, malaria and other diseases, with the other five to poverty and education, primary education, gender equality, environmental sustainability and global partnership in direct support. Many more determinants and much more ambition

were added in the successor 17 Sustainable Development Goals and the 2030 Agenda for Sustainable Development, approved by world leaders at the UN in September 2015. Health has a place of its own as SDG 3, which depends critically and explicitly on progress on the other SDGs, including economic and ecological ones, all now applying to developing and developed countries alike. Yet today, one-third of the way to achieving the SDGs by their deadline of 2030, progress is in retreat and success is in peril. Indeed, 30 years of development have been erased in 30 weeks by the deadly grip of the COVID-19 pandemic. Renewing the advances on the determinants of health in all the SDGs is the central common cause in the difficult decade ahead.

THE FUNCTIONAL MULTILATERAL ORGANISATIONS

The SDG summits in 2015 and 2019, and those to come, add the highest-level political will to the work of the many ministerially led bodies in the UN galaxy that have long worked to improve all the determinants of health. The ILO deals with occupational health and safety, employment and labour standards. UNICEF safeguards children's health in humanitarian emergencies and beyond. The Food and Agriculture Organization, the World Food Programme and the International Fund for Agricultural Development focus on food and nutritional determinants, including those from fish and forests.

The economic and development determinants of health since 1944 have been significantly shaped by the IMF and World Bank, which acquired a major role when the World Bank adopted health as a priority in the 1990s. The IMF in 2005, at the behest of the G8's Gleneagles Summit, produced its multilateral debt relief initiative for the world's poorest countries, on condition that the freed-up funds go to health and education. These Bretton Woods bodies have been assisted by the Organisation for Economic Co-operation and Development, the United Nations Development Programme, the World Trade Organization and regional bodies such as the European Union, the African Development Bank and the Caribbean Community.

Since the 1970s, new UN bodies have arisen to address the ecological determinants of health: the United Nations Environmental Programme, UN Climate and UN Biodiversity. The UN Fund for Population Activities and UN Women have




1945

The year the United Nations was founded

1948

The year the World Health Organization was established



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JOHN KIRTON

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advanced the gender equality determinants of health. The UN Human Rights Council and Commissioner for Human Rights have long focused on key political determinants.

Important additions to this galaxy have come from the newer health bodies of UNAIDS the Global Fund to Fight AIDS, Tuberculosis and Malaria, GAVI, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations, regional bodies such as the Caribbean Public Health Agency, and non-governmental agencies such as the International Federation of Red Cross and Red Crescent Societies, and many more.

Many of these old and newer players have formed partnerships. The WHO has done so with the World Organisation for Animal Health and in a trilateral alliance that includes the FAO. And the OIE has incorporated the SDGs as the framework for its 2021 strategic plan. This is a model worthy of attention and adoption by all.

THE G20

The central comprehensive global governance summit institutions with a compact membership have long addressed the determinants of health and, more recently, health itself. The G20, created among finance ministers and central



The pandemic has simultaneously catalysed new actions on a more comprehensive, far-reaching and innovative scale, both to counter the current disease and to act on the underlying determinants of health for all”

bank governors in 1999, has always focused on the financial, economic, development and trade determinants of health. Since rising to the leaders' level in 2008, it has added employment, climate change, gender equality, crime and corruption, and more. It started to focus explicitly on health in 2014, responding to the deadly Ebola outbreak. Its scheduled summits have made 75 commitments on health, which members have complied with at a level of 69%, close to the all-subject average of 72%, according to the G20 Research Group and its partners. To counter the COVID-19 crisis, G20 leaders met virtually on 26 March 2020 and made 22 commitments on health. Two months later, G20 members had complied with them at a level of 69%. There remains far to go in G20 commitments and compliance to meet today's proliferating global health needs.

THE CURRENT CHALLENGE

Much more is also clearly needed to expand the capacity and cooperation of all the deeply committed institutions and actors to address the current pandemic, the other diseases that continue to kill so many and those diseases yet to come. Yet the pandemic has simultaneously catalysed new actions on a more comprehensive, far-reaching and innovative scale, both to counter the current disease and to act on the underlying determinants of health for all. The contributors to this publication present some of the pioneering advances, a frank assessment of the challenges that await, and compelling and creative solutions to meeting them.

In the first section, the leaders of the leading UN institutions centred in New York and Dr Tedros Adhanom Ghebreyesus as the director general of the WHO outline the overall vision and priorities that drive their work to defeat the pandemic and strengthen the determinants of health as a whole.

Next, the leaders of countries and international organisations from key regions of the world speak out about how they are mobilising the

many health determinants to foster well-being. These include the security subjects of armed conflict and foreign policy, and the political determinants of patient and stakeholder participation in decision-making, human rights, non-discrimination and media.

Leaders of key international organisations and countries and experts address the economic and employment determinants. These drivers embrace economic growth and development, poverty reduction, employment and workers' rights, transportation, travel, tourism, trade, tax, infrastructure, entrepreneurship, business and the pharmaceutical industry.

Several global leaders show how healthy people need a healthy planet. These ecological determinants include the entire integrated natural environment, containing agriculture, food, nutrition, water, sanitation, hygiene, natural disasters, climate, outdoors and indoor pollution, biodiversity, animal health and extreme weather events such as hurricanes.

On vulnerable people and gender, global leaders discuss the critical social determinants of health, which include children and childcare, migration and shelter, education and human capital, demography, ageing, youth, gender equality and sexual orientation.

On digitalisation and innovation, leaders deal with the digital determinants of health – suddenly all the more important as COVID-19 catapults so many, so quickly, in so many ways, into the digital age. They write on science, technology, innovation, connectivity, and the scientists and digital firms that lie behind these subjects.

This collection concludes with an overview of the past achievements, present challenges and future possibilities for improving these and other key determinants of health, amid today's many crises. The leaders of the multi-stakeholder World Health Summit and the author of the landmark report on the social determinants of health reflect on the advances we have made, the new challenges that have arisen and the many tasks that remain. ■

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CHAPTER



Cyril Ramaphosa

President, South Africa

Investment in development: our best defence

Protection from health crises requires consistent investment in health and social services – and a spirit of solidarity

Good health is a fundamental goal of all societies and a prerequisite for sustainable development. Investment in health and social services is also inextricably tied to sustainable and inclusive economic growth, human capital development, employment generation, social protection and women's empowerment.

This has been starkly illustrated by the impact that the COVID-19 pandemic has had on societies across the world. As a global health emergency, it has had – and continues to have – far-reaching social and economic consequences.

Like most other countries, South Africa has not been spared the impact of COVID-19. However, consistent investment over the past two decades in dealing with key determinants of health has mitigated its effects on our people.

Since the advent of democracy in 1994, successive administrations have invested in the provision of services that positively affect health outcomes. They include an increase in access to potable water, which now reaches 89% of households; in the provision of electricity, now reaching over 84% of households; and in access to basic sanitation, now at over 82% of households.

We have broadened access to education, especially basic education, and scaled up the provision of free primary health care. We continue to provide an extensive social security net for children and for people who are elderly, indigent or vulnerable. This 'social wage' has significantly improved the quality of life of vulnerable South Africans.

THE EXTENT OF INEQUALITY

Despite these investments, the epidemic has underlined the extent of inequality in our society. It is the poor who have been most susceptible to the economic disruption caused by the pandemic.

To delay the transmission of the COVID-19 virus and to give us time to prepare the health system to respond, the South African government has had to take drastic and urgent steps. Foremost among these was the imposition of a nationwide lockdown in March 2020, coupled with border closures and the implementation of a mass detection, screening and testing programme.

The lockdown exerted a heavy toll on our already fragile economy. This led to increased unemployment as many employers shed workers.

In response, the government implemented several measures to strengthen the social security net, including making funding available to support struggling companies and their employees. In addition, the Solidarity Fund was established with significant contributions by the private sector, philanthropies and individuals to assist the health and social sectors to respond to the pandemic.

As current chair of the African Union, South Africa has also worked regionally to strengthen Africa's ability to respond to the pandemic.

The AU has established the COVID-19 Response Fund, and four envoys were appointed to mobilise funding from continental and international sources. Funds are also being used to support the Africa Centres for Disease Control and Prevention.

89%

of households in South Africa now have potable water

84%

have electricity

82%

have basic sanitation

In addition, the Africa Medical Supplies Platform was established to ensure African countries have access to products needed to fight the pandemic. The purpose of this platform is to create a single online marketplace to enable the supply of COVID-19-related critical medical equipment to countries on the continent.

In partnership with like-minded organisations and individuals, the AU has called for global unity to fight the pandemic. As long as any country has significant transmission of the virus, no country is safe. This means that we must work together in the tradition of social solidarity.

In practical terms, this means we need to ensure that all tools necessary to halt transmission and protect the global and national economies are made available to all, and that no country is left behind. We wholly endorse the call made by several global leaders for equity in access to medical equipment, diagnostics and therapeutics, including a vaccine when it becomes available.



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It should never come to pass that some countries have greater access to vaccines and medicines only because they are richer, better resourced or more influential on the world stage”

COLLECTIVE LESSONS

It should never come to pass that some countries have greater access to vaccines and medicines only because they are richer, better resourced or more influential on the world stage. Such would only entrench inequities and erode solidarity among the nations of the world.

We have gleaned many collective lessons from this pandemic. We must sharpen our resolve to address the social and economic determinants of health. We must move to implement universal health coverage.

The reality is that without strong health systems, without governments working alongside their citizens and without greater equity in access to resources, we will be overwhelmed by future global health emergencies.

By far the greatest lesson we have learnt is on the importance of cooperation and social solidarity. South Africa's first democratic president, Nelson Mandela, believed fervently in the importance of solidarity. He said: “A fundamental concern for others in our individual and community lives would go a long way in making the world the better place we so passionately dreamt of.”

This is what has been demonstrated during COVID-19. As the arduous task commences of rebuilding our economies and societies in the wake of the pandemic, may the spirit of solidarity continue and endure. ■

CYRIL RAMAPHOSA

Cyril Ramaphosa was sworn in as president of South Africa in 2018. First elected to parliament in 1994, he oversaw the drafting of South Africa's first constitution. He subsequently returned to business, taught law and served in the leadership of the Commonwealth Business Council, the Global Business Coalition on HIV/AIDS and the National Planning Commission. In 2012 he was elected deputy president of the African National Congress, and became deputy president of the country in 2014 and then ANC president in 2017. South Africa assumed the rotational presidency of the African Union in February 2020.

🐦 @cyrilramaphosa



Ursula von der Leyen

President, European Commission

From pandemic to recovery

For the European Union, health is a global common good. High-income countries have a special responsibility to the health of all regions of the world – a responsibility reflected in political choices, programmes and initiatives that converge on health for all

Europe has been hit hard by COVID-19. Our health systems are among the best in the world, yet this crisis has required an unprecedented mobilisation. In the European Union, national governments are in the lead on health policies. But when the greatest health emergency in living memory started to unfold, we all realised that pan-European coordination and cooperation were a must. Only together could we come out of the crisis quicker – and stronger.

Our political choice – as the European Union – has been to take responsibility for our collective health. We have been doing so by taking care of people's health; by taking care of our planet's health; by aiming at a vaccine accessible to all continents; and by helping bring the world together against COVID-19.

A VACCINE ACCESSIBLE TO ALL CONTINENTS

On average, it takes a decade to develop a new vaccine. In the fight against COVID-19, the world does not have the luxury of time. This time, speed is a matter of life and death for hundreds of thousands of people.

High-income countries have a special responsibility not only to accelerate the development of a vaccine, but also to make it accessible for all regions of the world. For this reason, together with the World Health Organization and many other partners, the European Union has set up a new collaborative framework, the Access to Covid-19 Tools Accelerator, to step up the development and deployment of vaccines, treatments and tests.

URSULA VON DER LEYEN

Ursula von der Leyen has been president of the European Commission since 1 December 2019. She served as Germany's minister of defence, minister of labour and social affairs, and minister of family affairs, senior citizens and women, and was first elected to the Bundestag in 2005. She was previously minister of minister for social affairs, women, family affairs and health in Lower Saxony. A licensed physician with a master's degree in public health, before entering politics she was a member of the academic staff at the Hanover Medical School.

🐦 @vonderleyen 🌐 ec.europa.eu



It is important to learn the lessons of this pandemic and prepare for the future. In the EU, we have tabled a new health programme, EU4Health, to boost our resilience and preparedness,

The pandemic poses challenges at unprecedented scale, but it is not the sole public health issue that we need to address. We have to continue caring for the others as well. Take cancer, a condition that affects millions of new patients in Europe every year and is preventable in 40% of cases. Yet only 3% of health budgets go into prevention. Promoting prevention and making the most of the potential of e-health can save lives. This is why, just two months into my mandate, I launched a public consultation to shape our Europe's Beating Cancer Action Plan scheduled by the end of 2020. We will focus on prevention, early diagnosis, vaccination and the use of new technologies in all these fields.

A HEALTHIER PLANET

Beyond care and treatments, a whole series of factors determine our population's health, notably the air we breathe, the water we drink and the food we eat. This is one of the core ideas behind the European Green Deal that I presented during the first month of my mandate.

The green transition we are leading will not lose momentum because of the pandemic. On the contrary. Our recovery plan, NextGenerationEU, will invest massively in driving the shift towards a clean, circular and climate neutral economy. The unprecedented NextGenerationEU plan will provide us with an effective lever for a green recovery.

We can only improve human health when we protect and restore nature, as we do with our EU Biodiversity Strategy, and when we recognise the inextricable links between healthy people, healthy

societies and healthy planet, as we do with our Farm to Fork Strategy.

To walk the talk, in order to increase European support for health and climate-related research and innovation activities, my Commission has tabled €94.4 billion for our Research and Innovation Investment programme for the 2021–2027 period for Horizon Europe.

€15.9bn

pledged to the
Coronavirus Global
Response

10yrs

Average time it takes
to develop a new
vaccine

40%

of cancer cases are
preventable, but only
3% of budgets go into
prevention

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Beyond care and treatments, a whole series of factors determine our population's health, notably the air we breathe, the water we drink and the food we eat”

THE EU'S ROLE AS A WORLD LEADER

In today's globalised world where climate is global, health is global and pollution is global, the level of carbon dioxide or a virus spotted in one city quickly becomes an issue for every country. Health is a political choice that requires multilateralism and international cooperation. Our neighbour's weakness can turn into our own weakness. We are well aware that Europe will be safe from this virus only when its neighbours and partners are safe from this virus. To come out stronger after this crisis, we need to think and act on a global scale.

Since the pandemic broke out, the European Commission has led the global response to the crisis. We have immediately allocated additional financial support to the World Health Organization for the fight against COVID-19. In this crisis, we have from the very beginning worked with and cared for our neighbours and partners, from Pristina to Pretoria. We have also innovated and launched a global pledging marathon, the Coronavirus Global Response, to support global cooperation, pool resources and help vulnerable countries strengthen their health systems and recover from the pandemic. This initiative has allowed us to gather €15.9 billion worth of pledges in total.

For the European Union, health is a global common good. Our vision for a healthy planet, and a green and digital recovery, converge on this objective. We are committed to play an active role to help the world protect this common good. ■



Sanna Marin

Prime Minister, Finland

Trust-based societies

The Nordic welfare model is built upon trust and transparency – an approach that Finland has applied to its pandemic response measures, which strike a balance between protecting the health of people and the health of the economy

The COVID-19 pandemic has highlighted how health and the global economy, development and the functioning of societies relate to one another.

The Nordic welfare model is built on the idea of a trust-based society. The measures put in place to contain the spread of the virus have been extensive and exceptional, but also necessary. With this in mind, it has been essential for Finland to consider all decisions that have an impact on fundamental rights very carefully. It has been of utmost importance for us to ensure that decisions are based on science and thorough impact assessments, and that the government is transparent in its decision-making process, working together with parliament, across the political spectrum and in consultation with stakeholders. Balancing the need to protect the health of people and the impact of these protective measures on society and the economy is not always easy. Through our hybrid response strategy, we have aimed to manage risks, increase predictability and avoid unnecessary control measures. Our main goal is to protect the people and ensure the functioning of essential services.

That said, the focus on the pandemic response does not lessen our duty to address other diseases and health needs. Population-level interventions

and measures to promote healthier lifestyles help to reduce the burden of non-communicable diseases. Universal health coverage and social protection, in turn, lead to reduced health and welfare inequalities. Nevertheless, health inequalities still exist, and the ageing population will require more services moving forward. Our ongoing comprehensive reform of the health system and social services seeks to respond to these challenges, while also guaranteeing sustainable financing. Furthermore, as health is largely determined by actions beyond the health sector, we need to apply a 'Health in All Policies' approach, along with whole-of-government and whole-of-society models.

AN ECONOMY OF WELL-BEING

Protecting the vulnerable has proven to be a successful strategy in the pandemic response. A clear conclusion is that that idea of pitting health against the economy is based on a false dichotomy. We are convinced that moving forward, we need an economy of well-being that strengthens society and supports green recovery, increases well-being and improves our resilience to future crises. Investments in health and well-being, education and social security are prerequisites for sustainable economic, social and environmental recovery.

The pandemic has triggered a significant leap in digital solutions in health service delivery and public health functions. For example, in Finland, the COVID-19 contact-tracing app was downloaded 1.8 million times, or by 30% of the population, in just one week. Green growth, digitalisation, research and innovation are flagships of Finnish know-how. The boost in our biotechnology sector has been possible thanks to active government strategies accompanied by legislation and the creation of the necessary operational platforms. But innovations are helpful only if the entire population is able to use them: accessibility must be a key consideration in the development of technological solutions.

The unprecedented political commitment to common goods for health has spurred novel solutions to address the market failures related to COVID-19 commodities. The Access to COVID-19 Tools (ACT) Accelerator aims to secure equitable access to vaccines, therapeutics and diagnostics for all countries. Furthermore, we have seen a strong commitment to strengthening health systems. Preparedness and stockpiling have become valuable



SANNA MARIN

Sanna Marin was appointed prime minister of Finland in December 2019. She previously served as minister of transport and communications. Ms Marin is the party leader of the Social Democratic Party. She has been actively engaged in politics since 2006 and was elected to parliament in 2015. She is also a member of Tampere city council.

🐦 @marinsanna

assets, as all countries have found themselves struggling to procure the necessary protective equipment and other commodities needed to manage the pandemic. It is important that we take the lessons learnt and innovative mechanisms forward beyond the current pandemic so that we can be better prepared for the future.

The World Health Organization has come under increased scrutiny, and several reviews are being conducted concerning its activities. Actors in the multilateral system must have clear roles and responsibilities, along with sufficient resources. The question for us member states is whether we are enabling the WHO to perform its role and mandate. Finland will take an active role in the discussions on how to enhance the WHO and pandemic preparedness across the globe. The current situation has highlighted just how much the world needs the World Health Organization.

DEPENDENCE ON ONE ANOTHER

It has become increasingly challenging to reach the global targets set in the 2030 Agenda for Sustainable Development and the Paris Agreement. As such, we must scale up our joint efforts if we want to get back on track. We need to set ambitious goals and protect our basic common values. Finland has a long tradition of promoting human rights for all. Human rights are a cornerstone of our foreign policy. We have been global leaders in promoting the rights of all women and girls and in advancing gender equality and sexual and reproductive health and rights. However, the global backlash against the rights of women and girls is an alarming trend. It is important to fight against any attempts to weaken the normative frameworks.

The need to address multiple simultaneous challenges – such as climate change, global inequity, migration, demographic change and pandemics – has increased our dependence on one another even further. In uncertain times, nations risk turning inwards and away from international cooperation. The European Union has both a special responsibility to counter this trend and an opportunity to show global leadership. As a member of the EU, Finland hopes that the United Nations will find a natural partner in the EU. Together, we can help to renew the global focus on making the multilateral system stronger and more effective, with the UN at its core. Global challenges call for global solutions. In order to act on the right and most effective scale, we need the UN now more than ever. ■

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**Investments
in health and
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and environmental
recovery”**



Khalifa bin Zayed Al Nahyan

President, United Arab Emirates, and Ruler, Abu Dhabi

A lifeline from the UAE

More than six months after COVID-19 was declared a pandemic, we as an international community still have much to learn about the virus. While scientists continue working to understand the long-term impact of the virus, its effects on different communities have varied, and the responses of countries to the pandemic have varied even more.

In the United Arab Emirates, we have treated COVID-19 as a once-in-a-lifetime event, one that requires all our resources, efforts and determination, and one that has given us the opportunity to demonstrate the values that we as a nation espouse. In doing so, we have developed a model – defined by decisiveness, informed by science and underpinned by compassion – that will steer us through the next 50 years of our nation's history.

A NATIONWIDE RESPONSE

Having launched a nationwide response plan and trained thousands of medical workers on respiratory illness containment protocols during the outbreaks of the H1N1 influenza and Middle East respiratory syndrome, the UAE was well positioned to enact time-sensitive measures to protect its

As the world works to emerge from the COVID-19 crisis, it has become clear that no country can go it alone – a fact that the UAE has underlined in its global efforts that put the collective good above individual interests

population from COVID-19. When the UAE detected the first infection on its territory in January 2020, it moved quickly to contain the virus by imposing travel restrictions and social distancing measures while launching a rapid testing and isolation campaign.

A country of around 10 million people, the UAE has one of the lowest case fatality rates worldwide. We honour the lives of those who have passed away, as we recognise with sombreness and humility that the precautionary measures we took prevented the deaths of many more.



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Non-discrimination in aid ensures that help is delivered where it is needed most, regardless of the background or affiliation of recipients”



WAM/Nour Salman

While we aimed to minimise economic disruption as we took these measures, we also believe that compromising on health security would have had a much more severe long-term impact on the economy. Immediately enacting the National Disinfection Programme, mandating mask wearing and physical distancing, and moving to remote work and schooling are in part why we have been able to recover faster, beginning the process of reopening as

early as April and welcoming international tourism in July. In turn, we avoided the devastating “first wave” that brought many countries’ economies and day-to-day functioning to a halt.

We have also ensured that the most vulnerable have access to health care, and that testing and treatment are free for those in need. To date, more than 8 million tests have been conducted in the UAE, with our country claiming a top global ranking in per capita testing. Treating everyone – citizens, residents and visitors – equally underscores our belief that the health of society can be measured by its most

UAE sends medical aid to Mauritania in the fight against COVID-19

vulnerable. The UAE is determined to help and support all citizens and residents.

Indeed, this principle extends beyond health care: it forms the heart of our humanitarian obligation to ensure a dignified life for all. From securing alternate accommodations for workers to ensure physical distancing, launching the '10 Million Meals' campaign to feed those in need and proactively matching job seekers with employment opportunities, the UAE government has managed the concerns of the public through a holistic outlook, recognising that guaranteeing housing and food security allows individuals to focus on the most important

task at hand: protecting their own health and that of their loved ones.

BEYOND BORDERS

Furthermore, while the UAE has dedicated significant energy to supporting its domestic population, it has consistently strived to help those outside its borders. Generosity towards those in need has always been a distinctive hallmark of the UAE's policy. The UAE continues to top world rankings of assistance given as a share of gross national income.

Against the backdrop of COVID-19, the UAE has expanded this assistance. To date, the UAE has provided urgent medical and food aid to 118 countries, assisting more than 1.4 million

KHALIFA BIN ZAYED AL NAHYAN

Shiekh Khalifa bin Zayed Al Nahyan became the president of the United Arab Emirates and ruler of Abu Dhabi in 2004. He had been the prime minister of Abu Dhabi and minister of defence and finance since 1971, after becoming crown prince in 1969. Over the following years he held several senior posts in government including deputy prime minister of the UAE and deputy supreme commander of the UAE Armed Forces.





**“Treating everyone
– citizens,
residents
and visitors
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vulnerable”**

10m

people in the UAE

+8m

COVID-19 tests
conducted to date

118

countries have received
urgent medical and food
from the UAE

The skyline of
Abu Dhabi

healthcare professionals on nearly every continent. Countries struggling to access critical supplies, such as testing kits and personal protective equipment, have used this aid to increase hospital capacity and – most critically – help save lives.

By extending a hand of assistance, the UAE has strengthened channels of communication and cooperation with these 118 countries to promote a more peaceful world. Such partnerships are essential in coordinating health policy, particularly regarding travel restrictions, testing requirements and vaccine research. One must only look to the UAE's joint cooperation with China in hosting the world's first phase III clinical trials of an inactivated COVID-19 vaccine as evidence of this fruitful collaboration.

Ultimately, we have seen that COVID-19 does not discriminate among those who contract it. The same principle applies to our outreach and aid policy. Non-discrimination in aid ensures that help is delivered where it is needed most, regardless of the background or affiliation of recipients. In the same vein, the UAE has set aside political considerations in service of global health security.

We have sent multiple shipments and World Health Organization experts to Iran and initiated COVID-19 research cooperation with Israel prior

to signing a historic peace accord with the country. Our aid approach reflects our core belief that we are only as healthy and secure as our neighbours, and that it is our moral duty to help others in our global community.

That is why this year, as chair of the Gulf Cooperation Council, the UAE is participating in the G20 process to increase our support for global health programmes benefiting underserved areas, raise awareness of the elimination of preventable diseases and encourage the international community to invest in initiatives that make our communities stronger and healthier.

No country can do it alone. No matter our political differences, economic models or cultural beliefs, we are in this fight together – and now more than ever, the collective good must take priority over individual interests. The UAE stands ready to share best practices in managing COVID-19 with the international community, as meeting tomorrow's challenges requires that we all combine our wisdom, willpower and care for others today. ■

Bandar M.H. Hajjar

President, Islamic Development Bank Group

Tomorrow's world

Global challenges that we could previously barely imagine have emerged and taken hold, propelling us into a tomorrow of science, technology and innovation. The right response means better lives and livelihoods for people everywhere

As a cornerstone of human development, the health sector is a priority area for the Islamic Development Bank. To this end, the IsDB Group has approved more than 739 operations, for a total of \$4.62 billion, for programmes in the health sector since its inception. Traditionally, we have focused on preventing and controlling both communicable and non-communicable diseases, improving access to and the quality of healthcare services and reducing financial barriers to access available resources.

Part of this work has included establishing a series of funds: the \$2.5 billion Lives and Livelihoods Fund provides concessional financing to the 30 least developed countries in the IsDB's membership. The One Wash Fund, in partnership with the International Federation of Red Cross and Red Crescent Societies, aims to mobilise \$150 million and is dedicated to combating cholera and other diarrhoea diseases in our member countries – and we have already identified project pipelines in 29 countries for the fund. The Global Muslim Philanthropy Fund for Children, established with UNICEF, supports projects in education, health and water sanitation, hygiene, nutrition and the empowerment of young people – 90% of the fund's resources will be allocated to least developed countries, with the aim of harnessing Islamic zakat and sadaqah.

Recently, we joined forces with the International Atomic Energy Association to launch the multi-donor partnership initiative to increase access to diagnostics and treatment of women's cancers in low- and middle-income countries, with an expected fund volume of \$46 million for the first phase.

Furthermore, we are developing the Vaccine Alliance for Production and Immunization Programme with support from global health partners to assist IsDB members develop their own capacity for vaccine production and access to quality and affordable vaccines. We are also

leading the Alliance to Fight Avoidable Blindness, which aims to put an end to avoidable blindness in 13 African member countries.

However, COVID-19 is a global crisis that is forcing us to confront new challenges. The pandemic affects human health as well as economies worldwide. The transcontinental nature of pandemics demands common solutions from all countries of the world. One consequence will be the hindrance of many countries' efforts to achieve the Sustainable Development Goals. The pandemic will have unprecedented adverse effects on the overall development of IsDB members. In response, SDG 3 on good health and well-being must be emphasised. The economic repercussions, albeit crucial, are only symptoms or consequences of the disease. This situation has been addressed by the G20 with a number of decisions, including those that support the World Health Organization and address economic

repercussions, because we have seen that health systems were not prepared, and indeed were weak in many countries.

\$4.6bn

worth of work approved in the health sector by the IsDB Group since its inception

\$2.3bn

in COVID-19 recovery aid for member countries and Muslim communities

\$2.5bn

Lives and Livelihoods Fund for the 30 least developed IsDB member countries

TRACKS TO RECOVERY

The IsDB Group has launched a \$2.3 billion aid package for member countries and Muslim communities in non-member countries. It includes three tracks: addressing the pandemic, recovering from it and resuming normal life, with aid covering the immediate short, medium and long terms. The direct support for the health sector represents 68% of the total funding and is coordinated with global partners, including global financial institutions such as the World Bank and the African Development Bank, the IFRC and United Nations agencies including WHO, UNICEF, the UN Development Programme and the World Food Programme.

We have long believed that science, technology and innovation, coupled with a commitment to support investment in human capital, are key enablers for sustainable socio-economic development. They drive



BANDAR M.H. HAJJAR

His Excellency Dr Bandar M.H. Hajjar became president of the Islamic Development Bank Group in 2016, having served as Saudi Arabia's minister of Hajj from 2011 to 2016. A former professor of economics, he was a member of the Shura Council in Saudi Arabia for 12 years, representing the Council in the Arab Parliamentary Union and the Inter-Parliamentary Union for two years. He also served as chair of the Coordinating Council for Monitoring Municipal Elections as well as the National Society for Human Rights.

🐦 @isdb_group

🌐 isdb.org

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The pandemic has provided the opportunity to replace the old systems with something new, something better. Fragile economies and health systems can be rebuilt on more sustainable principles”

economic growth, job creation, and the search for solutions to development issues around the world.

We are applying this same belief in the power of science, technology and innovation in our approach to health issues, and in our approach to COVID-19.

As part of our commitment, IsDB has created a dedicated unit to leverage the power of science, technology and innovation, providing incentives for the development of new technologies and solutions, while encouraging research and innovation. A science and technology fund launched by IsDB assists in strengthening activities in our members: hosted on our online hub 'Engage', the Transform Fund supports projects that work towards the achievement of the SDGs.

To help tackle the pandemic, our latest 'call for innovation' has challenged scientists, innovators, research centres, universities and entrepreneurs to present projects that address the pandemic and mitigate its economic and social repercussions, using fourth industrial revolution technologies such as blockchain, artificial intelligence, big data, robots and 3D printing. The critical challenge is to create a vaccine for the virus and to support health systems in safeguarding lives.

We are taking a holistic view in the medium and long term: the solutions we provide must accommodate priorities beyond the immediate emergency response to the health sector.

The pandemic has provided the opportunity to replace the old systems with something new, something better. Fragile economies and health systems can be rebuilt on more sustainable principles.

We can proactively invest in creating and strengthening institutions that prevent crisis. We can coordinate scientific and technological responses and research and development activities to steer them towards public good. That means using funding to restart a new economy and leveraging science and technology to prevent disrupting global value chains in such pandemics, while maintaining a zero environmental footprint.

Health is the foundation upon which any developing economy must be built. We have been presented with challenges that many of us could barely imagine previously. But I am optimistic. COVID-19 has propelled the world into tomorrow. Tomorrow means science, technology and innovation – which save time, effort and resources, and translate into better lives and livelihoods for all people. ■

Ahmed Al-Mandhari

Regional Director for the Eastern
Mediterranean, World Health Organization

Peace: the fundamental determinant of health

Renewed thinking and galvanised action is central to bringing peace and health to fragile and conflict-affected environments. With COVID-19 offering a potential avenue to rebuild social cohesion and bring communities together, we can mitigate the spread of the virus, recover and do better moving forwards

The determinants of health are the conditions in which people are born, grow, live, work and age. Political decisions and ideologies are strong determinants of health and have an impact on health policies at all levels. In the World Health Organization's Eastern Mediterranean Region, where conflicts and humanitarian crises affect more than half the countries, political determinants including peace play an important role in health-related decisions at both the community and service delivery levels.

The fundamental importance of peace for development is recognised in Goal 16 of the transformative 2030 Agenda for Sustainable Development, in the WHO Constitution of 1948, in the Ottawa Charter for Health Promotion of 1986 and, more recently, in WHO's 13th General Programme of Work, 2019–2023. However, in practice a narrow view of health focused on preventing and treating disease has largely prevailed in public health. Ignoring peace and other political and social determinants of health has created barriers to achieving the ambitions of the global health community.

The COVID-19 pandemic has exacerbated deep existing injustices in societies, highlighting socio-economic, health and gender inequalities and a lack of trust in institutions. It has further strained already-compromised health systems in fragile and conflict-affected settings. At the same time, however, it offers an opportunity to address underlying

inequities by looking at health holistically, as envisioned in the WHO Constitution. The pandemic has shown that health is a universal need and a shared interest, and that it cannot be delivered unless associated politics are dealt with. Decisive leaders are increasingly acknowledging and acting upon this in responding to COVID-19. In countries where people have suffered from the absence of peace for years, there are new instances of collaboration among opposing parties, demonstrating that health can be a platform to create greater understanding and cooperation. COVID-19 thus offers a potential avenue to rebuild trust and social cohesion, to bring communities together to mitigate the spread of the virus, recover and build back better.

Peace promotion or peace-building is complex and deeply political, making it challenging for the health community to undertake. But the COVID-19 pandemic has given health unprecedented attention while also highlighting the need to embrace the concept of holistically acting on the determinants of health. According to the Global Peace Index, 14 of the 22 countries and territories in the Eastern Mediterranean Region are in a “low” or “very low” state of peace, and 6 of the 10 least peaceful countries globally belong to this region. People in these countries desire better health and well-being. Peace is fundamental to their present and future aspirations.

HEALTH FOR PEACE

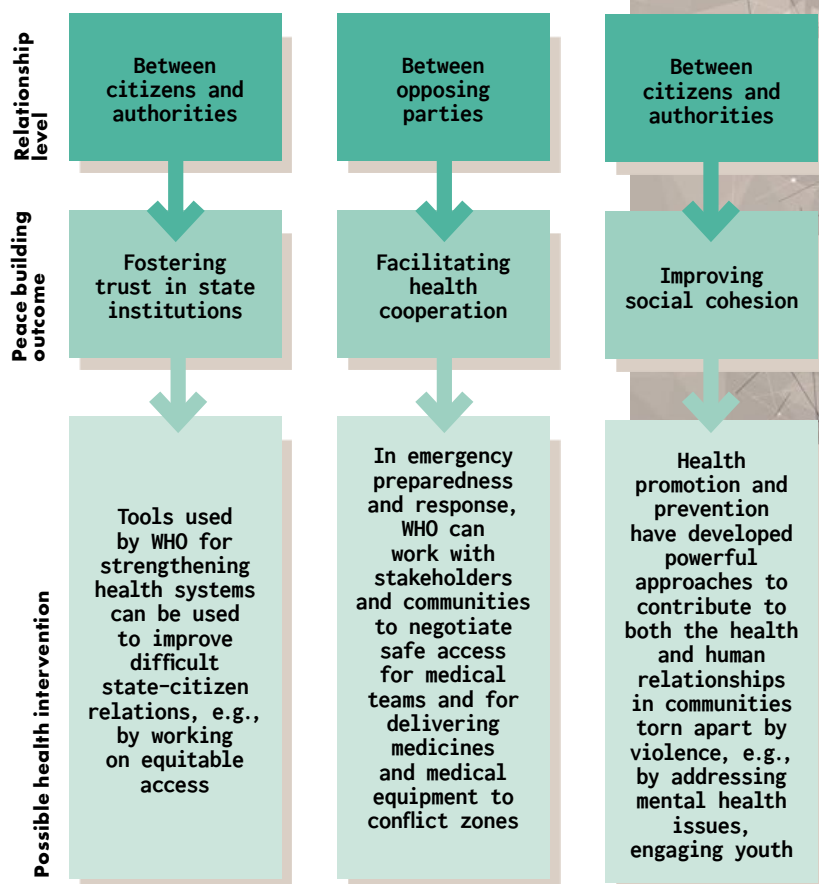
Recognising the need to act on peace as a determinant of health, the WHO Regional Office for the Eastern Mediterranean, in collaboration with interested member states and partner organisations, launched the Health for Peace (HoPE) initiative in 2019. The initiative is inspired by WHO's strategic framework for health and development in the region, Vision 2023, and guided by the principles of the Sustainable Development Goals and the General Programme of Work. Its central premise is that health programmes can achieve their primary health objectives and, in the process, contribute to building peace by fostering trust in institutions, facilitating health cooperation and improving social cohesion. The idea of health as a bridge for peace is not new; the Pan American Health Organization led a similar initiative in the 1980s.

It is a massive undertaking to realise HoPE in a complex and emergency-affected region such as the Eastern Mediterranean. WHO's implementation approach is therefore



OPPORTUNITIES FOR ADDRESSING PEACE AS A POLITICAL AND SOCIAL DETERMINANT OF HEALTH IN FRAGILE AND CONFLICT-AFFECTED SOCIETIES

Figure 1



multifaceted and gradual. It involves gathering evidence on the links between health and peace, promoting advocacy, nurturing partnerships and building capacity. Current evidence on the contribution of health to peace is inconclusive. HoPE is addressing this by investigating conflict and related determinants through WHO's Regional Commission on the Social Determinants of Health. Peace needs partnerships and vocal advocates in the health community. Led by Oman and later joined by Switzerland, HoPE is witnessing a growing group of interested member states advocating for using health as a bridge for peace. Health workers are trained to deliver health but are not equipped with peace skills. HoPE has collaborated with institutions such as the Centre of Competence on Humanitarian Negotiation to bridge this competence gap, and the pandemic has reinforced our ambitions. Joint activities are being conducted with the Lancet-SIGHT Commission on Peaceful Societies through Health and Gender Equality. Health-worker training in negotiation skills have been repurposed to facilitate pandemic response negotiations in conflict-affected countries. Inspired by HoPE, country-specific



AHMED AL-MANDHARI

Ahmed Al-Mandhari has been the World Health Organization's regional director for the Eastern Mediterranean since 2018, after having served as director general of the Quality Assurance Centre at Oman's Ministry of Health. A specialist in family and community medicine, he was appointed director general of Sultan Qaboos University Hospital in 2013, following appointments as head of quality management and development and deputy director general for clinical affairs until 2010. Dr Al-Mandhari has also worked as a senior consultant in family medicine and public health in Oman since 2009.

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projects are being initiated, such as a joint project by WHO, UNICEF, the International Organization for Migration and the United Nations Peacebuilding Fund on mental health and psychosocial support for youth and peacebuilding in Somalia.

With the pandemic putting health in the spotlight, we need to renew our thinking and galvanise action on peace as a determinant of health in fragile and conflict-affected environments. Better health and well-being for people in these societies is possible if the health community strongly believes in, speaks and acts for health as a bridge for peace. ■



Tawfig Al Rabiah

Minister of Health, Saudi Arabia

From response to resilience

As chair of this year's G20, the Kingdom of Saudi Arabia is focused on decisive action to tackle the current crisis and lay the foundations for a better, more resilient future

Faced with the COVID-19 pandemic, the G20 has quickly shifted into crisis management mode. On 26 March, the Saudi G20 presidency convened an extraordinary virtual leaders' summit to advance a coordinated response to the pandemic and its profound health and economic implications.

Tackling the pandemic along with the intertwined health, social and economic implications has become the G20's top priority. Unprecedented measures are taken to protect lives, jobs and national economies. Only through a collective and unified global response can we emerge from this crisis stronger and more resilient.

A DIFFERENT CRISIS

This is not the first time the G20 has had to steer its course through a global crisis. This time, the economic crisis will not be resolved until the health crisis is effectively addressed. And this health crisis will not be truly addressed

until we ensure the containment of the virus globally.

Unlike 2008, this crisis was not triggered by financial vulnerabilities, but rather by the heavy toll of the pandemic across multiple fronts. This, above all, is a human tragedy, which requires a response like none before. Although the liquidity of the financial system has been relatively guaranteed by central banks, we need to focus on people and jobs – families, workers and businesses, including in the informal sector.

Nonetheless, the response to this crisis can borrow from the playbook of the global financial crisis: taking swift and immediate policy actions,

while addressing the long-term vulnerabilities to strengthen systemic resilience.

The world saw G20 leaders come together in 2008. Urgent new regulations and central bank tools were deployed to save the financial system. A few months later, at the 2009 London Summit, a framework for a coordinated multilateral response to the crisis was created.

This year has witnessed, so far, an implementation of exceptional measures, including unprecedented fiscal, monetary and financial stability actions, while ensuring that the international financial institutions can provide critical support to countries in need.

The spirit of coordination and collaboration, which is an essential part of the G20, is today more important than ever, given the magnitude and depth of this crisis.

IMMEDIATE CHALLENGES

Protecting vulnerable countries and their populations is our immediate objective. The G20 is leading a coordinated multi-sectoral response to fight this virus and mitigate the effects globally.

First and foremost, our top priority remains to ensure that the health systems and front-line health workers – who courageously put their safety at stake – are adequately equipped and enabled to tackle this crisis, in order to mitigate the spread of the virus, and to treat those affected.

As we move to the economic response, policies should protect jobs and businesses to ensure that years of growth are not undone, until the spread of the virus is contained and economic activities resume at a large scale.

We must not forget, however, that not every country is equally equipped to face this crisis. We must ensure that vulnerable countries have the ability and capacity to respond to this pandemic. Open trade corridors are critical, especially for vital medical and

+\$14bn **+\$21bn** **\$8trn**

in debt relief to help low-income countries focus on fighting the virus

in funding from G20 members and invited countries to bridge the COVID-19 financing gap

injected into the global economy by G20 members

food supplies. Anything short of this will lead to unimaginable health and social impacts, which will jeopardise the global recovery and set development back significantly.

Developing new vaccines, treatments and diagnostics rapidly and at scale, so they are available to those who need them, is an immediate priority as well. The G20 leaders' commitment to closing the immediate health financing gap in the global response has resulted in G20 members and invited countries galvanising funding, totalling over \$21 billion to bridge the immediate COVID-19 financing gap. As a seed contribution, the Kingdom of Saudi Arabia has pledged \$500 million to support international efforts in combating the COVID-19 pandemic.

The G20 response and efforts have also resulted in unprecedented actions, with G20 members injecting more than \$8 trillion into the global economy to protect jobs, businesses and stabilise global markets, and agreeing on a G20 action plan that puts in place the principles needed to facilitate the recovery from the crisis and restore strong, sustainable, balanced and inclusive growth. Members also agreed to a more than \$14 billion debt relief initiative to ensure that low-income countries can focus their efforts on fighting this virus.

Beyond tackling the immediate crisis, the international community must also address the gaps and vulnerabilities uncovered by the pandemic. The global order needs to emerge stronger in the aftermath of COVID-19 and enhancing coordination will be key to ensuring the effectiveness of our efforts.

What is required is to garner the political will for a globally coordinated effort to build long-term resilience. Our primary focus is to strengthen public health systems while accelerating research and product development in diagnostics, medicines, therapeutics, vaccines and digital health initiatives to tackle future pandemics. Countries around the world should build strategic reserves of medical supplies, tools and therapeutics. Health systems should ensure the availability of a medically trained workforce with individuals who can be rapidly trained and enabled to implement some health measures that support and facilitate the care for patients. Health protocols and safety


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The spirit of coordination and collaboration, which is an essential part of the G20, is today more important than ever, given the magnitude and depth of this crisis”



TAWFIG AL RABIAH

His Excellency Tawfig bin Fawzan Al Rabiah has served as minister of health for the Kingdom of Saudi Arabia since May 2016. He is also president of the Saudi Health Council and chairs the boards of the Food and Drug Authority, the Saudi Commission for Health Specialties, the Saudi Red Crescent Authority and the King Faisal Specialist Hospital and Research Centre, among many other responsibilities. He was previously minister of commerce and industry as of 2011.

 moh.gov.sa/en

measures in airports, transit and public spaces should be improved.

The G20 will continue to act decisively on two fronts: tackling the crisis and laying the systemic foundations for a better future. More than ever, we need to look beyond our borders and unite

in joint global efforts. The wheels of global cooperation should not stop. We look forward to hosting G20 leaders in November 2020 to continue leading the global response to the pandemic and continue our efforts towards a strong and resilient recovery. ■



Daniel Ngamije,
Minister of Health, Rwanda

Well-being in the face of a global threat

The uncertain evolution of the COVID-19 pandemic and the disruption of essential health services, education, trade and supply chains are having a negative impact on health and prosperity. This pandemic has shown us the value of continuously strengthening our institutions to tend to the social foundations of global health. When COVID-19 hit, Rwanda quickly activated response mechanisms that included an economic recovery plan to ensure that the well-being of our citizens is preserved.

A pillar of our response has been equity. We ensured that COVID-19 testing was available to all whenever necessary without imposing any financial burden on our citizens. Similarly, equity remains a recurring theme in our health sector. Rwanda has continuously worked on the uptake of community-based health insurance schemes based on beneficiaries' socio-economic status, bringing the country one step closer to universal health coverage. With the pandemic, we also realised the importance of preserving food security and adequate nutrition intake. As

Tending to the social foundations of global health requires continuous work to strengthen our institutions. In Rwanda, this means ensuring the well-being of its people



87%

of Rwanda's population now has access to clean and safe drinking water



“ Rwanda’s quick response to the pandemic was facilitated by the invaluable global collaboration the country witnessed”

our citizens faced disruption in their regular jobs due to different prevention and mitigation measures, such as a country-wide lockdown for six weeks, a food distribution programme was quickly activated. In addition, ensuring proper hygiene practices has been a priority to minimise the risk of COVID-19 infection. Thankfully, over the years, Rwanda has worked on expanding access to clean and safe drinking water. As of 2016/2017, the country had managed to secure such access for 87% of its population.

RAPID RESPONSE

Rwanda’s quick response to the pandemic was facilitated by the invaluable global collaboration the country witnessed, while navigating the complicated supply chains of testing materials and personal protective equipment. This was done with the support of key partners such as Jack Ma, the Clinton Health Access Foundation and the African Centers for Disease Control and Prevention, as well as bilateral country collaborations. This is a crucial time for sharing innovations and ideas to help one another in our goal of finding a cure and a vaccine for COVID-19. Moreover, once we acquire successful vaccines from the various candidates currently in clinical trials, Africa and the rest of the world must work together to ensure each country is able to acquire the necessary doses to protect its people. The pandemic is a reminder of the importance of building strong resilient health systems as part of global networks to ensure health for all in the face of a common threat. ■

DANIEL M. NGAMIJE

Daniel M. Ngamiye has been Rwanda’s minister of health since February 2020, and leads the development and execution of the health sector plan. Previously, he was a national programme officer with the World Health Organization Country Office, as well as coordinator of the implementation unit for mobilising funds and negotiating grants with the Global Fund, the World Bank and bilateral country partners. He has also served as coordinator of the Malaria National Programme, and regional director in charge of health and social affairs in former Gitarama Province. Dr Ngamiye served as a medical doctor at Kabgayi Hospital from 1995 to 1997.

Abdullah Al Rabeeah

Supervisor General, King Salman Humanitarian Aid and Relief Centre

Advancing public health

The King Salman Humanitarian Aid and Relief Centre is tasked with saving and improving lives. In the wake of a global pandemic, the organisation upholds its mission to serve all in need and advance human health worldwide

Humanitarian action across all sectors has been affected by COVID-19. The impact of decreased numbers of volunteers and international personnel on the ground in areas of need has been significant. Precautionary measures needed to protect the public from the spread of the pandemic have complicated the process of transporting and delivering aid to targeted beneficiaries. Challenges have arisen in securing and delivering personal protective equipment, medicines, medical equipment and other items needed to fight the virus. Many air, sea and land routes have been interrupted or halted entirely at various times due to travel bans and restrictions within and between countries, delaying life-saving aid to millions.

From the outset, KSrelief has focused on advancing human health worldwide. In the medical sector, it has developed and implemented highly effective healthcare programmes to meet the needs of specific groups. KSrelief's volunteer medical campaigns, forced to cease operations during the COVID-19 pandemic, have sent teams of surgeons and other healthcare specialists to several countries to provide urgent treatment, including heart surgeries and cardiac catheterisations, eye surgeries and urological procedures for both adults and children. KSrelief also operates hospitals and clinics in Yemen, Syria, Bangladesh and elsewhere to care for refugees, internally displaced people and host community members. It has also conducted relief and public education programmes to halt the spread of such diseases as COVID-19, cholera, malaria and dengue fever.



A Yemeni woman receives humanitarian aid from the King Salman Center in the city of Taiz

The King Salman Humanitarian Aid and Relief Centre was established in May 2015 to serve as the humanitarian arm of the Kingdom of Saudi Arabia. Its mission is to provide and monitor humanitarian aid and relief to those in need outside the Kingdom's borders. Since its founding, KSrelief has implemented, along with its many aid partners, more than 1,300 humanitarian projects in 53 countries. Among its key areas are health care; food and nutrition; shelter; water, sanitation and hygiene; and support for refugees and internally displaced people. KSrelief also provides rapid response to natural disasters, conflicts and other global crises, meeting the urgent needs faced by children, women and other vulnerable groups throughout the world.

+1,300

humanitarian projects implemented in 53 countries since KSrelief's founding

\$150m

donated by Saudi Arabia to GAVI, the Vaccine Alliance

\$200m

donated to other international non-governmental organisations

ABDULLAH AL RABEEAH

Abdullah Al Rabeeah is a paediatric surgeon and adviser to the Royal Court of the Kingdom of Saudi Arabia and the supervisor general of the King Salman Humanitarian Aid and Relief Centre. He held the post of minister of health for the Kingdom from 2009 to 2014, after having founded the King Saud bin Abdulaziz University for Health Sciences in 2005 and serving as president.

ksrelief.org

ASSISTANCE IN MANY SPHERES

KSrelief has provided food assistance through the provision of food baskets and Saudi-grown dates, and supports the operation of community bakeries. It operates feeding clinics for treating malnutrition, and it provides shelter aid for disaster relief sites and camps for internally displaced people and refugees.

KSrelief is active in education, funding the building and renovation of schools in conflict areas, delivering school supplies and equipment, supporting local efforts to keep children in school and implementing training programmes to help breadwinners improve family incomes. It is spearheading community health training and education programmes, including virtual training to control the spread of COVID-19.

With regard to Saudi Arabia's current humanitarian work, the Kingdom supports the control of COVID-19 and research for the development of effective vaccines. It has donated \$150 million to GAVI, \$150 million to the Coalition for Epidemic Preparedness Innovations and \$200 million to other international non-governmental organisations. Moving forward, we are committed to increasing the efficiency of aid delivery with regard to health safety measures during the pandemic until an effective vaccine is found and applied on a broad scale. This will involve continuing to increase the capacities of local organisations and humanitarian providers at the



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**Humanitarian action
across all sectors
has been affected by
COVID-19. The impact
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of volunteers and
international personnel
on the ground in areas of
need has been significant”**

community level, thus decreasing the need for international staff presence to administer and deliver aid. Also vital is the importance of empowering local non-governmental organisations to help minimise the difficulties and travel restrictions resulting from the COVID-19 pandemic.

KSrelief's primary directive from the Kingdom's leadership is to alleviate suffering and to save and improve lives. In the face of COVID-19 and other global emergencies, we are committed to fulfilling our mission despite all challenges. We will continue to strive to serve all of humanity in any way possible, advancing human health and promoting the peace and well-being of all in need. ■

Rym Abdulla Al Falasy

Secretary-General, Supreme Council for Motherhood and Childhood

A vision for public health

The UAE's vision for health includes well-planned investments for its people – an approach that has enabled it to cope effectively with the challenges of COVID-19

Public health has been the most important tenet of life in the United Arab Emirates since the federal state was founded in 1971. It is clearly stated in the constitution and respected in planning and implementing all national policies, plans, projects and programmes.

The UAE's vision for public health is based on two complementary objectives: generality and comprehensiveness. That means providing all necessary preventive and curative social, educational and healthcare services to all people, both nationals and the non-nationals constituting 85% of the population, from more than 200 nationalities. The UAE thus represents a growing microcosm of the global macrocosm.

The UAE's public health vision is a well-planned investment model for the state's entire human capital, such that the population is well prepared for their common responsibilities and roles in meeting national health challenges. This has made the measures taken

during the current pandemic highly effective and successful.

The UAE was one of the first governments to impose the required bans and curfews. It very rapidly established the largest medical laboratory outside China to diagnose the coronavirus. It has successfully conducted tens of thousands of diagnostic tests. Field hospitals equipped with intensive care facilities and oxygen devices provided COVID-19 patients with 6,400 beds. Other hospitals have been allocated for treating COVID-19 patients in order to curtail transmission.

HEALTH SERVICES MAINTAINED

Other measures help ensure the continuity of normal health services, especially outpatient services for pregnant women and children, as well as people with chronic diseases and the elderly. All child health clinics and pediatric clinics have been maintained. Hotline numbers provide information and medical assistance as quickly as possible. Pregnant women can have follow-up checks and periodic appointments at safe hospitals in all the Emirates.

The UAE also established a centre in Abu Dhabi's Humanitarian City to provide treatment and examinations to Arab nationals evacuated from China, with the centre covering the costs of treatment using stem cell technology. In addition, it



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The UAE has made humanitarian contributions to more than 107 countries, including sending medical supplies and protection equipment to several Arab and Islamic countries as well as European, Asian, Latin American and African ones”

inaugurated the Fakhr al Watan – ‘The Pride of the Nation’ – to manage initiatives to support and honour the front-line heroes who bear the most responsibility during the pandemic.

The UAE has made humanitarian contributions to more than 107 countries, including sending medical supplies and protection equipment to several Arab and Islamic countries

as well as European, Asian, Latin American and African ones.

The Supreme Council for Motherhood and Childhood has been actively supporting the government’s efforts. Established in 2003, it is a national institution involved in all matters related to motherhood and childhood, especially social, educational, psychological and health affairs. It seeks

ways to achieve and maintain child and mother safety, security, general well-being and welfare. The council oversees the implementation of the National Strategy for Motherhood and Childhood and the Strategic Plan for the Rights of Children with Disabilities in partnership with UNICEF. The strategy is based on the four principles of the Rights of the Child. ►

Sheikha Fatima bint Mubarak, president of the Supreme Council for Motherhood and Childhood, has made enormous contributions in all forms of help and support during the pandemic. Among her contributions are the following:

- the Suqya Initiative to provide cool water for construction and public service workers during the hot summer weather;
- full sponsorship for families who have lost their guardians to the coronavirus;
- medical assistance for pregnant women visiting the UAE; and
- the 'Their Protection Is Our Responsibility' initiative to protect supplies for health, medical and paramedical staff, nurses and workers.

Some medical gowns have been made by Emirati hands as part of Sheikha Fatima Programme for Volunteers, in gratitude and appreciation for all those on the front lines during the pandemic.

The council's efforts and activities during this health crisis include the following:

- arranging virtual meetings for school children and their parents with the minister of education to discuss the move to virtual education and the processes and requirements involved as well as the preparations for the next year.
- organising virtual meetings for advising and counselling on different issues, such as awareness meetings for mothers on understanding and meeting the special needs of children with disabilities;
- holding orientation sessions on dealing with other categories of children with special needs such as those with autism, Down syndrome, deafness and muteness; and
- organising remote recreational activities for children and families to alleviate the pressure and tensions brought by the pandemic, especially the quarantine and social distancing.

Lastly, one of the significant tasks regarding public health in general and maternal and child health in particular is the organisation of the Sheikha Fatima Forum on Mental and Psychological Health of Children and their families to be organised at the end of the year or possibly next year. The forum will consider child health in the context of the main fields or spheres of children's environment: family, school and community. ■



RYM ABDULLA AL FALASY

Her Excellency Rym Abdulla Al Falasy was appointed secretary-general of the Supreme Council for Motherhood and Childhood by His Highness Sheikh Khalifa Bin Zayed Al Nahyan in 2013. She is also a member of the board of the Gender Balance Council of Abu Dhabi and served on the United Nations secretary-general's High-Level Advisory Group on Every Woman Every Child.

Leaders speak out

These leaders' views, extracted from various recent speeches, reflect how they plan to act to improve the factors that contribute to a healthy society



Giuseppe Conte

Prime Minister of Italy's address to UNGA, 25 September 2020

[As host of the G20 in 2021] We wish to seize opportunities for change by fighting injustice and inequality, because a more equitable and inclusive society is not only more just; it is also more prosperous and, globally, more democratic.



Boris Johnson

Prime Minister of the United Kingdom's address to UNGA, 26 September 2020

In the UK we're going to work with our friends, we're going to use our G7 presidency next year to create a new global approach to health security based on a five-point plan to protect humanity against another pandemic.



Narendra Modi

Prime Minister of India's address to UNGA, 26 September 2020

Even during these very difficult times of a raging pandemic, the pharma industry of India has sent essential medicines to more than 150 countries. As the largest vaccine-producing country of the world, I want to give one more assurance to the global community today: India's vaccine production and delivery capacity will be used to help all humanity in fighting this crisis.



Moon Jae-in

President of Korea's
address to UNGA,
26 September 2020

Strengthening inclusiveness in international cooperation means leaving no one behind and achieving shared prosperity where everyone enjoys freedom. Domestically, it is reducing inequalities to ensure safety of one's own and sustainable development together with neighbours. Internationally, it is taking into account the conditions and circumstances neighbouring countries are put in while working with them to attain co-prosperity.

Yoshihide Suga

Prime Minister
of Japan's
address to UNGA,
26 September 2020



As we face the current crisis, and guided by the principle of human security, I think it is essential to set the goal of “leaving no one's health behind” as we work towards achieving universal health coverage... First, we need to safeguard lives from the novel coronavirus diseases... Second, we must prepare ourselves for future health crises... Third, we will take measures to ensure health security in an even broader context. We will continue to work with other countries to improve the conditions of water, sanitation and hygiene, nutrition and other environmental factors.



Nguyen Xuan Phuc

Prime Minister of Vietnam's keynote
speech on Vietnam's 2020 ASEAN
Chairmanship, 6 January 2020

The ASEAN Community shall become more resilient through effective climate change adaptation and response, and better management of natural disasters, pollution and plastic waste. It shall become a liveable place, with a burgeoning network of smart cities and strong social welfare. It shall possess a high-quality workforce in the digital era through quality educational systems and strategies for sustainable development and equal opportunity for all, so as to leave no one behind.





Muhammadu Buhari

Prime Minister of
Nigeria's remarks, UNGA,
22 September 2020



In the aftermath of [the] coronavirus outbreak in Nigeria, we prioritised vulnerable groups, including women, children, older persons and the unemployed, in our efforts to provide medical and social assistance to cushion the socio-economic effects of the disease. Accordingly, we have expanded our National Social Register, to include an additional one million Nigerians. Our National Social Investment Programme (NSIP) has been the vehicle for reaching out to the poor and vulnerable members of the Nigerian population, as well as providing cover for over 22 million households.



Andrew Holness

Prime Minister of
Jamaica's remarks, UNGA,
28 September 2020



The pandemic has highlighted pre-existing vulnerabilities and multiple structural weaknesses within our economies – large and small, rich and poor – and clearly demonstrated the systemic nature of risk worldwide.

We have seen that the pandemic has deepened socio-economic inequalities and disproportionately impacted women and girls, leading to increased exposure to domestic violence and loss of livelihoods. We are taking measures to ensure that our national recovery efforts include a gender perspective and harness the full potential of all members of society as leaders, innovators and agents of economic, social and environmental change.

The rapid spread of the novel coronavirus is exerting immense pressure on healthcare systems globally, many of which were already under stress. It has compounded existing disparities in health, and increased the risks for the vulnerable, particularly the elderly and persons requiring medical care for non-communicable diseases. Given our limited fiscal space we have adopted a whole of government approach to the pandemic, while mobilising the support of all our citizens.



Xi Jinping

President of China's
address to UNGA,
21 September 2020

COVID-19 reminds us that humankind should launch a green revolution and move faster to create a green way of development and life, preserve the environment and make Mother Earth a better place for all.



Lazarus McCarthy Chakwera

Remarks by President of the Republic of Malawi, UNGA, 25 September 2020

Achieving the SDGs is the best opportunity of addressing socio-economic challenges in pursuit of the vision of inclusive wealth creation and self-reliance. Accordingly, as we enter the decade of action, which is the last 10 years of the implementation of the [2030 Agenda], my government continues to work with the United Nations system and other development partners in all priority areas of SDG acceleration. Malawi is focused on implementing those SDGs with multiplier effects on others in order to maximise scarce resources and stakeholder participation, more so, in a COVID-19 pandemic situation.



Mia Mottley

Remarks by Prime Minister of Barbados, UNGA, 22 September 2020



The [COVID-19] pandemic threatens to exacerbate inequalities in all facets of life and to undermine the fundamental rights and freedoms that we hold dear. Access to basic income, as well as the public goods – healthcare, education and commodities – are all at risk.

...If COVID-19 has a silver lining, it must be the unique opportunity that the crisis gives us to reimagine all of the existing development paradigms of the wider United Nations system and to devise innovative policies for new and unprecedented times and a new framework for governance.

But now is most emphatically the time for us to come together, as truly united nations, and in common purpose, to build a better world. First, let us reimagine our world and then let us build it in a sustainable and resilient manner. That's what COVID has done for us; to let us know that we really are interdependent.



Recep Tayyip Erdogan

President of Turkey's speech, UNGA, 22 September 2020

The pandemic and the escalating economic crisis associated with it also have negative effects on sustainable development, and on the 2030 goals. Developing countries and low-income countries are more affected by this crisis. In fact, what happened during the pandemic has shown us that Sustainable Development Goals can be an important guide in combating all kinds of global crises.





Patricia Scotland

Secretary-General of the Commonwealth's remarks at a high-level event organised by the Commonwealth Secretariat and the United Nations Convention to Combat Desertification, 18 September 2020

Without urgent action on how we use and steward our lands, we cannot hope to achieve the targets set out in the Paris Agreement on climate change. Given the impact of COVID-19, our countries have a narrow window of opportunity to establish a new normal in the way we interact with our natural environment. Part of this must mean a deliberate and systematic focus on a green recovery that incorporates climate-smart practices in the way we grow our crops, raise livestock, and use our land resources.



Jair Bolsonaro

Remarks by the President of Brazil, UNGA, 22 September 2020

Covid-19 has become the centre of attention over the course of this year and, first of all, I wish to express my sorrow for each and every life lost. From the very beginning, in my country... we had two problems to solve, the virus and joblessness, and that both issues had to be addressed simultaneously and with the same sense of responsibility.



David Malpass

Remarks by World Bank Group President, UNGA High Level Side Event on Accelerating the End of the COVID-19 Pandemic, 30 September 2020



The World Bank Group is determined to take action to help people in developing countries gain access to safe vaccines and distribution systems. Economies, families and livelihoods cannot recover fully until all people are able to work, socialise, travel and live their lives with hope and confidence. Broad, rapid and affordable access to COVID vaccines will be at the core of a resilient economic recovery that lifts everyone... In March, we launched a fast-track approach to address the COVID emergency. Our goal was to quickly provide resources for emergency health support. We now have COVID response programmes in 111 countries, with most projects well advanced and average disbursements upward of 40%.

INCLUSIVE ECONOMICS



4

CHAPTER

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Health in all policies

Mariam Al-Aqeel, Minister of Social Affairs and State Minister for Economic Affairs, Kuwait

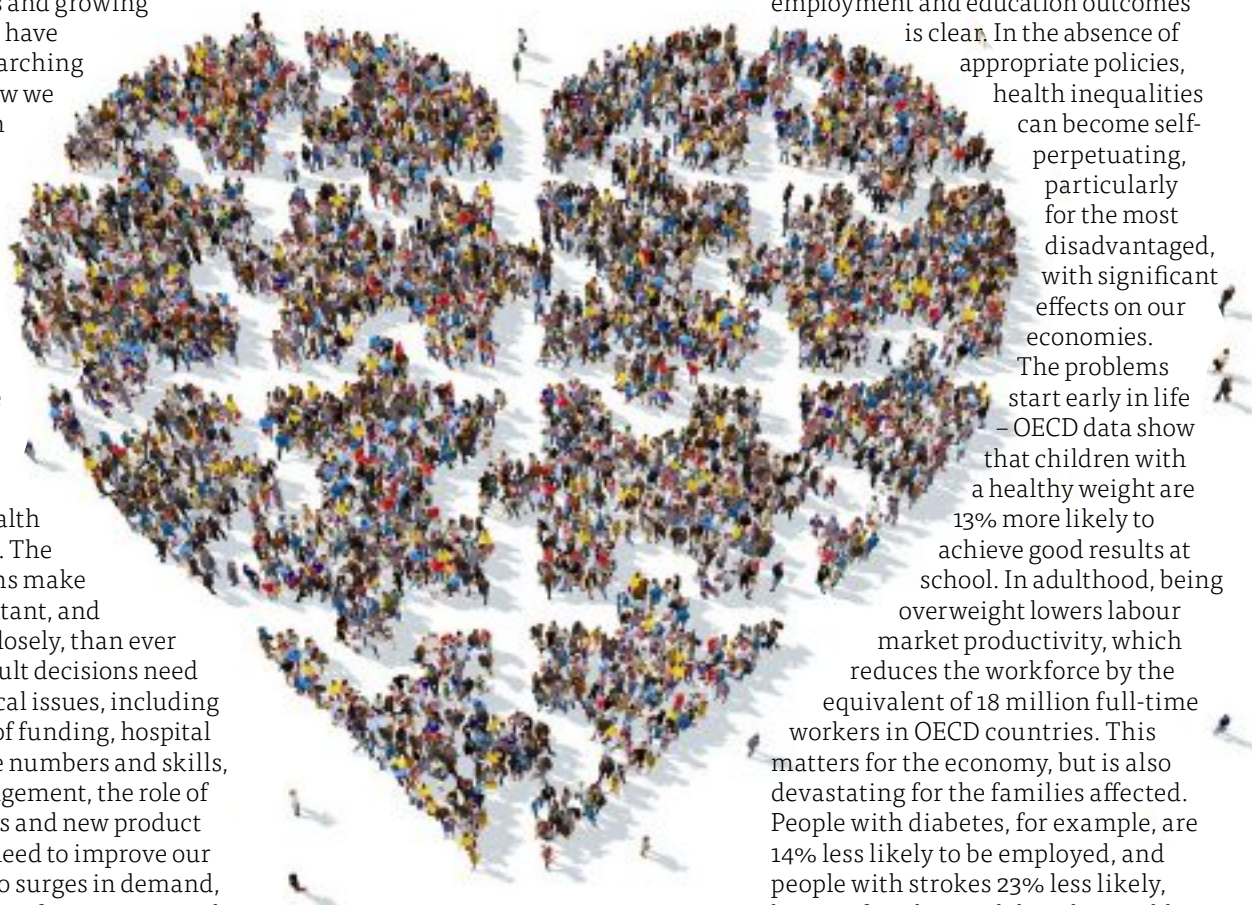
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Forwards together

The COVID-19 pandemic has challenged long-standing assumptions about the way countries' health systems are organised and managed. Around the world, millions of hard-working and dedicated health workers responding to COVID-19 have been stretched to the limit by systemic weaknesses in our health systems. For finance ministries, COVID-19 has also underscored the importance of considering health as an investment. Despite countries' commitment to provide high-quality care, the enormous and growing pressures they face have prompted many searching questions about how we can improve health system resilience.

The solutions are not straightforward and involve many trade-offs. As we have seen – all too clearly – with the COVID-19 response and as countries double down to strengthen their health systems, health is a political choice. The decisions politicians make will be more important, and scrutinised more closely, than ever before. Many difficult decisions need to be made on critical issues, including appropriate levels of funding, hospital capacity, workforce numbers and skills, supply chain management, the role of digital technologies and new product development. We need to improve our ability to respond to surges in demand, in terms of staffing, infrastructure and resources. As we move into the digital era, we also need to think hard about skills needed for the future, how we can protect critical supply chains, and how we can improve the way people are involved in decisions about their health

Basing decisions about our health systems on sound analysis, scientific evidence and reliable data will ensure no one is left behind – and build health care for all with people at its heart



By Angel Gurría, Secretary-General, Organisation for Economic Co-operation and Development

and the care they receive. It is essential to strengthen multilateral cooperation, looking at how we resource global public goods – including new vaccine development – and at responses to antimicrobial resistance.

COVID-19 – and the way it has disproportionately affected the most vulnerable in society – has also shone a very powerful spotlight on issues that have been hidden for too long, particularly the impact of health inequalities. In non-communicable diseases, the interdependence of health, employment and education outcomes

is clear. In the absence of appropriate policies, health inequalities can become self-perpetuating, particularly for the most disadvantaged, with significant effects on our economies.

The problems start early in life – OECD data show that children with a healthy weight are 13% more likely to achieve good results at school. In adulthood, being overweight lowers labour market productivity, which reduces the workforce by the equivalent of 18 million full-time workers in OECD countries. This matters for the economy, but is also devastating for the families affected. People with diabetes, for example, are 14% less likely to be employed, and people with strokes 23% less likely, leaving families with less disposable income and lower capacity to lead healthy lifestyles. More than 4.3 million premature deaths could be averted across G20 countries between 2020 and 2050 if a further rise in obesity rates is prevented, reinforcing the need to place

much greater emphasis on prevention to promote healthy lifestyles, as health systems are transformed through strengthened primary health care.

A CROSS-CUTTING APPROACH

The interlinkages among health, employment and education underscore the importance of a multidisciplinary approach to improving health outcomes. Furthermore, most of the big health challenges the world is facing today – whether it is COVID-19, antimicrobial resistance or the rise of non-communicable diseases – have major economic impacts. Addressing those impacts reaches far beyond the remit of individual health ministries.

With its multidisciplinary expertise across diverse policy areas, including health, economics, tax policies, agriculture, education, social policies, international development and science and technology, the OECD is very well placed to provide policymakers with the evidence they need to promote more people-centred, high-performing health systems. We are working closely with other international organisations – including the World Health Organization and the World Bank – and with international forums such as the G20 to develop the solutions needed to address 21st-century health challenges.

The OECD's cross-cutting approach also enables us to look critically at how health systems are organised, understand why they are under severe financial pressure and consider how they could be transformed. This approach also provides an opportunity, working with the UHC2030 platform, for low-income countries to build on the lessons learned as they shape their health systems, and strive to achieve universal health coverage, thereby avoiding some costly mistakes that higher income countries have made. Innovative approaches developed in a low-income context equally find a role in higher income systems. The challenges are well known – rising costs driven by high expectations of health systems, increasing costs of technology and growing life expectancies, including for people with multiple long-term conditions.

There is also broad agreement that countries need health systems to focus more on people so they have a say in the

ANGEL GURRÍA

Angel Gurría has been secretary general of the OECD since 2006, following a distinguished career in public service in Mexico, including positions as minister of foreign affairs and minister of finance and public credit in the 1990s. He has participated in various international not-for-profit bodies, including the Population Council and the Center for Global Development. He chaired the International Task Force on Financing Water for All and is a member of the United Nations Secretary General Advisory Board for Water and Sanitation and of the World Economic Forum's Global Agenda Council on Water Security.

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care they receive. Yet there are few tools for measuring what matters to people in ways that enable comparisons between countries. To address this gap, the OECD is developing Patient-Reported Indicator Surveys (PaRIS) to standardise and implement new indicators that measure the outcomes and experiences of health care that matter most to people. The PaRIS initiative aims to fill a critical gap in primary health care, by asking about access to health care and waiting times, as well as quality of life, pain, physical functioning and psychological well-being.

So whether it is preparing for the next pandemic, addressing health inequalities or making health systems more people-centred, health is always a political choice. The more we can base decisions about health systems on sound analysis, scientific evidence and reliable data, the better. The OECD stands ready to provide this support and help governments design, develop and deliver strong, resilient health systems for better lives, leaving no one behind. Together we can, and must, do better. ■

13% **14%** **4.3m**

Children with a healthy weight are 13% more likely to achieve good school grades

People with diabetes are 14% less likely to be employed

lives could be saved by 2050 in G20 countries by preventing a further rise in obesity rates



The great reset

The COVID-19 pandemic clearly demonstrates that economic and social well-being is inextricably bound to the health of populations. In the months since the virus enveloped every country on the planet, we have witnessed economic hardship, social friction and human suffering on a scale perhaps unseen in our lifetime. After the virus is controlled, we will continue to feel its cascading negative effects on mental health, diagnosis and treatment of people with other diseases, access to care and health system sustainability.

The structures and systems that ensure healthcare delivery are significantly strained, exposing long-standing gaps, fissures and disparities that must be overcome in realising a future where all people have access to affordable, quality health care. There is now a brief opportunity for global leaders to cooperate to achieve a 'Great Reset' – a step forwards to a

It is time to discard approaches to global health that are broken, suboptimal or ill adapted and to take up dialogue across societies to pursue real progress

more resilient, cohesive, equitable and prosperous world. Regarding health care, will leaders choose to advance or allow the world to ease back into systems that are flawed but familiar?

Such decisions require urgent attention. Consider that current estimates project COVID-19 will push 71 to 100 million people into extreme poverty, measured at the international poverty line of \$1.90 per day. In comparison, a 2017 report found nearly 100 million people are pushed into extreme poverty each year because of out-of-pocket health expenses. The health systems that existed before the pandemic caused the same level of financial harm to people – annually – as the pandemic. This is neither tolerable nor sustainable.

SEIZE THE MOMENT

As the world collectively moves towards a post-COVID era, let us seize this moment to reflect on lessons from the pandemic and intentionally apply them to improve healthcare systems. This is achievable. The World Economic Forum, through its Platform on Shaping the Future of Health and Healthcare, is running many

By Klaus Schwab, Founder, World Economic Forum

initiatives to identify and overcome existing gaps and barriers in healthcare systems and shape the trajectory of related fourth industrial revolution technologies so they lead to a globally and societally beneficial future. I would like to describe a few.

Accelerating diagnosis and treatment: Rare diseases affect 400 million people globally. Tragically, 3 out of 10 children born with a rare disease die before the age of five due to a lack of diagnostic and treatment options. Applying fourth industrial revolution advancements in cross-border data flows, precision and genomic medicine, artificial intelligence and machine learning offers a path to faster diagnosis and more effective treatments, but also raises numerous governance and policy challenges. Leaders at genomics institutes in Australia, the United Kingdom, Canada and the United States have come together to work through these challenges to create a federated data consortium that serves as a model for other health institution collaborations.

Launching non-pharmaceutical interventions: 75% of mental health issues begin before the age of 25. Due to the significant impact of mental health disorders on education, work, relationships and housing, it is important that communities provide young people with services that are supported by evidence. Without these services, costs of care will increase over time. In collaboration with the Global Shapers, a community of leaders under 30, the World Economic Forum built and operationalised a universal youth mental health framework focused on awareness, prevention and affordable access.

Fostering sustainable systems: The cost of health care is growing at double the rate of gross domestic product. By 2040, the world will spend

71m-100m

people will be pushed into extreme poverty by COVID-19

100m

people pushed into poverty each year due to out-of-pocket health expenses

2x

The cost of health care is growing at double the rate of GDP

around \$25 trillion every year on health care, representing a 150% increase since 2014. A global effort to transition to value-based health systems will support the sustained availability of quality, affordable care. The forum is running a collaborative global platform to facilitate knowledge exchange and co-creation of new interventions among those who choose to think past the status quo and guide the development of value-based health systems.

Rethinking marketplace dynamics:

Limited global manufacturing capacity will be a primary bottleneck in COVID-19 vaccine availability. The supply produced will be further constrained by national obligations required of vaccine innovators and manufacturers who are pursuing bilateral agreements with governments. Although bilateral agreements are standard practice, they will crowd out poorer countries during the pandemic. Taking a multilateral perspective can open new markets and expand existing businesses, while ensuring that people in advanced, developing and frontier economies have access to vaccines. The MANAGE-COV (Manufacturers Alliance for Global Equitable Access to Coronavirus Vaccines) Consortium is establishing a global vaccine manufacturing network among those who choose to work towards the creation of an additional COVID-19 vaccine manufacturing capacity of several billion doses for populations in low- and middle-income countries.

Our initiatives highlight what is possible when leaders across governments, businesses and civil society make the choice to focus attention and resources on the difficult work of creating positive change in health care. To be sure, health care is complex, and the choice to assign resources to a Great Reset in health care may not result in immediate political or profitable returns to decision makers. However, these choices will reap critical societal returns and, fundamentally, the Great Reset is about building a new social contract that honours the dignity of every human being.

Let us not maintain approaches we have seen are broken, suboptimal or ill adapted for a healthier and more globally beneficial future. Instead, let us begin dialogues across societies, meaningfully assess where we are as a planet and as a people, and decide how we can move from this time of global crisis to a new era. Real progress is possible. The first step is in choosing to pursue it. ■

KLAUS SCHWAB

Klaus Schwab founded the World Economic Forum in 1971 as a not-for-profit foundation and built it into the foremost international institution for public-private cooperation. In 1998, he and his wife, Hilde, founded the Schwab Foundation for Social Entrepreneurship, supporting social innovation around the world. In 2004, he founded the Forum of Young Global Leaders and then, in 2011, the Global Shapers Community. An engineer and economist by training, he was a professor of business policy at the University of Geneva from 1972 to 2003.

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As COVID-19 uncovers deep inequities in the social determinants of health – including the conditions in which people work – reinforcing the linkages between decent work and good health has never been more important

Fault lines exposed

The COVID-19 pandemic has been a wake-up call about safeguarding and promoting everyone's health. And when we think about the social determinants of health – the conditions in which people are born, grow, live, work and age – we understand the crucial importance of decent work, including decent employment and working conditions that are productive and deliver adequate income, safety and health at work, adequate social protection, and the promotion of workers' rights and social dialogue for improving health outcomes and reducing health inequities. Decent work provides people with the freedom to express their concerns, organise and participate in the decisions that affect

their lives, and equality of opportunity and treatment for all women and men.

There is clear, consistent evidence of strong links between employment, decent work and health. The income security, social status and physical and psychosocial well-being brought about by decent employment can break the cycle of intergenerational poverty, improve health and reduce health inequities, which are needed to reach three Sustainable Development Goals 1, 3 and 8. Yet despite significant progress, there is still a long way to go to achieve them. Only 27% of the world's population has adequate social security coverage and approximately 4 billion people lack any coverage at all. At least half the world's population still does not have full coverage of essential health services, and 12.7% of the population spend more than 10% of their household budget on health care, thereby incurring significant poverty risks due to a lack of adequate health coverage.

Investing in health and well-being empowers people to achieve the highest attainable standard of health, to

By Guy Ryder,
Director General,
International
Labour
Organization

GUY RYDER

Guy Ryder has been director general of the International Labour Organization since 2012, having held various senior positions in the ILO from 1999 to 2002 and again since 2010. Ryder leads the organisation's action to promote job-rich growth and to make decent work for all a keystone of strategies for sustainable development. He has a background in the trade union movement and is the former general secretary of the International Trade Union Confederation.

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develop their potential and achieve their objectives. At the same time, it contributes to fostering productivity, enhancing wages and incomes, creating positive macroeconomic effects and fostering sustainable development. Therefore, investing in health is a policy choice for decent work.

HUMAN AND ECONOMIC COSTS

A safe and healthy working environment and good working conditions are vital to attaining good health. Yet for millions of workers the reality is very different. According to the most recent global estimates released by the International Labour Organization, 2.78 million work-related deaths are recorded every year, of which 2.4 million are related to occupational diseases. In addition to the immense suffering of workers and their families, the associated economic costs are colossal, representing around 3.94% of the world's annual gross domestic product. The ILO works together with governments and social partners to strengthen national occupational safety and health systems and, in particular, to implement occupational safety and health management systems and improve services to address this unacceptable situation. These systems are also the foundation of preparedness and response plans in times of a global health crisis, such as the COVID-19 pandemic.

Accelerating progress towards universal health coverage is indispensable for improving health outcomes and decent work. In promoting a rights-based approach, social health protection plays an important role at the intersection of health and social protection policies to ensure financial protection and effective access to healthcare services, thereby preventing impoverishment and encouraging preventive behaviour. This includes solidarity-based mechanisms to guarantee

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The income security, social status and physical and psychosocial well-being brought about by decent employment can break the cycle of intergenerational poverty”

4bn

people have no social security coverage

50%

of the world's population lacks full coverage of essential health services

12.7%

of people globally spending +10% of their household budget on health care

effective access to health care without financial hardship, such as social health insurance, national health services or a combination of both. It also includes sickness benefits that ensure income security during sickness, quarantine or when caring for sick family members and that contribute to protecting people's own health and that of others, not only in times of a pandemic.

More broadly, social protection systems are critical for reducing inequalities, including health inequities. For example, access to social protection and income security explain about one-third of the inequity in self-reported health between the most and least affluent quintiles of adults within European countries. COVID-19 has reminded the global community of the urgency of building strong and resilient health and social protection systems, including floors. In this uniquely challenging moment, it is crucial to uphold and to promote the rights to health and social security enshrined in human rights instruments and international social security standards, in particular the principles of universality, solidarity, non-discrimination, safe and healthy working conditions, social inclusion, social justice and equity. ■

The new social contract

By Sharan Burrow, General Secretary, International Trade Union Confederation



The pandemic saw public support for health workers erupt. Now, that support must translate into a clear, enforceable agreement among governments, businesses and working people to protect public health as a priority

The global groundswell of public acclamation of health and other front-line workers as the COVID-19 pandemic hit country after country carries a powerful message for governments, many of which made political choices over the years to restrict crucial investments in health in order to appear fiscally prudent. The warnings of pandemic risk from scientists were clear, but too many governments chose to ignore them, preferring to save rather than invest, at tremendous cost to human life. Healthcare and other front-line workers have paid a heavy price for the lack of preparedness, even having to resort to plastic bin bags or swimming masks for protection, due to the failure of governments to ensure stocks of personal protective equipment. Where investment was lacking, hospitals were quickly overwhelmed.

Although global spending on health has been increasing in recent years, it has obviously been insufficient. Just 126 countries had social health insurance in 2017, and in low-income countries people are expected to pay for health care mostly from their own pockets. Africa has some 22% of the global disease burden, but only 3% of the world's healthcare workers – a workforce deficit of over 2 million people on that continent alone.

The pandemic has brutally exposed the flaws of the global economic system, in health, employment, social protection, rights to sick leave and virtually every other aspect of the economy. Global polling by the International Trade Union Confederation in 2018 revealed that 59% of working people were only just managing financially, struggling to make ends meet, or going without essentials or falling into debt. And 23% of people felt that their job was insecure.

With the world economy in intensive care, recovery and resilience must be the prime concerns. We need recovery to regenerate jobs and sustainable growth, and resilience to fix the failings and precarity of the current system and to equip the world to deal with new COVID-19 outbreaks and new pandemics along with existing global health challenges.

Massive investment in health, child care, aged care and social protection must be at the core of recovery and resilience. Existing deficits in infrastructure, education, connectivity and other areas must be addressed. Hundreds of millions of jobs, and many more livelihoods in the informal economy, have been destroyed. Job creation needs to be a primary objective of recovery, to meet the vital social and economic needs that existed before the pandemic and have now grown by orders of magnitude.

RESILIENCE ALONGSIDE RECOVERY

With recovery must come resilience. The ITUC's annual Global Rights Index has tracked the deepening multi-year trend of erosion in workers'



rights and growing precarity in employment. These trends certainly contributed to the spread of the SARS-CoV-2 virus, with so many people having no job security or safety net and facing the choice between continuing to work or poverty. Where workers' rights to organise in unions and bargain collectively for decent wages, benefits and conditions are respected, and where informal work is formalised, then resilience is built in.

Workplace safety standards, including in global supply chains, are often substandard or even non-existent. Mortality and morbidity rates have long been a global scandal. Many types of workplace are actual or potential transmission hubs for COVID-19 and other communicable diseases. Where people return to work after the initial or future shutdowns, occupational health and safety systems are crucial to protect workers and the community. This applies to the health sector as any other. Many thousands of health and care workers, in particular low-paid women, have lost their lives due to poor health and safety in their workplaces, which also became vectors for further transmission of the virus.

The alarming state of household financial security is bad news for public health. Living conditions, nutrition, hygiene and many other factors that are related to household income are major determinants of the health of any population.

The solution is a new social contract, among governments, businesses

and working people, to ensure that governments are accountable to the people and protect their rights, and where businesses have to take responsibility for their local and global supply chains, pay tax where they make profit and operate in ways that do not damage the environment. The days of shareholder value at any cost must end.

At major turning points in the last century, the social contract was installed and restored, with the creation of the International Labour Organization after the First World War and the Philadelphia Declaration as the Second World War ended. The vision of political leaders today must be equally bold. The cornerstone of the new social contract is the floor of protections promised to all workers in the ILO Centenary Declaration adopted in 2019. This labour protection floor includes protecting fundamental workers' rights, a living minimum wage, occupational health and safety, limits on working hours and social protection (which includes health). Making this a reality for all is achievable – it is just a matter of political will.

The ITUC's pandemic response survey series of more than 100 countries after the pandemic started showed generally high levels of public support for government actions. That support began to decline, and the goodwill that governments got from the governed will fall away in the absence of a new social contract.

One thing is for sure. The huge public support for health workers that erupted during this pandemic is a clear message to governments to get it right from now on. Health is a political choice, and everybody knows it. ■



SHARAN BURROW

Before assuming the role of general secretary of ITUC, Sharan Burrow was president of the Australian Council of Trade Unions from 2000 to 2010. Her global roles include being a board member of the UN Global Compact, panel member of the UN Secretary General's High Level Panel on Women's Economic Empowerment, commissioner for the New Climate Economy, ambassador for the Food and Land Use Coalition, and chair of the Just Transition Centre. She co-chaired the annual World Economic Forum meetings in 2016 and 2018.

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The warnings of pandemic risk from scientists were clear, but too many governments chose to ignore them, preferring to save rather than invest, at tremendous cost to human life”

59%

of working people were only just managing financially in 2018

22%

Africa has 22% of the global disease burden, but only 3% of the world's healthcare workers

Health in all policies

By Mariam Al-Aqeel, Minister of Social Affairs and State Minister for Economic Affairs, Kuwait

The structure and shape of industry in Kuwait is changing. As the country shifts to a technology-intensive market, one key objective is improving the safety, health and well-being of its workers

As in many countries around the world, the COVID-19 outbreak in Kuwait has been a significant obstacle, not only in the health sector but also in social and economic life this year. The COVID-19 outbreak has brought a sensational awareness of how health issues profoundly affect society as a whole.

Kuwait's health system is based on its National Health Service, which guarantees universal health coverage and supplements medical services through the private health sector. Based on the number of hospital beds, the public health sector accounts for about 83% of health care, and private sector and oil companies account for the remaining 17%. Kuwait has 97 primary health centres and public hospitals spread across the country, ensuring full universal health coverage for its citizens. As a result,

this well-established health system has fully functioned in times of pandemic, such as COVID-19. By late August, the number of confirmed cases of COVID-19 per million people was about 19,000, but the average fatality rate of COVID-19 per month remained at 0.5%.

However, in responding to the current COVID-19 pandemic, three major factors have complemented Kuwait's health and social system.

First, there is a need to supplement health, technical, social and institutional response systems that can effectively block the transmission of viral diseases such as COVID-19.

Second, Kuwait has 8,625 hospital beds, which is very low at 1.9 per 1,000 people. Therefore, it is challenging to accommodate existing patients as well as COVID-19 patients during a pandemic such as this one. In particular, facilities such as



intensive care units need to be supplemented. Given the recent accumulation of large numbers of confirmed cases of COVID-19, which increased the COVID-19 fatality rate to 1% in July, there is an urgent need to supplement these facilities.

Third, there is a shortage of overall healthcare personnel and public health experts. The medical workforce supply system that trains doctors needs to shift to one that can cultivate a diverse health workforce that can smoothly complement the entire healthcare system.

OPPORTUNITY FOR INNOVATION

On the one hand, the COVID-19 outbreak has caused many social shocks, but, on the other hand, it has given Kuwait an opportunity to promote digital innovation. Now in Kuwait, digital innovation is spreading not only to the public domain but also to private enterprises and services. The COVID-19 pandemic has become an opportunity to catalyse innovation in the fourth industrial revolution beyond the simplicity of the tertiary industry in all areas of health, education, society and economy.

In Kuwait, the five-phase plan to normalise economic activity was launched by the end of May. As of the end of August, the fourth step is being implemented. As each phase progresses, the ratio of workers in each workplace is gradually increased so that it can finally reach the 100% level. By reducing face-to-face contact between workers as much as possible, industry is in the process of normalising enterprise while minimising the spread of COVID-19. Workers' safety is protected as much as possible through social distancing in the workplace, wearing masks and hand sanitisation, including sanitary gloves.

The working environment and conditions for Kuwait's workers are some of the critical factors that determine health. In the case of industries that work outdoors, such as the construction industry, dry and hot climate conditions are fatal risk factors. And working in a confined indoor space for a long time, such as in the services industry, is another health risk factor. There is an urgent need to promote workplace health.

Kuwait is currently designing a comprehensive set of healthy workplace programmes. They are aimed at the collaboration between workers and managers to use a continual improvement process to protect and promote the health, safety and well-being of all workers and the sustainability of the workplace.

By sector, in Kuwait 2% of employees are active in agriculture, 24% in industry and 74% in the services sector. And most businesses are small,

19,000

confirmed COVID-19 cases per million people in Kuwait by late August

97%

primary health centres and public hospitals in Kuwait

0.5%

Average fatality rate of COVID-19 in Kuwait



MARIAM AL-AQEEL

Her Excellency Mariam Al-Aqeel was appointed Kuwait's minister of social affairs and state minister of economic affairs in February 2020. She was previously the minister of finance and acting state minister for economic affairs as of 2019. An accountant by training, she has held many positions in the Ministry of Finance and the Central Statistics Bureau, and chairs several committees both within Kuwait and in the Gulf. In 2019, she received the Arab Women of the Year Award for Achievement in Economic Development and Leadership.

with fewer than 50 employees. Therefore, it is not easy to realise a workplace health promotion project within the workplace itself. We are considering establishing a specialised project such as the Occupational Safety and Health Support Group, which is associated with the local community, to create a professional support system to promote workers' safety and health. This project not only improves the health competence of workers through prevention and health investment but also improves the well-being and health of workers by simultaneously providing social services such as practical health services and job counselling. Also, measures to prevent and cope with safety and industrial accidents are tightly institutionalised, and measures are being taken to lower the industrial accident rate in a short period of time.

In the long run, we are strategically changing the structure and shape of Kuwait's industry. In particular, Kuwait is making quite a change from a labour-intensive industrial structure to a technology-intensive sector through VISION 2035. By converting the labour-intensive industry, which many foreign workers are in charge of, to a technology-intensive structure, we can try to solve problems of safety, including industrial accidents, and to improve the health and well-being of workers. ■

THE FUNDAMENTALS OF LIFE



5

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Nature: the basis of all human health

Enhancing green investments reduces health risks in the long term, and the trillions of dollars available for COVID-19 recovery can either take us into a healthier future or return us to old, devastating patterns

By Inger Andersen, Under-Secretary-General, United Nations, and Executive Director, Environment Programme

Humanity has made remarkable advances over the last century in technology, communications, health care and so much more. Our minds are truly formidable. But COVID-19 has shown us just how fragile our bodies remain, particularly when confronted with new infections and pathogens.

As the pandemic sweeps the globe, we are seeing many deaths and long-lasting health problems. Necessary lockdowns and resultant job losses bring more global poverty and inequality, which bring further health issues both mental and physical.

People are adapting. Many are following the advice of the World Health Organization and other experts to change their behaviour.

Doctors and other health workers are learning to manage the illness, new treatments are coming online and vaccines against this coronavirus are being developed at unprecedented rates. This is commendable progress, and something that must continue in order to mitigate the impact of the pandemic.

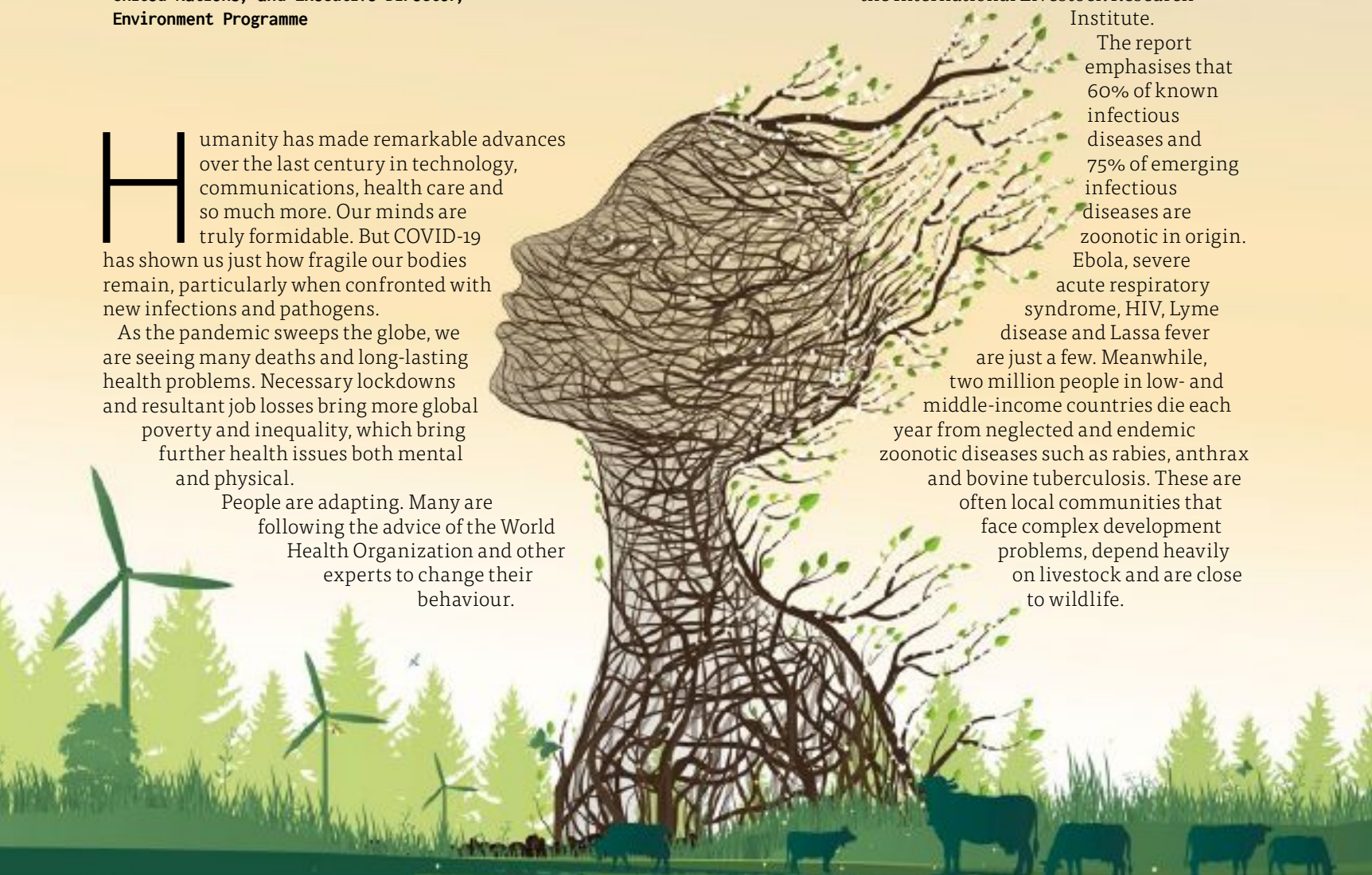
But at the same time, we should ask ourselves one question: do we want to go through this again once COVID-19 is under control? The answer, of course, is no. So, we must address the root causes of COVID-19 – to prevent not just future pandemics, but other health problems that will inevitably arise as we heat and pollute our planet and degrade its biodiversity.

We must make the political choice to protect nature, which is the basis of all human health.

DEGRADATION OF NATURE, THE COMMON THREAD

To understand why protecting nature is so crucial, we must look beyond COVID-19 to other zoonotic diseases – illnesses that jump between animals and humans. We can learn much from a recent assessment by the UN Environment Programme and the International Livestock Research Institute.

The report emphasises that 60% of known infectious diseases and 75% of emerging infectious diseases are zoonotic in origin. Ebola, severe acute respiratory syndrome, HIV, Lyme disease and Lassa fever are just a few. Meanwhile, two million people in low- and middle-income countries die each year from neglected and endemic zoonotic diseases such as rabies, anthrax and bovine tuberculosis. These are often local communities that face complex development problems, depend heavily on livestock and are close to wildlife.



What is the common factor driving these issues? Human activity that cuts into nature. We have intensified our agriculture, expanded our infrastructure and extracted natural resources – altering 75% of the planet’s ice-free surface. We know that dams, irrigation and factory farms are linked to 25% of infectious diseases in humans. Travel and transport have erased distances while emitting huge amounts of carbon dioxide and particulate matter. These same factors drive climate change, which contributes to the spread of pathogens; biodiversity loss, which harms food security; and pollution, which already kills millions of people each year.

At the heart of our response to these complex and interlinked challenges should be the idea that the health of humanity depends on the health of the planet and other species. If humanity gives nature a chance to breathe, it will be our greatest ally as we seek to build a fairer and safer world for everyone.

How do we do this? The answer lies partly in adopting integrated knowledge and policies on human, animal and environment health – a One Health approach. One Health is not new, but its uptake and institutional support are uneven. The weakest link in the chain is environmental health, despite growing understanding of the connections between natural habitats and human health. Conservation experts who monitor great ape communities, for instance, should become part of zoonotic disease surveillance in human communities nearby.

Experts monitoring wildlife habitats also play an important role. They should work with livestock keepers, veterinarians and other environmental specialists to manage spaces where livestock and wildlife coexist. For example, in 2018, livestock experts working closely with healthcare professionals in Kenya detected Rift Valley fever and deployed livestock vaccinations and other interventions to contain its further spread.

As we look at recovery scenarios now and how to avoid another pandemic, One Health strategies should be front and centre.

BACKING GLOBAL PROCESSES FOR RECOVERY

Another crucial decision is to commit more strongly to the Sustainable Development Goals and the goals of the Paris Agreement. In particular, the delay of the next global climate summit to 2021 gives countries the opportunity to strengthen their Paris commitments with a more ambitious focus on reducing carbon emissions while also focusing on resilience and carbon sequestration through nature-based solutions.

Equally important is pulling out all the stops to define the post-2020 global biodiversity framework. This framework can help us identify some of the factors affecting human health by promoting healthy natural ecosystems. To do



INGER ANDERSEN

Inger Andersen is an under-secretary-general of the United Nations and the executive director of the UN Environment Programme. Between January 2015 and May 2019, she was the director general of the International Union for the Conservation of Nature (IUCN). Ms Andersen has more than 30 years of experience in international development economics, environmental sustainability and policymaking and has held various leadership roles at the World Bank and United Nations.

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75%

of emerging infectious diseases are zoonotic, jumping between animals and humans

25%

of infectious diseases in humans are linked to dams, irrigation and factory farms

2m

people in low- and middle-income countries die each year from neglected and endemic zoonotic diseases

this, we need ambitious, clear and common targets for a nature-positive world. We need implementation support on financing, capacity development, transparency and accountability. We need to engage closely with sectors and groups, both public and private, that drive biodiversity loss: agriculture, industry, infrastructure, public works, municipal planning and consumers.

The UN Environment Programme is working with UN members, the UN system, and private and financial sectors to tackle these issues in an integrated manner. We are also advancing work on priorities such as accounting for nature in decision-making; transforming food systems for improved productivity, reduced food waste and diversified protein sources; nature-based infrastructure solutions; and restoring billions of hectares of degraded land to healthy systems.

COVID-19 recovery packages are an ideal way to back these processes. There is a temptation for some countries to push short-term growth by scaling back environmental protections and investing in polluting infrastructure and economic models. But this is exactly the wrong approach. We need to strengthen nature and enhance green investments to reduce long-term health risks, which means better environmental protection and improved sustainability. Put simply, the trillions of dollars coming into play for COVID-19 recovery can either take us into a healthier future or return us to our old, unhealthy behaviour and patterns.

We must recognise that human, animal and planetary health cannot be separated. We must plan our responses and investments accordingly. This is a political choice. ■



The symbiosis of biodiversity and health

Biodiversity loss compromises our natural systems, making us more vulnerable to disease emergence. As we rebuild from the COVID-19 crisis, there is tremendous opportunity to integrate biodiversity protection into policies that guide recovery plans – protecting us all

By Elizabeth Maruma Mrema, Executive Secretary, Secretariat of the Convention on Biological Diversity

The global community is living through one of the worst pandemics in recent history. Increasingly, the links between biodiversity loss and the ability of society to prevent and respond to global pandemics are garnering attention, not only in the scientific community, but in the policy arena as well.

Biodiversity is the variety of life on Earth, in all its forms and all its interactions. We cannot live without biodiversity – it feeds us, houses us, cures us and provides us with the air we breathe. Biodiversity is the foundation of human life. As genetic and species diversity is lost and ecosystems are degraded, the complexity of overall natural systems can be compromised, making them more vulnerable, and potentially creating new opportunities for disease emergence and poor health outcomes in both humans and other species.

Healthy and biodiverse ecosystems limit the emergence and spread of disease and stabilise the climate. Biodiversity is also an important source of genetic resources for the development of many treatments, vaccines and a range of biotechnology products used in both modern and traditional medicines, as well as in agriculture and industry.

BIODIVERSITY IN DECLINE

Unfortunately, biodiversity is currently declining globally at unprecedented rates in human history, and the rate of species extinctions is accelerating, affecting human health worldwide in a variety of ways.

According to the recently released global assessment of the Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, three-quarters of the

land-based environment and about two-thirds of the marine environment have been significantly altered by human actions. At the same time, over a third of the world's land surface and nearly 75% of freshwater resources are now devoted to crop or livestock production. Combined, these and other drivers, including climate change, are jeopardising the health, livelihoods and well-being of hundreds of millions of people around the world.

Biodiversity loss also has a huge impact on our efforts to achieve the Sustainable Development Goals. In fact, current negative trends in biodiversity and ecosystems will undermine progress towards 80% (35 out of 44) of the assessed targets of the SDGs related to poverty, hunger, health, water, cities, climate, oceans and land (SDGs 1, 2, 3, 6, 11, 13, 14 and 15).

As the international community starts to rebuild from the current COVID-19 crisis, we have a tremendous opportunity to ensure that the protection of biodiversity is integrated into policies that will guide economic and development recovery plans. That is why thinking about prevention, sustainability and intergenerational equity is so important, even in the midst of this crisis.

Drawing on the numerous potential benefits of biodiversity conservation and sustainable use to human health, the Conference of the Parties to the Convention on Biological Diversity, at its 14th meeting in 2018, addressed the importance of mainstreaming biodiversity considerations into the health sector.

Shared experiences from parties confirmed that although national efforts aimed at cross-sectoral integration were increasing, significant efforts were still needed: to raise public awareness of the



health benefits of biodiversity conservation; to scale up financing for and national implementation of cross-sectoral plans and policies that focus on prevention; to develop mutually supportive legislative, fiscal and financial instruments; and to support mutually reinforcing behavioural measures aimed at biodiversity conservation and improved health.

THE ONE HEALTH APPROACH

Broad alliances between the health- and biodiversity-related sectors at the national level, as well as support for local communities, partnerships with the private sector and increased cooperation between the World Health Organization, the secretariat of the convention and governments, were all considered important to achieving policy coherence and the transformational change required to meet the greatest environmental, global health and development challenges of our age.

Furthermore, building on the findings of the State of Knowledge Review on biodiversity and health, jointly produced by the CBD and the WHO, the Conference of the Parties to the CBD adopted a biodiversity inclusive One Health guidance at its 14th meeting. The One Health approach has been increasingly recognised and adopted by international organisations, including the WHO, the Food and Agriculture Organization and the World Organization for Animal Health (OIE).

The One Health approach and other integrated approaches recognise that human health is intimately connected to the health of animals and our shared environment, as well as socio-economic and political factors. At the local, national and global scale, the implementation of One Health

ELIZABETH MARUMA MREMA

Elizabeth Maruma Mrema was appointed executive secretary of the Secretariat to the Convention on Biological Diversity in June 2020, having served as interim executive secretary since December 2019. She was previously director of the Law Division of the United Nations Environment Programme, where she has held many positions over two decades, including deputy director of the Ecosystems Division and executive secretary of the UNEP/Secretariat of the Convention on the Conservation of Migratory Species of Wild Animals. Before joining UNEP, Elizabeth worked with the Ministry of Foreign Affairs and International Cooperation of the United Republic of Tanzania and was a lecturer in public international law and diplomacy.

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approaches has led to improved outbreak responses, generated critical data, contributed to the discovery of new pathogens, informed disease control programmes to reduce burden of diseases and enhanced preparedness for infectious diseases.

Discussions on the new transformative post-2020 global biodiversity framework, to be adopted next year in China by the parties to the CBD with contributions from all stakeholders and partners, have highlighted the linkages between biodiversity and health. We expect these issues will be given even greater prominence in the coming months, including further promotion and implementation of the One Health approach, with a view to reducing the risk of future pandemics.

It is not too late to change our course. We can, in the words of United Nations secretary-general António Guterres, “build back better” for biodiversity conservation. We will need transformative change of our development models, as well as whole-of-government, whole-of-society integrated approaches on the basis of shared responsibility and global solidarity, to restore and protect nature, thereby ensuring the integrity and advancement of human well-being.

Simply put, biodiversity is fundamental for human health and sustainable development and thus a political choice that gives us the opportunity to do what is right for our planet and human well-being. ■

3/4

of the land-based environment and

2/3

of the marine environment have been significantly altered by human actions

75%

of freshwater resources are now devoted to crop or livestock production



The animal determinants of human health

By Monique Eloit, Director
General, World Organisation
for Animal Health (OIE)

Health for all is an achievable goal, but only if health governance involves and partners with those working in the animal health sector

If health is a political choice, health policies should be designed taking into account the One Health concept, given that human health, animal health and respect for the environment are closely intertwined. We all remember events such as severe acute respiratory syndrome and the Middle East respiratory syndrome, and outbreaks of Ebola or influenza. The current COVID-19 pandemic once again highlights the threat to human health posed by pathogens circulating in the animal kingdom. In tackling the consequences for humans we must not lose sight of the need to invest in surveillance and control of these pathogens at their source in animals.

We need to address a crucial issue of good health governance, including in

the animal health sector. For some 15 years the OIE has been offering its 182 member countries a highly developed programme of evaluation of national veterinary services, known as the Performance of Veterinary Services Pathway (PVS). This is designed to identify strengths and weaknesses as well as any gaps with respect to a standardised frame of reference on the quality of veterinary services, while taking into account each country's strategic priorities.

The conclusions in the reports of the first PVS missions frequently pointed to a lack of collaboration between the public health and animal health sectors. As a result, the World Health Organization and the OIE have been working together to develop joint programmes aimed at

integrating the One Health concept by identifying areas of common ground between the OIE's PVS Pathway, a programme to help achieve compliance with OIE international standards, and WHO's International Health Regulations Monitoring and Evaluation Framework, designed to support the capacity to respond to public health events. Furthermore, OIE experts are regularly invited to take part in joint external evaluation missions conducted by the WHO in its member countries, to ensure that veterinary services' activities relating to public health are taken into account.

BROAD COLLABORATIONS

This bilateral collaboration is strengthened by far wider collaboration, which I have keenly defended before numerous bodies, namely the cooperation made up of the OIE, the WHO and the Food and Agriculture Organization. The complementarities and the synergies developed among our respective competencies and networks are notable assets when it comes to controlling zoonoses and tackling antimicrobial resistance. This 'Tripartite', which began as a platform for joint action on several priorities (rabies, influenza and antimicrobial resistance) and has gradually extended to other fields, is now an institutionalised form of cooperation, a formal agreement having been signed by the three directors general in May 2018. This partnership has proven to be a determining factor, for example when the United Nations General Assembly turned its attention to the global governance of the fight against antimicrobial resistance and recognised the central role of these three organisations in meeting this major health challenge. We were able to demonstrate that, by working together, we were better equipped and that this union at a global level should be an example to follow at a national level.

In fact, this approach has proven particularly useful. Indeed, through our long-term joint commitments we have succeeded in promoting the One Health concept and the value of intersectoral collaboration. Many countries now have One Health committees that facilitate the exchange of information collected by each

“

It is high time for veterinary services, which are on the front line when it comes to managing health risks that have their source in animals, to be recognised as key actors in health policies”



MONIQUE ELOIT

Monique Eloit is the director general of the World Organisation for Animal Health (OIE). Prior to her election, she occupied the function of OIE deputy director general from 2009 to 2015. A doctor of veterinary medicine, she has also been the chief veterinary officer of France and served as national delegate to the OIE from 2005 to 2009.

✉ @OIEAnimalHealth
🌐 oie.int

administration and ultimately improve the coherence of public action. The number of national action plans to tackle antimicrobial resistance drawn up during the past two years is tangible evidence of this.

The concept is now well understood – but it needs to be brought alive and sustained, with principles being turned into actions and then into results.

Although the successes are encouraging, major challenges remain. Even if progress has been made, in many countries veterinary services are not suitably structured and there is not the appropriate legislation to allow effective intervention. They also lack sufficient trained human resources and material resources. It is high time for veterinary services, which are on the front line when it comes to managing health risks that have their source in animals, to be recognised as key actors in health policies, and not merely technical services providing support for animal production sectors. They should also be seen as priority sectors for investment.

This explains why the OIE is committed to promoting its PVS programme among its financial partners as well as among policymakers. Disease control policies must be able to rely on cross-cutting competencies, and must have access to good-quality, sustainable networks: nation-wide epidemiological surveillance networks, networks of analytical laboratories, partnerships with the private sector (health professionals, technicians, the pharmaceutical industry, for example), mechanisms for dialogue with communities, and so on.

Lastly, to continue the work of improving global health governance and to consolidate our partnerships with the international organisations involved, especially the WHO and FAO, the forthcoming OIE Seventh Strategic Plan (which will be presented to the World Assembly of Delegates for adoption in 2021) clearly identifies our commitment to contribute to the achievement of the Sustainable Development Goals. Thus, the OIE and the veterinary services wish to affirm that they are partners on whom the international community can count, so that 'Health for All' can become an achievable goal. ■

Public health successes require an all-of-society response, from the systemic change needed to achieve the Sustainable Development Goals to the involvement of community to drive progress with people at its heart

The Caribbean Public Health Agency was established as a result of an intergovernmental agreement to merge five regional health institutions: the Caribbean Environmental Health Institute, the Caribbean Epidemiology Centre, the Caribbean Food and Nutrition Institute, the Caribbean Health Research Council and the Caribbean Regional Drug Testing Laboratory. CARPHA now operates from its headquarters in Port of Spain, Trinidad and Tobago, with one campus in Jamaica that focuses on medicines, quality control and surveillance and another in St Lucia that focuses on environmental health and sustainable development. CARPHA's mandate is to address the Caribbean Community's contribution to regional public goods, including:

- promoting the physical and mental health and wellness of people;
- providing strategic direction, in analysing, defining and responding to public health priorities;
- promoting and developing measures for preventing disease;
- supporting preparation for and responding to public health emergencies;
- supporting solidarity in health, as one of the principal pillars of functional cooperation; and
- supporting the relevant objectives of the Caribbean Cooperation in Health.

DETERMINANTS OF HEALTH

CARICOM, with its small island developing states and continental states with low-lying coastal areas, is plagued by climate change, and heavily economically dependent on tourism and travel. This geographic region is thus grappling with the globalisation of the determinants of health, while coming to terms with some of the historic determinants, including a heavy burden of chronic disease and risk factors.

According to the Pan American Health Organization, in 2016 countries in the Caribbean exhibited the highest mortality rates from non-communicable diseases in the Americas: seven countries had mortality rates above 584 per 100,000 people. More than 70% of deaths in CARPHA members are due to NCDs.

The CARICOM region acted strategically to avoid overwhelming its under-resourced health systems by blocking the repeated importation of the COVID-19 virus, thus curtailing community spread in one of the most well-coordinated and choreographed expressions of functional cooperation in health. The heads of government made the health of their citizens a stunning political choice. Through a combination of public health and all-of-society non-public health measures – the joint lockdown – CARICOM has preserved life at a great economic cost.

The CARICOM heads are now leading another social experiment by implementing protocols in every sector to try to live, work and play safely with COVID-19. This includes a return to tourism and commercial activity during

By Joy St John, Executive Director, Caribbean Public Health Agency

The Caribbean experience

JOY ST JOHN

Joy St John was appointed executive director of CARPHA in July 2019. From 2017 to 2019, she was assistant director general of the World Health Organization, responsible for climate change and other determinants of health. She served as the chief medical officer of Barbados for more than 12 years, and was the first Caribbean person to chair the executive board of the World Health Organization, from 2012 to 2013.

🐦 @CARPHAExDir 🌐 carpha.org

a very political period, with at least six elections scheduled before the end of 2020. So, the decision to save the health of the most valuable asset of CARICOM – its people – will undergo the ultimate political choice, the vote of the people, testing the famous statement that “the health of the people is the wealth of the people”.

COLLABORATION WITH PARTNERS

CARPHA managed its pandemic response as a health security issue with heavy reliance on the security cluster of CARICOM, while the Regional Coordination Mechanism for Health Security facilitated regional collaboration with PAHO and other public health agencies.

Its international development partners responded swiftly to support regional public health action. However, the most effective collaboration has been the technical interplay among the chief medical officers, as well as the political collaboration of the health ministers and the whole of CARICOM regional leadership facilitated through the CARICOM Secretariat.

CARPHA has been responding to requests from other sectors such as education and more recently with the COVID-19 Tourism Task Force for the safe return of tourism.

REGIONAL SOLIDARITY

I am proud that the per capita rates of COVID-19 infections and deaths have been relatively low in the Caribbean,

even since returning to a safe new normal level of commercial and tourism activity. The quality of life that the heads of government sought to preserve has also stayed true to the cultural dictates for religious expression and sporting activities.

This expression of regional solidarity, despite the region’s four languages and many cultural influences, is a testimony to the success of the political construct of the Caribbean Community and the technical buttressing of so many years of functional teamwork in managing health through the Caribbean Cooperation in Health planning framework.

This COVID-19 crisis has revealed the inequalities in a 21st-century world. Access to health is a basic human right, but countries in the Caribbean have been hindered in procuring the essential medical supplies and

equipment needed for the fight against COVID-19 by challenges that transcend commonly experienced interruptions in the supply chain.

Nonetheless, among CARICOM’s greatest successes in managing COVID-19 has been the leadership of the heads of government in an all-of-society response. Another great public health success has been the coordinated responses of the CARICOM countries in preventing illness and death. All these decisions and the most recent arrangements with PAHO, the WHO and the African Union to improve access to supplies, have political sensitivities. Ultimately, the systemic change required to achieve the Sustainable Development Goals requires this type of solidarity, as well as the involvement of all sectors and a community of practice with strong political leadership, to sustain people-centred progress. ■



+70%

of deaths in CARPHA members are due to non-communicable diseases

7

Caribbean countries had NCD mortality rates above 584 per 100,000 people in 2016

A recipe for healthy diets in Africa

By Ndidi
Nwuneli,
founder,
LEAP Africa

Cross-sector collaborations are the key ingredient to good nutrition across Africa, which provides better prospects for families across the continent to thrive and live productive, healthy lives

The 2020 State of Food Security and Nutrition in the World Report, released by the Food and Agriculture Organization, reveals that approximately 57% of the population in sub-Saharan Africa cannot afford a healthy diet. Sadly, COVID-19 has only exacerbated this reality, given the rising food prices linked to disruptions in local and global food supply and distribution chains, coupled with job losses and declines in remittances. Urgent collaborative action from key actors in the public, private and non-profit sectors is required to ensure the availability and affordability of nutritious food for the most vulnerable people in our communities and countries during and beyond the pandemic.

Healthy diets are characterised by a predominantly plant-based diet, which includes 'protective' foods such as fruits, vegetables and whole grains, a diversified protein supply, and reduced consumption of sugar, salt and highly processed foods. Sadly, the costs of such a diet currently exceed the \$1.90 household poverty line in most African countries, a line linked to a range of structural, infrastructural and political economy challenges. Unproductive, fragmented and unstructured value chains, with prohibitive production prices, increase the costs of essential foods. In addition, post-harvest losses of fruits and vegetables, critical for healthy diets, are estimated at between 20% and 60%, depending on the value chain, due to poor handling, inadequate storage and distribution infrastructure, with limited cold chain networks. Small- and medium-sized enterprises, which are responsible for providing more than 80% of the food consumed in Africa, and are the engines of growth and innovation in the nutrition landscape, struggle for survival due to the absence of support systems, an enabling environment, funding, training and market linkages. There is also limited coordination and cooperation among the key actors who should work together to drive cohesive and integrated action to ensure nutrition security at local, state, federal and regional levels.

NUTRITION SECURITY IS URGENT

The COVID-19 pandemic has reinforced the critical role that nutritious diets play in boosting immune systems and ensuring human survival. As a result, there is a real urgency for immediate and coordinated action steps to ensure the availability and affordability of nutritious food for Africa's most vulnerable.

First, national, state and city governments must engage cross-sector teams from the ministries of health, agriculture, water resources, science and technology, the environment, trade and investment, gender, education, and financing landscapes to create and align on cohesive policy frameworks that ensure nutrition security. These frameworks must include investments in public infrastructure, such as energy, storage, road, rail and cold chain networks, to reduce the operating costs and losses faced by farmers, aggregators, processors and distributors in priority value chains such as legumes, nuts, fruits and vegetables. African governments must create incentives for companies to invest



NDIDI OKONKWO NWUNELI

Ndidi Okonkwo Nwuneli is an agriculture and nutrition expert based in Nigeria, with more than 25 years of experience in international development. She is the founder of LEAP Africa, which inspires, empowers and equips a new cadre of principled, disciplined and dynamic young leaders in Africa. A graduate of Harvard Business School and Wharton School, she is currently engaged in transforming the food and agriculture landscape in Africa, through three companies that she has co-founded: AACE Foods, Sahel Consulting and Nourishing Africa. Her book, *Food Entrepreneurs in Africa: Scaling Resilient Agriculture Businesses*, will be published by Routledge in 2020.

🐦 @ndidiNwuneli
🌐 leapafrika.org

20–60%

of fruits and vegetables are lost post-harvest

\$1.90

The household poverty line in most African countries, which the cost of a healthy diet exceeds

57%

of the population in sub-Saharan Africa cannot afford a healthy diet

in the production and sale of nutritious food, and to foster consumer demand for healthier food, leveraging taxes as incentives or disincentives. The South African government's introduction of the health promotion levy on sugary beverages in 2018, which induced beverage companies to reduce their use of sugar by 30%, is an example worthy of emulation. In addition, governments must fund national research institutions to identify and commercialise alternative and affordable protein sources, including insect-based options.

The African private sector must invest in building shorter, more efficient and effective local supply chains to address the high rates of post-harvest losses, but also minimise nutrient loss during the process of transporting, processing, packaging and retailing food. They must also comply with mandatory fortification standards for processed food set by various governments. In addition, they must invest in research and technology to identify innovative approaches for processing and packaging nutritious food, and to minimise the inclusion of unhealthy ingredients. Entrepreneurs must also actively engage in hubs such as NourishingAfrica.com and initiatives such as the SUN Business Network to obtain the funding, technical support, training and market connections that they need to scale their businesses.

Non-profit organisations, faith-based organisations, the media and civil society must hold governments accountable for setting standards and creating an enabling environment that fosters the emergence of a vibrant ecosystem that drives the availability and affordability of nutritious food. They must also hold private sector actors responsible for ensuring compliance with these standards and celebrate SMEs championing innovations in the landscape. In addition, non-profits should promote the cultivation, processing and consumption of neglected and underutilised indigenous plant species, which have both nutritional and environmental benefits. The media and faith-based organisations should play a critical role in raising consumer awareness and empowering communities to make more informed food choices and demand nutritious food.

Ultimately, the collective action of these key actors will foster the availability and affordability of nutritious food, which will eventually ensure healthier families, who have a better chance of surviving future health pandemics and living productive lives. ■



The view from Sri Lanka

When the World Health Organization announced on 9 July 2019 that Sri Lanka had eliminated measles, a notifiable disease, the island nation had already attained an impressive track record in affording comprehensive health services to its citizens.

Since its independence in 1948, Sri Lanka has achieved remarkable levels of success in human development, in spite of a low level of per capita income. Its impressive health indicators include a maternal mortality rate of 33.8 per 100,000 live births, an infant mortality rate of 9 per 1,000 live

Long-term political commitment has driven continuous investment in Sri Lanka's public health services – a strategy that has been extremely valuable in the face of COVID-19

By Kusum Athukorala, Steering Committee Member, Women for Water Partnership

births and life expectancy at birth of 75.3 years. The country has a strong surveillance system, and all vaccine-preventable diseases are an integral part of the communicable disease surveillance system. As a result of these achievements, for more than 30 years Sri Lanka has been recognised as a strong performer in global health.

This achievement is due to the consistent investment made in the health sector by respective governments. State health expenditure has generally been around 1.5% of gross domestic product. It has fluctuated from 1.97% in 2006 to 1.48% in 2017 with a low of 1.13% in 2013. In spite of the



Pics: Ruwan Walpola / Shutterstock.com

limited percentages, the country has a countrywide, comprehensive network of health centres, hospitals and other medical institutions, with a large workforce engaged in curative and public health activities. Support is available at the household level through an extensive network of health workers. Health services in the public sector are delivered mainly free to patients. Supervision and management of all healthcare institutions, other than teaching hospitals and field services, are decentralised to regional councils.

Dr R Surenthirakumaran, head of the Department of Community and Family Medicine at the University of Jaffna, has said that “this development of health services was only made possible due to the public health structure laid down in the early part of the 20th century. The National Institute of Health Sciences Kalutara, the pioneer public health education institute in the country, was developed in 1926 to train the public health staff in the country.”

EARLY INVESTMENT

This early investment reflects the will and commitment of the political establishment of the colonial era to support healthcare needs. This concern eventually led to the development of a public health programme that reaches almost all the families in the country through the 325 administrative units called medical offices of health areas.

Sri Lanka has developed a community-based surveillance system to control communicable diseases. The Epidemiology Unit of the National Ministry of Health was developed to handle the communicable diseases and vaccination programmes in the country. Sri Lanka's public health system is one of the standard health systems in the world and is especially geared to handle public health emergencies.

Quarantine law in Sri Lanka is primarily governed under the Quarantine and Prevention of Diseases Ordinance No. 03 of 1897. The ordinance, which is composed of 12 sections, was introduced to prevent the introduction of all contagious or infectious diseases and the spread of such diseases in and outside Sri Lanka. It has been expanded by the Ministry of Health and Indigenous Medicine to deal with the current pandemic situation, an amendment enacted

“

Sri Lanka has developed a community-based surveillance system to control communicable diseases”

1.5%

of Sri Lanka's GDP is spent on state health

+30yrs

Sri Lanka has been recognised as a strong performer in global health for more than 30 years



KUSUM ATHUKORALA

Kusum Athukorala holds a master of science in managing rural change from Imperial College, University of London. She is the recipient of the International Water Association's International Women in Water Award and the Zonta Woman of Achievement for Environment. She has held a series of responsible positions on national, regional and international boards and has contributed to establishing and growing an array of national and international organisations. She has also worked as an adviser and consultant for water-related programmes. Currently her work in environment-related advocacy covers a range of ground-level issues in Sri Lanka such as gender and community development, water, sanitation, hygiene, climate and water security.

through the Extraordinary Gazette No. 2167/18(20.03.2020) that lists COVID-19 as a quarantinable disease.

The continuous investment in public health structures, a result of long-term political commitment, has been valuable in the face of the COVID-19 crisis. Dr Gamini Jayakody, a physician in Kandy District in the Central Province of Sri Lanka, remarks that “the already well-established community health network, going down to grassroots level, supports tracing and follow-up of COVID-19 patients and early identification of possible clusters”.

Investment in education and the resulting high literacy, including 90.8% female literacy, are also factors supporting the health sector, as it enables citizen voters to recognise and demand services from political entities. Strong, consistent and committed political leadership and an educated citizenry are necessary for the development of healthcare systems, and Sri Lanka is a case in point for such investments. ■

EQUITABLE INVESTMENTS



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CHAPTER

Making universal health coverage a reality

COVID-19 has dramatically exposed global weaknesses in healthcare systems, catalysing renewed calls to work and invest together to create a healthier – and truly equal – world for all

By
Henrietta
H Fore,
Executive
Director,
UNICEF

The most basic function of any society is to care for the well-being of its people – and the most fundamental aspect of every person's life is their health. Without health, economic and social progress is simply not possible – for people and countries alike.

We need look no further than COVID-19 to see a living example of the clear link between the health of people and the health of countries and economies. The pandemic and the unprecedented measures to contain it vividly demonstrate how

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Immunization response to the measles outbreak, Madagascar

health challenges can quickly and dramatically affect nearly every aspect of a country's socio-economic well-being.

The pandemic also exposes the world's inability to provide basic health care to millions of people. It reveals the gulf between people who have ready access to health care – and to the many determinants of good health and disease prevention, such as sanitation, clean water and good nutrition – and those who do not.

When the G20 met last year in Osaka, UNICEF called on leaders to encourage all countries to invest in, finance and deliver quality, community-based, primary health care capable of reaching all people. We underscored the need to gather other partners around this critical need – businesses, healthcare providers, innovators, scientists and policymakers.

In 2020, we renew this global call.

The need is urgent. The barriers of poverty, inequality, distance, discrimination and humanitarian emergencies such as conflicts and natural disasters continue to deny millions access to even the most basic levels of health care.

This denial of primary health care – universally – is especially tragic when it affects the most vulnerable people of all: children.

Despite progress in child survival over the last two decades, every five seconds – the time it takes to read this sentence – one child or young adolescent died in 2019. Most of these deaths (85%) occurred in the first five years of life. Half occurred in the first month.

Most of these deaths are preventable. They occur because children lack proper nutrition or a vaccination. Because their mothers do not receive the care they need during childbirth, or give birth in unsanitary conditions where clean water is scarce.

POVERTY KILLS

Most of all, these deaths occur due to poverty, inequality and under-development. Unequal distribution of power, money and resources condemns millions of people around the world to poor health and to low-quality – or non-existent – health services. In sub-Saharan Africa, one in 13 children dies before their fifth birthday. That's 15 times higher than in high-income countries where the ratio is one in 199.

HENRIETTA H FORE

Henrietta H Fore has been UNICEF's seventh executive director since 1 January 2018. From 2007 to 2009, she was the administrator of the US Agency for International Development, having earlier held the positions of assistant administrator for Asia and assistant administrator for private enterprise. Fore also served as under secretary of state for management and director of the United States Mint in the US Department of Treasury. Immediately prior to her appointment with UNICEF, Fore was chair of the board and chief executive officer of Holsman International.

🐦 @unicefchief 🌐 unicef.org



In short, millions of children die each year because health care is financially out of reach for their families, or because there are no systems to deliver these life-saving services where they live. Without universal access to quality health care for all people, any vision of a truly equal society will remain unrealised.

Now is the time to reimagine health care for every person and design systems that reach them, no matter where they live.

Now is the time to make our dream of universal health coverage a reality for every person.

In 2018, the Astana Declaration called on all countries to deliver on our promise of universal health

coverage through better, more accessible community-based primary health care.

In our work with governments and civil society partners, UNICEF is working to build stronger primary health systems that can reliably deliver community-based services in all contexts, especially for the most vulnerable. In 2019, we invested more than 80% of our resources and staff in countries with the highest mortality and disease burdens to help governments improve delivery of vital healthcare services to every community.

Emergency contexts are particularly important – not only to reach people in their time of need, but also to help countries build health systems over the long term. In Afghanistan, many rural communities have no access to basic services such as vaccinations, sick-child care and antenatal screening. With the support of Japan and Korea, UNICEF is now strengthening primary care for more than one million women, children and newborns, through 70 mobile health teams linked to – and supplied by – local community health services.

Throughout, we remain focused on the many determinants of health and bringing together our programming to deliver a number of key interventions in one place, at the same time. ►

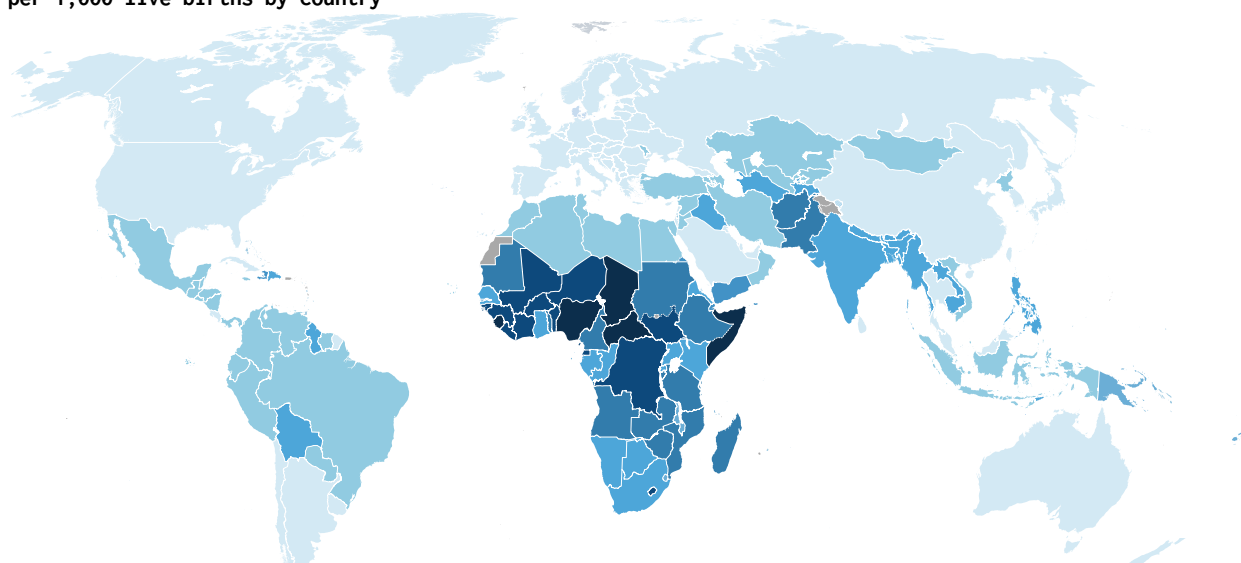


Emergency contexts are particularly important – not only to reach people in their time of need, but also to help countries build health systems over the long term”



UNDER-FIVE MORTALITY RATE

deaths per 1,000 live births by country



Every

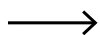
5 seconds

a child or adolescent dies



85%

of these deaths occur in the first five years of life



1/2

Half of these deaths occur in the first month of life

The classification is based on unrounded numbers. This map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delineation of any frontiers.



Children in Aden, Yemen proudly show off the spots on their arms where they were vaccinated during a mobile Measles and Rubella vaccination campaign backed by UNICEF

In Ethiopia, Nigeria and Burkina Faso, we are integrating screening for severe acute malnutrition into routine medical visits.

We are delivering packages of information on early childhood development and interventions such as nutrition screening and learning kits in health facilities where parents bring their children for routine vaccinations and check-ups.

And we are working with partners and governments to strengthen all of the systems that support good health – water, sanitation, hygiene, food, nutrition and social protections.

BOLD INVESTMENTS REQUIRED

Again, COVID-19 dramatically exposes weaknesses around the world. Communities without water and sanitation are critically disadvantaged when handwashing and sanitation are essential weapons in fighting the virus.

At a time when all health and health-related systems are stretched to breaking point because of COVID-19, UNICEF calls on world leaders to make bold investments in accessible health

systems and the many systems that support them – to help defeat the pandemic in the short term, and to build the effective and accessible health systems that every community needs and deserves over the long term.

Help us give health the prominence and profile it deserves on the global agenda, not just in the halls of power and government, but in boardrooms and financial institutions. With media outlets. With digital information and communications technology companies. With scientists and innovators. And with industries and corporations, small and big. We need everybody to join us to make universal health coverage a reality in every country and every community.

By working together – and, most importantly, investing together – we can help ensure that all people, no matter who they are or where they live, have access to good quality and affordable health care.

Let's work together for communities in need and take one more step towards a healthier and truly equal world for all. ■

No one is safe until we are all safe

By António
Vitorino,
Director
General,
International
Organization
for Migration

Pandemics know no borders, and poor migrant health is symptomatic of deeper societal problems. A profound change in our approach to global health and migration, coupled with international cooperation, holds the promise of safety for all

Migrants and mobile populations face many obstacles in accessing essential healthcare services. These include language barriers, a dearth of migrant-inclusive health policies, an inaccessibility of services and irregular immigration status. In addition, many migrants live in overcrowded spaces or makeshift shelters, with poor sanitation and hygiene services, which increase their vulnerability to poor health outcomes. These challenges affect the well-being of migrants, and undermine societies by limiting the positive contribution ►

of migrants and migration to our societies, and towards the realisation of global health, social and economic development goals. The COVID-19 pandemic has laid this bare in the starkest terms.

Since its inception, the International Organization for Migration has considered health a core component of all migration or population mobility issues, from migration and development, climate and environmental change, and disease control and prevention, to global health security, occupational safety, disaster risk reduction and foreign policy. In 2019, 1,300 IOM staff members across 110 country offices implemented nearly 200 health-related projects. They conducted over 3.6 million primary healthcare consultations, provided polio and measles vaccinations through emergency health activities for 380,000 children, conducted 400,000 pre-migration health assessments, and delivered mental health and psychosocial support services for more than 360,000 people.

IOM has worked in close collaboration with the World Health Organization for several decades, and with the United Nations High Commission for Refugees in promoting the health of refugees and displaced persons. Together, we are key technical partners in the WHO Global Action Plan for Promoting Health of Migrants and Refugees. The International Labour Organization and IOM work together to improve the migration of health workers and the health of migrant workers. Other UN system partners include UNICEF, UN Women and UNFPA, as well as global health stakeholders including the Global Fund and GAVI, the Vaccine Alliance. IOM, as coordinator and secretariat of the newly created UN Network on Migration, brings UN entities together to ensure greater coherence on migration issues. In its first year, the network has prioritised the issue of access of migrants to services.

“

Well-designed migration policies can contribute to positive health and human development outcomes for migrants, their families and communities in countries of origin and destination, benefitting societies writ large”

INCLUSION IS JUST THE STARTING POINT

Inclusive access to health care for migrants is key. Even before the pandemic, an IOM analysis covering 51 countries found that only a third of those countries provided the same access to government-funded health services to both citizens and migrants, irrespective of their migration status. I cannot emphasise enough the need to establish health systems that promote equity, reduce stigma and remove barriers based on multiple types of discrimination, in particular in fragile settings.

But inclusion is just the starting point.

Well-designed migration policies can contribute to positive health and human development outcomes for migrants, their families and communities in countries of origin and destination, benefitting societies writ large. Innovative health financing policies that reduce out-of-pocket and catastrophic health expenditures should take into account migration patterns within, and across, countries to find sustainable, cost-effective solutions for migrants, including

through public-private partnerships.

The health services sector itself is a leading employer of skilled migrants. Well-managed and ethical international recruitment of health workers – when coupled with fair labour agreements and strong diaspora engagement – can strengthen developing country health capacities, with migrants acting as co-developers of health services in countries of origin and destination.

These lessons have never been more applicable than in the present pandemic. While foremost a health crisis, it has also become a crisis for migration, human mobility and displacement. Governments have closed borders to contain the pandemic, but the virus is, ultimately, borderless. It is also important to recognise that it is the virus, not people, that presents the core threat. An increasing number of instances of hatred, anger and exclusion towards migrants and stranded and displaced persons is now being reported worldwide. This kind of discrimination is dangerous. It can make people reluctant to come forward with symptoms, for fear of stigma, arrest or deportation. But the pandemic has revealed the deep inequalities felt by migrants and displaced persons, particularly when they fall outside of social safety nets, lack access to basic services to ensure





380,000

children vaccinated against polio and measles

360,000

people received mental health and psychosocial support



ANTÓNIO VITORINO

António Vitorino became director general of the International Organization for Migration in 2018. He is a former European commissioner for justice and home affairs (1999–2004). He has also enjoyed a distinguished career in Portugal as a lawyer, and was elected to Portugal's Parliament in 1980. In 1983 he became secretary of state for parliamentary affairs, and later served as minister for national defence and deputy prime minister within the government of António Guterres, now secretary-general of the United Nations.

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their health and well-being, and experience increased vulnerability of residence and work status.

RETHINKING IS CRITICAL

The dramatic impacts of the COVID-19 pandemic have demonstrated the critical need to rethink immigration and border policies and practices and embed public health concerns while respecting individual rights. Some states have used such concerns to justify blanket detentions of undocumented migrants and refugees in overcrowded facilities, with detainees and staff exposed to heightened risks of infection. Migrant workers have found themselves stranded in countries of destination or transit, or have had their visas revoked or suspended and been placed in overcrowded facilities before being returned to their countries of origin. It

is imperative to fully integrate health, border and mobility management approaches, including the development of adequate surveillance infrastructure and improved data sharing between countries.

During the COVID-19 pandemic, IOM staff have remained on the front line, providing direct health services while helping a number of governments integrate public health measures into their migration systems. IOM's ongoing COVID-19 health response includes mapping population mobility at border points of entry (as in the Democratic Republic of Congo), community-based disease surveillance (as for migrant workers returning to Mozambique from South Africa), ensuring continuity of essential health services (as in Jordan and Libya), developing migrant-friendly communication and

community engagement regarding the risks of COVID-19 (as in Egypt and Colombia), and mental health and psychosocial support (as in Nigeria). IOM also provides health services support for the UN system to enable UN staff to 'stay and deliver'.

We need a fundamental change in our approach to global health and migration, and strong international cooperation. As we reimagine our world beyond COVID-19, it is crucial that the challenges and opportunities of international migration unite us, rather than divide us. This pandemic has revealed how no one will be safe until all of us are safe. And this requires a shared and collective interest in the health, safety and well-being of all migrants. IOM stands ready to support governments ready to make this bold, yet essential, commitment. ■

Looking back to move forwards

The fight against HIV provides hopeful lessons on how we could emerge from the current COVID-19 crisis. Both necessitate bold action – and hold the promise of a secure society in which all individuals are safe

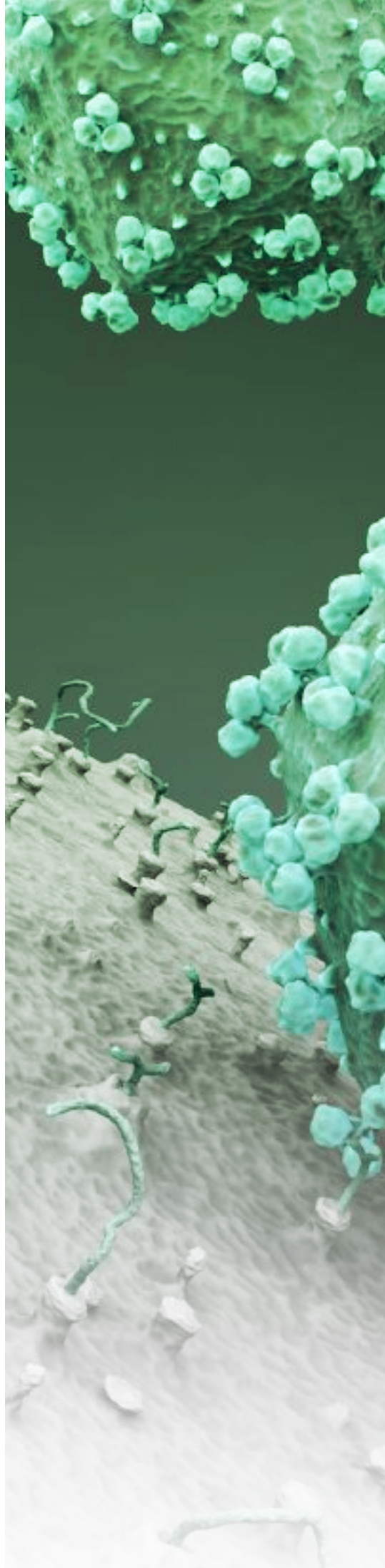
By Winnie
Byanyima,
Executive
Director,
UNAIDS

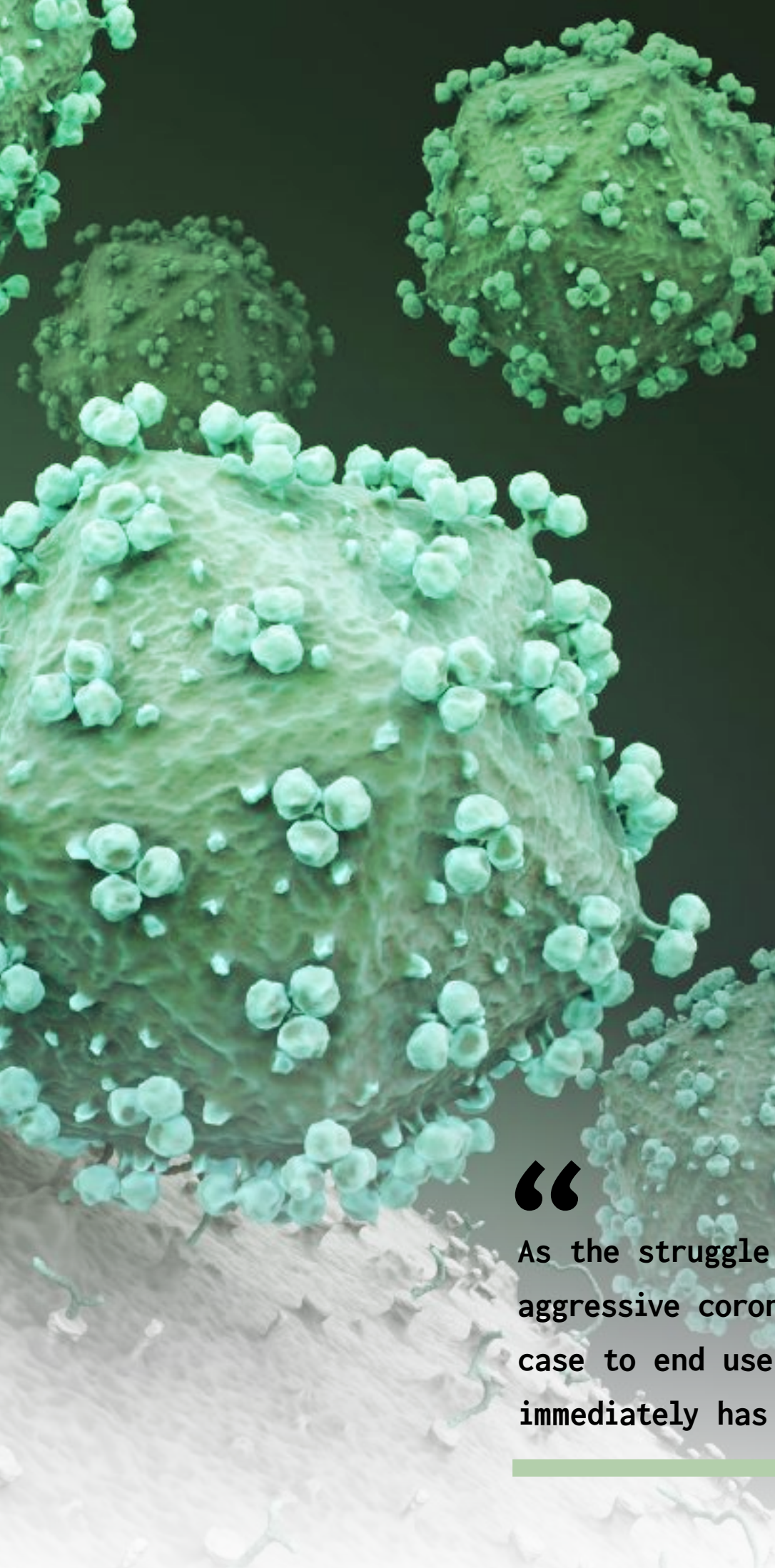
The COVID-19 pandemic has caused a profound crisis. It also provides an opportunity for leaders around the world to transform how we ensure people's health. UNAIDS can share learning from four decades of experience in the AIDS response to help do so.

Today, millions of people around the world are alive and thriving because of the actions taken to push back AIDS. Yet AIDS is not finished, nor can victory be assumed: today 25.4 million people are on life-saving HIV treatment; 12 million more need to receive treatment. We are not on track. Indeed, the COVID-19 pandemic threatens to knock progress on AIDS off course. Applying insights from the successes and the challenges in tackling AIDS can help us overcome the COVID-19 pandemic – and enable us to finish the fight against AIDS, ensure the health and rights of all, and equip ourselves to manage the challenges to come.

Here are just six insights from our experience from HIV and AIDS.

First, the power of collaboration. Pandemic responses must go well beyond health. The most successful strategies to support people living





with HIV and to reduce new cases of HIV have involved multi-sectoral action across ministries, including on education, social protection, economic policy, law reform and public information. Tackling COVID-19 likewise requires a whole-of-government approach, and a willingness to radically change existing ways of working. That collaboration must be international. Solidarity across borders has been at the heart of responding to HIV. No one ministry, and no one government, can solve any pandemic alone.

Second, the power of community. Community-led responses have been critical to the HIV response. The same holds for communities during the COVID-19 pandemic. They hold the key to flattening the curve, supporting affected people, ensuring equal distribution of commodities and ensuring recovery. Ultimate success hinges on how we involve affected communities in governance and policy, service delivery and monitoring and accountability.

In battling COVID-19, we must harness the power of communities and support community-led responses by funding community organisations, designating them as essential and ensuring the civic space to facilitate their potential. Boosted by the HIV response, strong community systems are in place in many countries. A skilled workforce already provides, or is fully ready to provide, community-led service delivery on COVID-19, as well as HIV. Workers must be paid fairly. Governments must change national policies that prevent communities from realising their full potential due to lockdowns, restrictive social contacting policies and constraints on their operations. ►

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As the struggle to control an aggressive coronavirus rages, the case to end user fees in health immediately has become overwhelming”

Third, the importance of rights. Many countries' initial HIV responses disregarded rights. Too often, the same mistakes from the earliest damaging days of HIV are reappearing in responding to COVID-19. The HIV response only started to win once rights and voices were put at its heart. Building on those lessons, UNAIDS has supported the work of human rights defenders in all regions to ensure everyone's rights are fulfilled in the COVID-19 response. We have provided joint guidance and policy and material support on rights. Aspects of these lessons have successfully been applied in some COVID-19 responses, although there is still much catching up to do. We must ensure that the rights of everyone, especially the most marginalised and vulnerable, are respected, protected and fulfilled, including by ending criminalisation. We will beat AIDS, and we will beat COVID-19, by valuing the rights and dignity of every person.

Fourth, life-saving science as a public good. The mass production of AIDS medicines by generic manufacturers, and assertiveness by developing countries in using them, unblocked the twin obstacles of prices much too high and volumes much too low. We have aimed high on realising everyone's right to the fruits of the best science in fighting AIDS.

Now, as we face COVID-19, leaders, experts and civil society organisations

globally have united in a call for a People's Vaccine. There must be prior international agreement that any vaccines and treatments for COVID-19 will be made available to all countries, making a monopoly impossible for any single company or country. This will enable the multi-location, simultaneous mass production required to ensure that new vaccines are produced at the needed speed and scale. Developing countries must not be priced out or left at the end of a pharma queue.

Success remains at risk from backdoor deals between countries and pharmaceutical companies. It is vital to maintain a collective approach – because it's the right thing to do, but also because ultimately it is in everyone's enlightened self-interest: pandemic vaccines and treatments depend on mass use, so no one is safe until everyone is safe.

Fifth, universal health coverage as an investment that we cannot afford not to make. We have seen with HIV how removing financial barriers to accessing prevention, treatment and care has been key to huge progress, and that the costs of tackling threats to health are much less than the costs of not tackling them.

COVID-19 has again highlighted that health care is a shared investment benefitting all. Excluding anyone hurts us all. Many countries report severe shortages of necessary equipment, medicines and human resources to tackle COVID-19. We must now guarantee people's health through stepped-up national public investments in strong health systems and take ambitious international action to facilitate the needed fiscal space by raising – not cutting – aid, cancelling more debt and making ambitious tax reforms.

The costs of health cannot be left to individuals. Every year, user fees block one billion people from health care. This puts everyone at risk: viruses cannot be contained if people cannot afford testing or treatment. It is in everyone's interest that people who feel unwell should not check their pocket before they seek help. As the struggle to control an aggressive coronavirus rages, the case to end user fees in health immediately has become overwhelming.

Sixth, crises as opportunities. The AIDS crisis showed that crises can generate possibility, rather than make bold action impossible. It led to universal health coverage in Thailand, the repeal of

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12m

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1bn

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WINNIE BYANYIMA

Winnie Byanyima assumed the role of executive director of UNAIDS in November 2019. She had been executive director of Oxfam International since 2013. Prior to that, she served for seven years as the director of gender and development at the United Nations Development Programme. Ms Byanyima began her career as a champion of marginalised communities and women 30 years ago as a member of parliament in the National Assembly of Uganda. In 2004, she became the director of women and development at the African Union Commission.

🐦 @Winnie_Byanyima

🌐 [unaids.org](https://www.unaids.org)

discriminatory laws in countries on every continent, new norms on intellectual property and debt cancellation that freed up vital resources. Amid the pain and fear, the COVID-19 crisis generates an opportunity for bold, principled, collaborative leadership to change the course of the pandemic – and of society.

Like AIDS, COVID-19 necessitates bold action, and provides the impetus for taking it. AIDS once seemed it would overwhelm us forever. Our progress in pushing it back gives hope. Conversely, the continuing challenges we face on HIV and AIDS, and the risk of progress being thrown off course, remind us that there is no quick fix.

Our leaders across government and society can beat both pandemics. But this demands we take politically difficult decisions that redress the structural inequalities that hold back all who have been economically or socially excluded; and that we embrace a progressive multilateralism in which we share know-how, investments in our common future and power. The prize is a secure and prosperous society where all are safe, and where all belong. I am optimistic that together we will win. ■

When health rests on rights

By Christina
Henriksen,
President,
Saami
Council

Achieving universal health coverage, a key target of the third Sustainable Development Goal to ensure healthy lives and promote universal well-being, cannot be accomplished by the health sector alone. Nor can other targets for the same goal, such as reducing premature mortality from non-communicable diseases by one-third through prevention and treatment or promoting mental health and well-being, or substantially reducing the number of deaths and illnesses from hazardous chemicals and polluted air, water and soil.

Sámi reindeer herders follow the herds through all seasons, migrating along the same routes as generations before, keeping the herds healthy, safe, fed and able to reproduce. This all depends on access to healthy and undisturbed pastureland. Industrial activities also demand access to land. Too often, they push away the reindeer husbandry to provide space for other activities. Towns expand, infrastructure is established, recreational cabins and trails are built, power lines are erected, and large spaces are expropriated for mines and hydroelectric power projects. The reindeer pastures are fragmented and diminished in line with this development. The result is that the Sámi, as an Indigenous people, have lost access to ancestral land.

This is the reality for the Sámi people, the Indigenous people in what can be considered a privileged part of the western world. There seems to be a false assumption that such activities can happen without harming Sámi livelihoods and culture. This situation

Indigenous peoples worldwide are particularly vulnerable in regard to their health and well-being, but empowerment, access to traditional land and acknowledgement of Indigenous peoples' rights are key elements to righting the balance

is, however, too familiar for Indigenous peoples throughout the world. Indigenous trades, livelihoods and activities are expected to give way for what the dominant society defines as economic development. The dominant opinion seems to be that Indigenous peoples are obligated to give into whatever demand comes from whomever is interested in that particular piece of land or water, resulting in disputes over land access. These disputes foster hate speech and threats, which are currently a considerable part of the daily lives of Indigenous peoples, from Sápmi to the Amazon, to North America, to Africa, to the Pacific. The mental well-being of Indigenous peoples is affected. The constantly increasing pressure on our land and territories is seriously harming our peoples' health. It threatens our existence.

Indigenous peoples, in tundra, mountains, plains or river deltas, share a special relationship to their traditional land. Indigenous peoples depend on access to ancestral land for collective physical and spiritual survival as peoples, and hold diverse concepts of development, based on traditional values, visions, needs and priorities. For many Indigenous peoples, their livelihoods are based on primary trades, which implicates access to pastures to feed animals or to provide harvest. In the Sámi context, reindeer husbandry constitutes the foundation for the livelihood of many Sámi families, but is also essential to ensure the preservation and continuation of Indigenous knowledge, language, culture and existence.

SUSTAINABLE CARETAKING

To survive as a people, we are obliged to take care of our territories in sustainable ways, to ensure that future generations will benefit from the biodiversity

CHRISTINA HENRIKSEN

Christina Henriksen was elected president of the Saami Council, which gathers members from Norway, Sweden, Finland and Russia, in 2020. She has been a member since 2017, and in the leadership of Sámi organisations for 20 years. She was a member of the Sámi parliament in Norway from 2013 to 2017. She has professional experience from the Barents Euro-Arctic Cooperation, and she is a teacher.

🐦 @SaamiCouncil 🌐 saamicouncil.net



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providing food security and knowledge. This core value is shared by Indigenous peoples across the globe. We cannot allow any further harm to our land(s), or its exploitation, and this is why Indigenous peoples must participate in political processes. This is why our representatives must be acknowledged, and listened to, as partners in negotiations and discussions. This is why free, prior and informed consent must be an unavoidable principle for processes at all levels.

Human rights, including Indigenous peoples' rights, are under pressure, as the world seeks quick fixes to global problems, while simultaneously chasing economic growth. The Saami Council is one among Indigenous peoples' organisations and representative bodies addressing Indigenous peoples' rights and promoting Indigenous voices from the community level to international platforms, such as the United Nations.

According to the UN, Indigenous peoples make up 370 million individuals worldwide, inhabiting around 70 countries. This indicates a wide range of political systems and policies regarding Indigenous peoples, most often developed by a dominant society, leaving the Indigenous peoples to depend on the will of the authorities to recognise and implement their rights.

Indigenous peoples face discrimination and racism in encounters with the public, including with healthcare services, whether they live in urban or rural areas. More or less successful attempts of assimilation cause disparities in health services. Indigenous peoples explain how lack of knowledge of their languages and culture makes them feel unsafe and unable to explain their situation properly, which leads to the possibility

of them not receiving the necessary treatment or help.

Infrastructure in rural communities depends on priorities and investments from government or private organisations and is often related to industrial development. Infrastructure also includes healthcare services. Adequate healthcare service seems to be related to the number of inhabitants. This means smaller Indigenous communities might be deprived of access to health care, unless they are located close to an 'infrastructure hub'. Access to affordable transportation is another hurdle for Indigenous peoples, located far from healthcare institutions and providers. Getting to a medical appointment might require several days of travel and high costs for transportation, in addition to logistics and costs regarding potential travel companions.

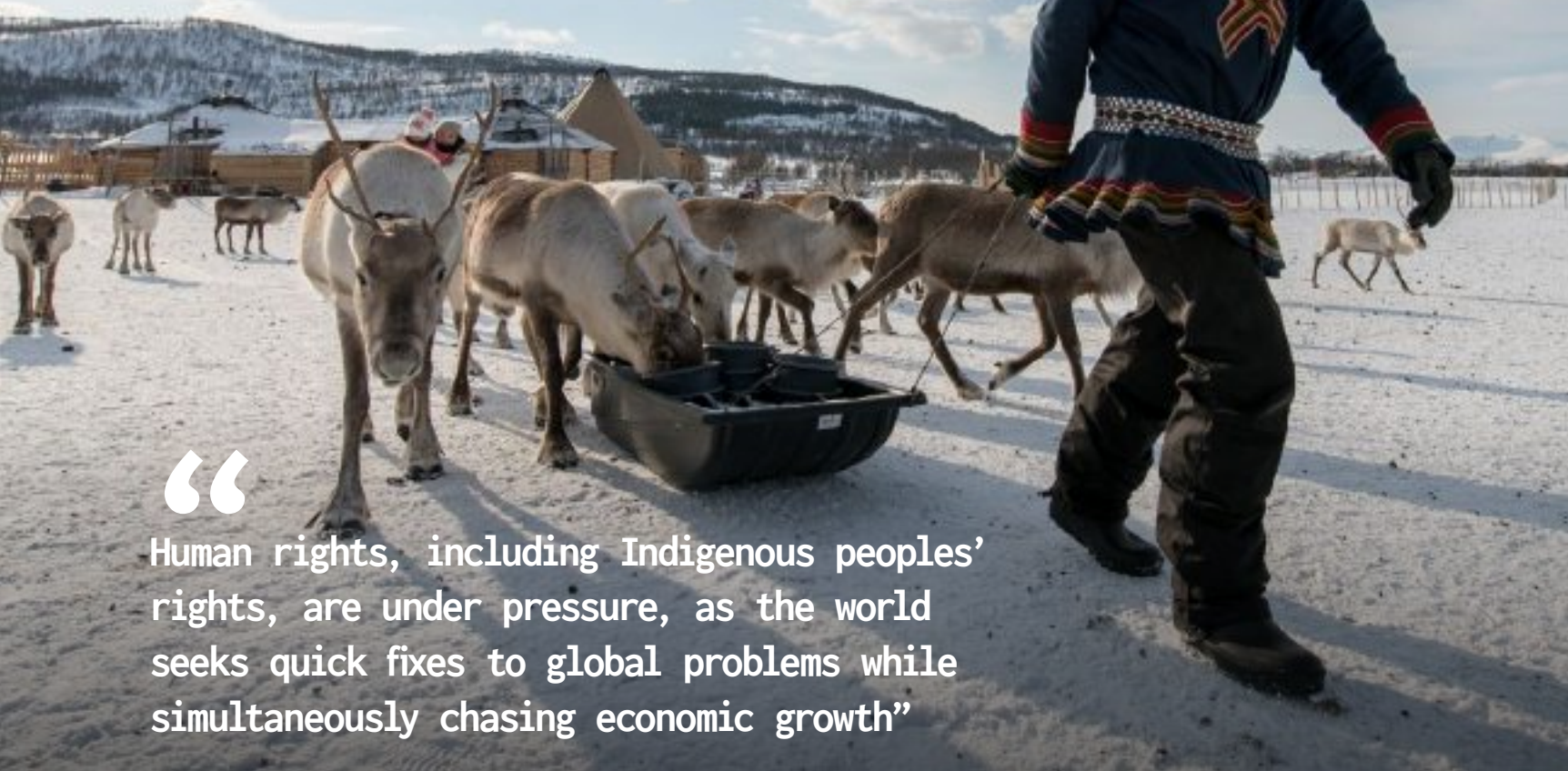
Access to adequate healthcare service and essential needs, such as clean water and sanitation, is a core determinant of the physical health of Indigenous peoples. Access to traditional land is another, and requires authorities and private investors to prioritise implementing the UN Sustainable Development Goals and widening the horizon to include the Indigenous peoples' perspectives. The Indigenous peoples have nothing left to give away, and so to secure our health and our existence, the empowerment and recognition of Indigenous peoples' rights is the only recipe. ■

370m

Indigenous individuals worldwide, inhabiting around 70 countries

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Human rights, including Indigenous peoples' rights, are under pressure, as the world seeks quick fixes to global problems while simultaneously chasing economic growth”



By **Nikolaj Gilbert**,
President and CEO, PATH

Earlier this year, the world was preparing for a hard conversation: evaluating progress towards the Sustainable Development Goals. With just a decade remaining, our progress has not lived up to our promises. Profound change is needed if we are to make health equity and universal health coverage a reality.

If I were writing in a typical year, I would encourage leaders to reinforce their commitments to the SDGs. I would call for thoughtful innovation to help overcome barriers to equitable health. I would pursue deeper partnerships between governments, multilateral organisations, non-governmental organisations and the private sector. I would beseech every individual and organisation working in public health to contribute to the Decade of Action so that together we can move humanity forward.

But this has not been a typical year.

COVID-19 has transformed the world we live in today, changing lives in every country and every community across the globe. We have made enormous strides in addressing COVID-19, but we must also acknowledge the opportunity costs of this rapid, global response. And the fact remains: we are not on track to achieve the SDGs.

More children have died this year from preventable diseases than from COVID-19. Diseases such as malaria, tuberculosis and HIV still pose real threats – and COVID-19 has caused massive disruption to health services that protect communities. One in six countries reports that routine immunisation programmes have been severely affected. Treatment and diagnosis for children with illnesses such as malaria, pneumonia and diarrhoeal diseases have been upended by COVID-19. In countries such as Kenya and Nepal, the number of facility-based births has been cut nearly in half. We are at risk of losing decades of progress.

We cannot ignore COVID-19, nor can we deprioritise it. Rather, we must pair our COVID-19 response with the continual strengthening of health systems so that diseases of poverty and inequity are not forgotten.

How to make progress in a pandemic

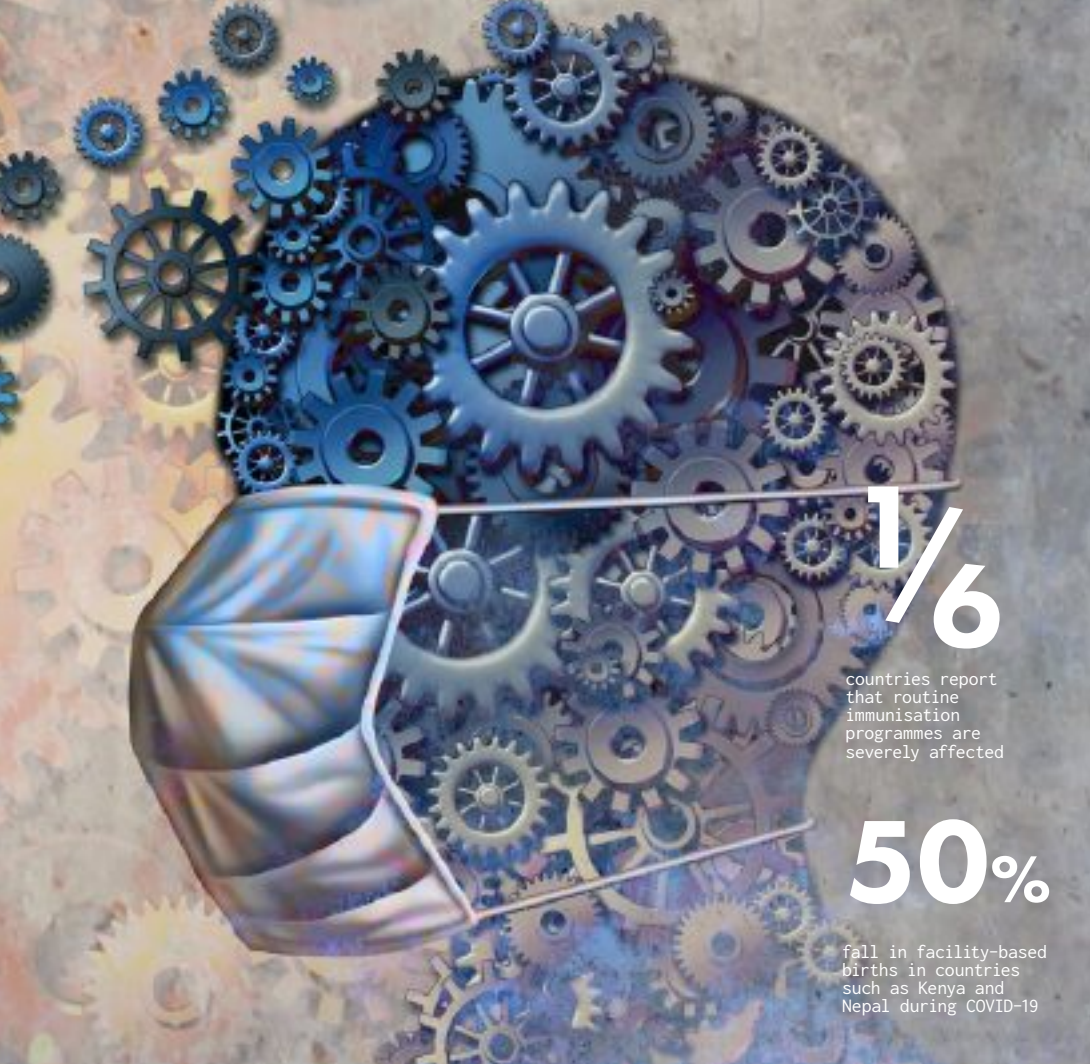
Unprecedented challenges breed unprecedented opportunities: to create a more robust world, to strengthen primary healthcare systems and to make lifesaving innovations available to all

THE DECADE OF ACTION HAS ONLY JUST BEGUN

We are facing a reality where we must accelerate progress towards the SDGs in a time of pandemic. And we must do so in a way that does not reinforce historical – or modern – injustices. If we do this right, we have an opportunity not only to meet the SDGs, but also to create a foundation of health equity that gives everyone a fair chance at health.

This may feel like an impossible task, but there is reason for hope. The COVID-19 pandemic has captured the world's attention and re-emphasised the importance of public health. If we can harness the momentum of this moment and learn from our past, we can make progress.

The words I would have written in January still hold true. Political commitments, partnerships and



innovation will be critical to this progress. With COVID-19, there are other considerations we must make.

STOP THE CYCLE OF PANIC AND NEGLECT

Pandemics, and other public health emergencies, can unlock new resources and expand funding from existing donors. However, when global attention shifts, these resources often dwindle. Commitments are not kept for longer-term capacity building and recovery. The 2014 Ebola epidemic saw billions of dollars committed to the response, but long-term funding for health systems strengthening did not materialise. As part of the International Health Regulations and the joint external evaluations, many countries created national action plans for epidemic preparedness and response, but they may have not been adequately resourced. If we are to make the COVID-19 response sustainable – and contribute to more resilient health systems – governments, international donors, multilateral organisations and the private sector must make sizable, coordinated, long-term investments.

NIKOLAJ GILBERT

Nikolaj Gilbert became PATH's president and chief executive officer and managing director of its Swiss subsidiary, the Foundation for Appropriate Technology in Health, in 2020. Previously he served as director of partnerships for the United Nations Office of Project Services, as well as a director for Novo Nordisk. He began his career at Accenture, a global management consulting firm, and has also worked with management research at INSEAD.

✉ @nikolajgilbert
🌐 path.org



HOLD ON TO OUR SENSE OF URGENCY

COVID-19 has fundamentally changed innovation in global public health. We have seen incredible progress in the creation of new diagnostics, vaccines and treatments in the pandemic – demonstrating what is possible when we have a shared sense of urgency. For example, a landscape of vaccine capacity, conducted by the Coalition for Epidemic Preparedness Innovations and the Bill and Melinda Gates Foundation with support from PATH, will contribute to the rapid fabrication of COVID-19 vaccines. This work will also help identify possible bottlenecks and better plans for future vaccine development and distribution – if it can be kept timely and applied as a global public good.

However, many diseases and health system barriers do not inspire this same urgency, simply because they affect communities that have been historically marginalised. Without urgency, innovation lags. If we can deepen our collective urgency to tackle all health challenges and continue to innovate how we work, we can find new and better ways of delivering health care to everyone.

SYSTEMATICALLY PRIORITISE EQUITY

When a COVID-19 vaccine is ready, we have a responsibility to ensure that communities everywhere have access. If demand forecasts are not right, if the supply chains are not in place, if health workers are not trained and if communities are not prepared to accept it, the vaccine may not reach the people who need it. This is true in every aspect of public health. New technologies and treatments will remain in the hands of the privileged unless we intentionally and systematically ensure access for all people, everywhere. Achieving universal health coverage is about strengthening health systems that can deliver for all individuals, preparing for the next pandemic and creating a world where the health of every person matters.

We live in unprecedented times and face unprecedented challenges. But we have an opportunity to make unprecedented progress: by creating a world where robust, resilient primary healthcare systems and lifesaving innovations are available to every single person. And I believe we can. ■

The COVID-19 pandemic has brought global challenges, but for people with disabilities – who already face barriers accessing health care on an equal basis with other citizens – the difficulties are multiplied



The disability divide

By Ana Lucía Arellano Barba,
Chair, International Disability Alliance

According to information obtained by the International Disability Alliance, its partners and members, many persons with disabilities are deprived of health care for COVID-19 and face physical, financial and attitudinal barriers to accessing health care on an equal basis with other citizens. These barriers include discrimination in triage, unaffordable medication, inability to leave home to access essential health care and lack of access to medication. IDA has also received alarming

testimonies that persons with disabilities were denied or deprived of life-saving treatment for COVID-19, resulting in many preventable deaths.

We have also documented how information about the pandemic has not been provided in formats and channels of communications that persons with disabilities use. Even the United Nations bodies have failed to provide information and briefings in accessible formats such as using sign language, captioned media, Braille, augmentative and alternative communication, and other accessible means. As such, many websites are not accessible for those who use screen-reader software. There was very little information produced in plain language or easy-to-read forms, thus not reaching people with intellectual disabilities.

Governments around the globe also have failed to ensure that persons with disabilities have access to basic non-COVID-related medical supplies, rehabilitation and therapies during the pandemic.

Persons with disabilities and their family members encounter multiple barriers to accessing medication. These barriers include unaffordable medications, no transportation and the inability to leave home due to curfews, and loss or lack of personal assistance services.

In response to this shocking news, the International Disability Alliance and our members quickly adjusted our working methods and priorities. At the very outset of the global pandemic, we joined efforts with the International Disability and Development Consortium to establish a task force to bring an inclusive response to the crisis. We established two working groups on 'Advocacy and Human Rights Violations' and 'Communications and Media Outreach'. Our strategic response was built on four main pillars:

1. Collecting and widely publishing quantitative and qualitative data on the experiences of persons with disabilities.

We joined with six key partners to shape the COVID-19 Disability Rights Monitor and conduct a global survey in 22 languages. The Voices of Persons with Disabilities during the Pandemic is another initiative by the IDA secretariat to publish stories from persons with disabilities and their family members sharing their experiences.

2. Providing a safe and interactive platform for persons with disabilities and disability rights advocates to exchange their experiences, coping mechanisms and achievements worldwide. For this purpose, we ran accessible discussions on Facebook Live in different time zones and languages. In addition, we organised webinars for under-represented groups such as women and youth with disabilities.

3. Advocating for change. As the global representative of persons with disabilities and their organisations, in collaboration with the IDDC the IDA used its unique status to influence the global approach to disability in addressing the pandemic. For this purpose, we implemented three global campaigns, starting with an Accessibility Campaign, then switched to an End-Discrimination Campaign, and ended with a campaign on Rebuilding a More Inclusive Future for All, simultaneously with the High-Level Political Forum 2020. In particular, we submitted two letters to the World Health Organization: the first to express our deepest concern about discriminatory triage protocols and to urge the WHO to take immediate measures to ensure equal rights and dignity for persons with disabilities. This public request played a significant role in drawing the attention of the head of the WHO and many other key global actors to the issue and to direct and explicit condemnation of any such discriminations.

The second letter was submitted as a part of our Accessibility Campaign in which we requested that the WHO along with other UN bodies ensure that information and communication included



We are concerned that the new vaccine would be designed to provide immunity to the mainstream population without proper and equal consideration of the needs and limitations of different groups of persons with disabilities”



ANA LUCÍA ARELLANO BARBA

Ana Lucía Arellano Barba has been chair of the International Disability Alliance since 2018 and is a Latin American human rights activist from Quito, Ecuador. She has been an advocate for the rights of persons with disabilities for almost 24 years, inspired by her son, José Miguel, a self-advocate youth with Down syndrome. She is also president of the Latin American Network of Non-governmental Organizations of Persons with Disabilities and Their Families (RIADIS), an umbrella organisation from the global South that represents 56 national organisations in 19 countries in the Latin American and the Caribbean region, a post she has held since 2012. She represents the diverse voice of civil society and disability persons' organisations at the national, regional and global levels.

and was accessible to persons with disabilities. Shortly after we submitted this letter, the WHO started providing live captioning on its global briefings that facilitated access for hard of hearing persons. Another example was our joint statement for the World Health Assembly and our reaction to the final resolution of the assembly welcoming the positive points and highlighting the gaps.

4. Building capacity and informing government officials about disability-inclusive COVID-19 responses.

As an example, we organised a series of webinars exclusively designed for government officials to discuss different areas of concern for persons with disabilities during the pandemic, introducing practical, feasible steps to address them. In particular, we invited disability-inclusion experts to brief participants about their obligations towards persons with disabilities to ensure their equal access to healthcare services and information and how to fulfill those obligations.

FUTURE CONCERNS

The IDA continues to monitor the situation of persons with disabilities in different phases of the pandemic, including reopening and the new normal, as well as second waves in several countries. We continue to collect information and react to new developments. One particular challenge we expect regarding equal access to health care would arise when a vaccine is introduced globally. We are concerned that the new vaccine would be designed to provide immunity to the mainstream population without proper and equal consideration of the needs and limitations of different groups of persons with disabilities, in particular those with underlying health conditions or with more vulnerable immune systems. ■



The immense impact of COVID-19

No pandemic is gender neutral. From greater exposure to the coronavirus, to higher risk of violence at home, women and girls face heightened risks that can only be mitigated by greater engagement from men and unwavering commitment at the government level

Every pandemic has a gender dimension. There is no gender-neutral pandemic, and this one is no different. Women's lives and health are deeply affected both by the disease and by the circumstances surrounding it. COVID-19 has caused a crisis that challenges fundamental aspects of the ways we have previously arranged our social and

economic structures. It has demonstrated the nature and extent of inequalities linked to gender and race across and within our societies. It has exposed millions of front-line – but lower paid – women health and social sector workers to increased risk of COVID-19 infection. It has heightened risks for women in the informal economy with little or no social protection and no fall-back options, exposing them to violence, economic devastation and poverty. It has made millions of girls vulnerable to critical losses, such as interrupted schooling and the risk of early marriage. Each of these risk factors alone is a strong determinant of health. Collectively, they are fundamental reflections and causes of gender inequality. Their resolution demands engagement well beyond the health sector.

For generations, we have known that the circumstances for women and girls were deeply unequal and their rights under threat. Generally, while bearing the majority of the responsibility for caring for the family, women earn less, save less and hold less secure jobs. These inequalities, combined with discriminatory social norms and negative stereotypes that position women and girls as having less value and power than men and boys, have long been at the heart of one of the greatest threats to women's health and well-being across the world: violence against women and girls. The disruption of the pandemic, and advocacy with women's rights organisations, has brought these inequalities to light and forced recognition of aspects so long rooted in our societies that they have been too little questioned, and often dismissed as normal.

Data gathered pre-pandemic showed that 243 million women and girls aged 15–49 had experienced violence by an intimate partner in the previous 12 months. This has only worsened as lengthy periods of “stay at home” measures have confined

By Phumzile Mlambo-Ngcuka, Under-Secretary-General, United Nations, and Executive Director, UN Women



In some cases, reporting or calls for assistance or services have actually been decreasing, as women found themselves unable to leave the house, access help online or via telephone, or feared that escape to shelters would pose infection risks”

families with their abusers. UN Women’s ‘Shadow Pandemic’ campaign and related policy work have exposed the parallel escalation of domestic and other forms of violence against women since pandemic lockdown measures began. Data from countries across the world show dramatic increases in calls to domestic violence helplines, such as a 300% increase in calls in March/April 2020 reported by a helpline in Canada for women experiencing domestic violence, a 40% increase reported in Malaysia, a 50% increase in China and Somalia, a 79% increase in Colombia, and 400% increase in Tunisia.

DYNAMICS AT PLAY

Rapid assessments of violence against women and girls collected by UN Women from governments and civil society organisations in 49 countries in five regions confirm the immense impact of the pandemic, especially for those who face multiple forms of discrimination, for example on the basis of sexual orientation, age, income, disability or race. Yet it is a continuing challenge to gather sufficient data to reflect the full range and complexity of the situation. UN Women is working with the World Health Organization and other UN partners to strengthen methodologies and standards for measurement and research, and to build national actors’ capacity to collect data, respecting ethical and safety standards.

243m

women and girls aged 15-49 experienced violence by a partner in the 12 months before the pandemic

300%

rise in calls to a domestic violence helpline in Canada March/April 2020

146

countries have committed to protecting women and girls as part of their COVID-19 response



The same power dynamics and inequalities that feed into violence also affect whether women and girls can and will report incidents and access help. UN Women’s assessments showed that in some cases, reporting or calls for assistance or services have actually been decreasing, as women found themselves unable to leave the house, access help online or via telephone, or feared that escape to shelters would pose infection risks.

Although movement restrictions in public spaces during lockdown and curfews reduced overall criminal activity in many countries, more than 50 cities have taken measures to protect women from the heightened risk of sexual and other forms of violence when exercising outdoors, working in public settings, living on the street, or travelling between home and work, as part of Safe City and Safe Public Spaces for Women and Girls, a UN Women Global Flagship initiative. Increased reliance on digital options for communication, education and work has also brought rising cyber violence, including stalking, bullying, sexual harassment and sex trolling. Europol has warned that children’s increased online presence has been used by some as an opportunity to groom young people into exploitative situations.

Women’s national leadership is being shown to be critical in protecting their populations and fostering a stable future that does not replicate the inequalities of the past. Recognising this, UN secretary-general António Guterres has urged governments to put women and girls at the centre of their efforts to recover from COVID-19, with equal representation and decision-making power. As governments flatten the curve of the pandemic, they must also flatten the curve of gender-based violence, use the UN Framework for Preventing Violence against Women and stay with it for the long term.

So far, 146 countries have committed to make the prevention and redress of violence against women and girls a key part of their national response plans for COVID-19. UN agencies have jointly undertaken to support practical steps that ensure victims/survivors are safe and receive the support and services that they need, including proactive efforts to integrate measures in COVID-19 related preparedness and recovery plans to address violence against women and girls and ensure that these efforts are adequately resourced.

We need men to get engaged. Although we do not yet have enough men who stand up for women’s rights, we are seeing a critical mass of men emerge who are willing to use their power and authority to make decisions that promote gender equality. This is their moment to bring about change, from small domestic steps, like #HeForSheAtHome, to major domestic policy shifts. We need to use this crisis to make decisions that can be enforced, that can be enshrined in laws, and in policies that can be implemented. ■

PHUMZILE MLAMBO-NGCUKA

Phumzile Mlambo-Ngcuka has been United Nations under-secretary-general and executive director of UN Women since 2013. From 2005 to 2008, she served as deputy president of South Africa. Prior to that she served as South Africa’s minister of minerals and energy and deputy minister in the Department of Trade and Industry. She is the founder of the Umlambo Foundation, which supports leadership and education.

🐦 @phumzileunwomen 🌐 unwomen.org

Over the past two decades, the world has moved forward on aspects of gender equality: more girls are in school; more countries are enacting reforms in support of women's rights; and global maternal mortality fell by 38% between 2000 and 2017.

Tragically, however, COVID-19 is having both direct and indirect negative effects on women, children and adolescents that now threaten to wind back hard-won progress.

During the pandemic, in many places access has been restricted to services, supplies and information relating to sexual, reproductive, maternal,

newborn, child and adolescent health, including to contraception, safe abortion and

By Helen Clark,
Board Chair,
Partnership for
Maternal, Newborn
and Child Health,
and Former Prime
Minister of New
Zealand

mental health support. An estimated 47 million women, largely in low- and middle-income countries, have been unable to access modern contraceptives.

The situation is especially challenging for women who are migrants, refugees, persons with disabilities, those living in conflict settings, and those who are missing out because of ethnic or other disparities. Several studies looking at the effects of the virus on pregnant women have revealed a range of such disparities. Refugees and migrants are at greater risk because they typically live in more crowded conditions with less access to safe water and sanitation.

COVID-19 has also led to more unequal pay and unsafe working conditions for health workers, 70% of whom are female, including a lack of access to personal protective equipment. Nurses and midwives are often the last to be prioritised for PPE and other safety measures. In addition, whether in health care or not, more women than men work in informal sectors, often with an absence of job security and benefits.

The far-reaching effects of COVID-19 threaten to roll back hard-won progress in the rights of women, children and adolescents.

But if leaders live up to their commitments, we can ensure the world does not regress from its achievements on gender equality

Endemic threats to equality

38%

drop in global maternal mortality between 2000 and 2017

47m

women unable to access modern contraceptives during COVID-19

The virus has also increased inequalities in domestic labour. Working mothers bear increased responsibility for childcare, and in families where both parents work, the mother is affected more than the father, taking on the brunt of childcare and homeschooling, and often caring for older, sick and disabled relatives too.

Finally, measures taken to control the virus, including lockdowns, exacerbate gender inequities further. Some reports suggest a 25% surge in intimate partner violence. In Latin America, calls to domestic violence helplines have increased by up to 90%. Meanwhile, the fact that so many girls have been unable to attend school because of closures, may result in 13 million more child marriages in the next decade.

WHAT WOMEN WANT

Given all these setbacks, international stakeholders, including politicians, public servants, civil society, the private sector, donors and international organisations, must take urgent steps to address the gender inequities that are influencing COVID-19 health outcomes.

First and foremost, we must listen to what women want most – which is respectful and dignified care. That was the message emerging from the What Women Want campaign, led by the White Ribbon Alliance and supported by the Partnership for Maternal, Newborn and Child Health and other partners, which took evidence from more than one million women. Enjoying such care includes not being discriminated against, not having to pay for services that are supposedly free, having services that meet quality standards and respect the dignity of women, and having access to skilled health providers, sexual and reproductive health information, and contraceptive services, including for adolescent girls.

These principles of care are always important, not least during childbirth. A recent study by the World Health Organization and the Human Reproduction Programme of health facilities across Ghana, Guinea, Myanmar and Nigeria revealed that more than one-third of women experienced mistreatment during childbirth, including physical and verbal abuse, stigma and procedures performed without consent.

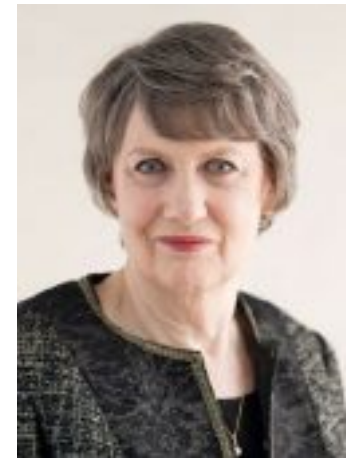
The WHO recently issued a statement showing the importance,

including during a pandemic, of women having a companion of their choice during labour to give emotional and practical support. As long as such protection measures are incorporated, experiences of childbirth and health outcomes improve. Women also want a clinically and psychologically safe environment with staff who are kind, competent and reassuring.

Second, we need effective multi-sectoral partnerships. PMNCH is the world's largest alliance of partners dedicated to the health of women, children and adolescents. We have issued a Call to Action and a seven-point plan on COVID-19 to ensure that their health is protected and promoted. The basic principles of universal health coverage and primary health care must be followed: meeting people's health needs throughout their lives; addressing the broader determinants of health; and empowering individuals, families and communities to take charge of their own health.

Third, we need more data disaggregation to ensure that the needs of the most vulnerable can be addressed. We must recognise how vulnerabilities intersect with gender to raise risks of infection, and how they affect recovery. We must use a gender-based lens when examining programming and policy to avoid depleting budgets for sexual, reproductive, maternal, newborn, child and adolescent health to pay for general pandemic care.

The irony is that although women have suffered disproportionately during this pandemic, countries with female leaders have tended to fare the best. My own country, New Zealand, offers an example of



HELEN CLARK

Right Honourable Helen Clark currently chairs the boards of the Partnership for Maternal, Newborn and Child Health and the Extractive Industries Transparency Initiative. She also serves on other public-good advisory boards. She was prime minister of New Zealand from 1999 to 2008, and was the administrator of the United Nations Development Programme from 2009 to 2017, where she was the highest ranking woman in the United Nations.

🐦 @HelenClarkNZ

enlightened female leadership. But all decision makers – men and women – must live up to their commitments, making sure that the needs of women, children and adolescents continue to be prioritised.

At PMNCH, we advocate for women, children and adolescents, regardless of the conditions in which they live, to receive their fair share of resources and services, and for meeting their needs to be central to the global COVID-19 response. Our world must not regress from the achievements on gender equality that have been made over many years. ■



When men choose

The political determinants of health that exclude women from equal decision-making power are more deadly for their health than any pandemic, with women and girls suffering from decisions that place low value on their health, safety and lives

By Roopa Dhatt, Executive Director, Women in Global Health

The director general of the World Health Organization, Dr Tedros Adhanom Ghebreyesus, has stressed that “universal health coverage is a political choice”. That particular political choice is a life and death decision for half the world’s population who lack full coverage for essential health services. Universal health coverage has the potential to change the health and lives of millions of people, the majority of them women. Many lack the opportunity to be heard by the political decision makers who will decide whether to adopt universal health coverage and who and what it will cover. Women and girls, in particular, suffer ill health and preventable death caused by political decisions that consistently place a low value on their health, safety and lives.

The COVID-19 pandemic has exposed serious gender inequities and deficiencies in health that decades of United Nations conferences for women, Millennium Development Goals, Sustainable Development Goals and other global political commitments have failed to resolve. Once again, in this pandemic the health of women and girls (half the world’s population) is suffering because they lack political voice.

Women are 70% of the health workforce, 90% of the world’s nurses and, in most countries, the vast majority of front-line health workers. That makes women indispensable to global health and to the prevention and response to COVID-19. Yet they hold only 25% of senior decision-making roles in health. Women from the Global South are particularly underrepresented. Despite so much female talent and expertise in the sector, most global and national COVID-19 task forces have only a small minority of women members. A study of 87 countries found

85% of COVID-19 national task forces had a majority of male members and 81% were headed by men. Only 5 of the 21 members of the WHO Emergency Committee on COVID-19 are women and 2 out of 22 members of the US coronavirus task force are. Women’s expertise in the health sector has not earned them an equal place at the pandemic decision-making table.

THE REPRESENTATION DEFICIT

The gender imbalance in health leadership and decision-making is a democratic deficit that goes beyond representation. Political decisions made in the COVID-19 pandemic risk ignoring lessons from previous pandemics that directly affect the lives of women and adolescent girls. For one thing, it is critical during COVID-19 lockdowns that essential maternal and reproductive health services for women are maintained. Pregnancy and childbirth do not stop in an emergency. One study of the Ebola epidemic in Sierra Leone found that cuts to antenatal care, family planning, safe delivery facilities and postnatal care services during the epidemic resulted in 3,600 additional maternal, neonatal and stillbirth deaths in 2014–2015. The stakes are high. One estimate of the potential impact of COVID-19 on sexual and reproductive health in low- and middle-income countries projects that a 10% cut in essential pregnancy-related and newborn care could result in 1,745,000 additional women experiencing major obstetric complications, 28,000 additional maternal deaths, 2,591,000 additional newborns experiencing major complications and 168,000 additional newborn deaths. Despite tragic lessons being documented from previous disease outbreaks, reports have already been received of lives lost

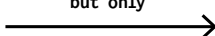
70%

of the global health workforce is made up of women



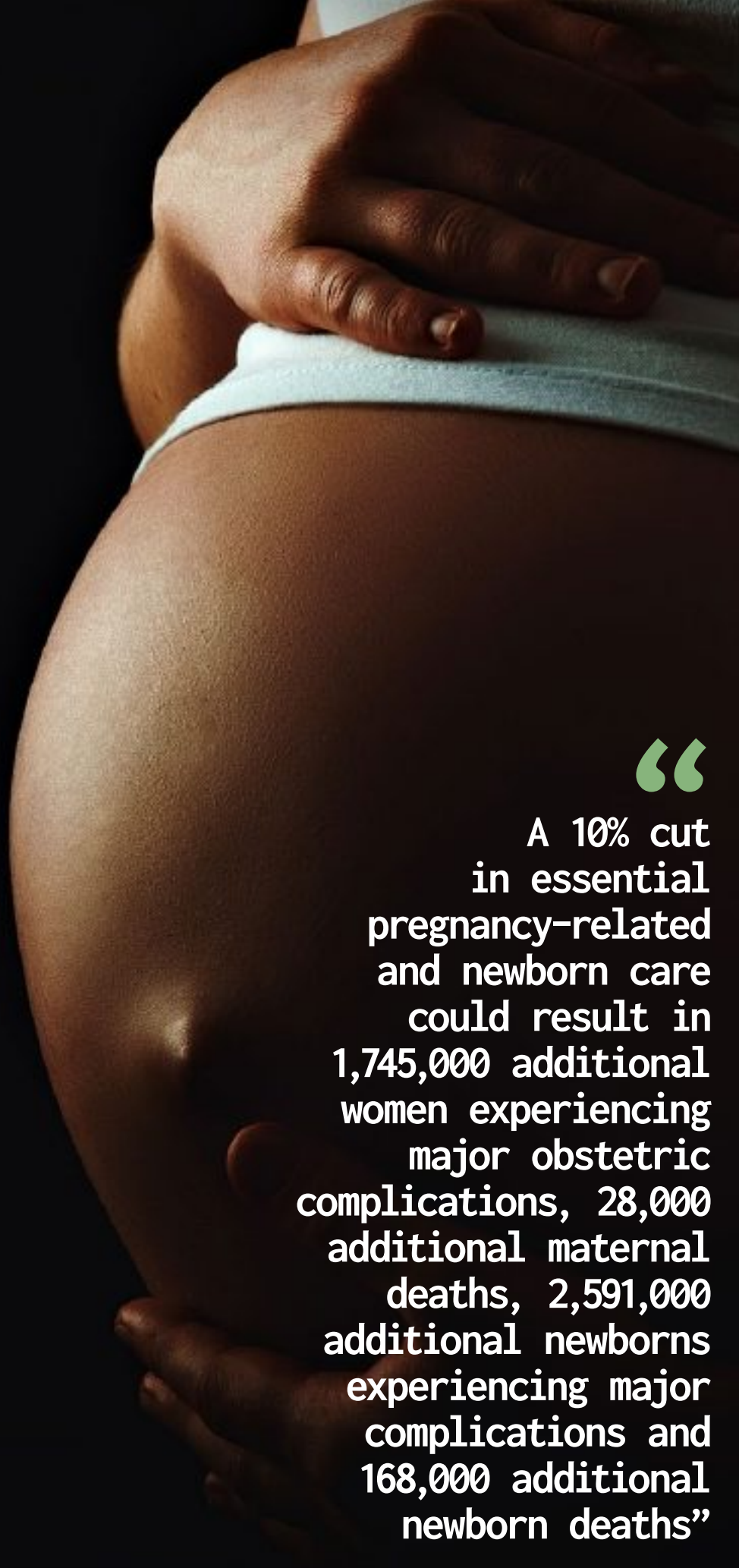
90%

of the world’s nurses are female



25%

of senior decision-making roles in health are held by women



“
**A 10% cut
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newborn deaths”**

ROOPA DHATT

Roopa Dhatt is a physician by training and executive director and co-founder of Women in Global Health. She serves on the Research in Gender and Ethics Advisory Board, Strategic Advisory Committee for the Global Health Workforce Network, the Women Leaders in Global Health Conference Steering Committee, the Global Health 50-50 Advisory Council, the Global Health Council Advisory Council and the GlobeMed Advisory Board. She is also an internist providing primary care at Kaiser Permanente and practises at Medstar Georgetown University Hospital in Washington DC.

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🌐 womeningh.org



as pregnant women struggle to access essential maternity services during COVID-19.

Would equal numbers of women in political decision-making change the outcomes for women's health and lives? Currently, only 6% of heads of state and government are women and only 24% of parliamentarians are. Women are far from having equal representation with men. Only Rwanda, Cuba, Bolivia and the United Arab Emirates – four countries with very different political systems, cultures and income levels – have 50% or more female parliamentarians. There is, however, a growing body of evidence that women parliamentarians, when present in sufficient numbers, change the political agenda and prioritise health, particularly women's health. Research from 139 countries found that between 1995 and 2012 a large increase in women's parliamentary representation via quotas was followed by increased government expenditure on public health. Research on the impact of an influx of women in parliaments in 22 countries, following the introduction of quotas for women, found a 9–12% decline in maternal mortality in low-income countries, with the biggest falls coming where gender quotas had been in place the longest. These results are consistent with evidence suggesting that female parliamentarians are effective in agenda setting and coalition building, leading to greater parliamentary focus on health and women's health issues.

The political determinants of health that exclude women from equal decision-making power are more deadly for their health than any pandemic. Men have been making political choices on women's health for too long. Equal representation of women – diverse women – in health decision-making from community level to global is the smart route to universal health coverage and global health security. ■

HEALTH IN THE DIGITAL AGE



7

CHAPTER

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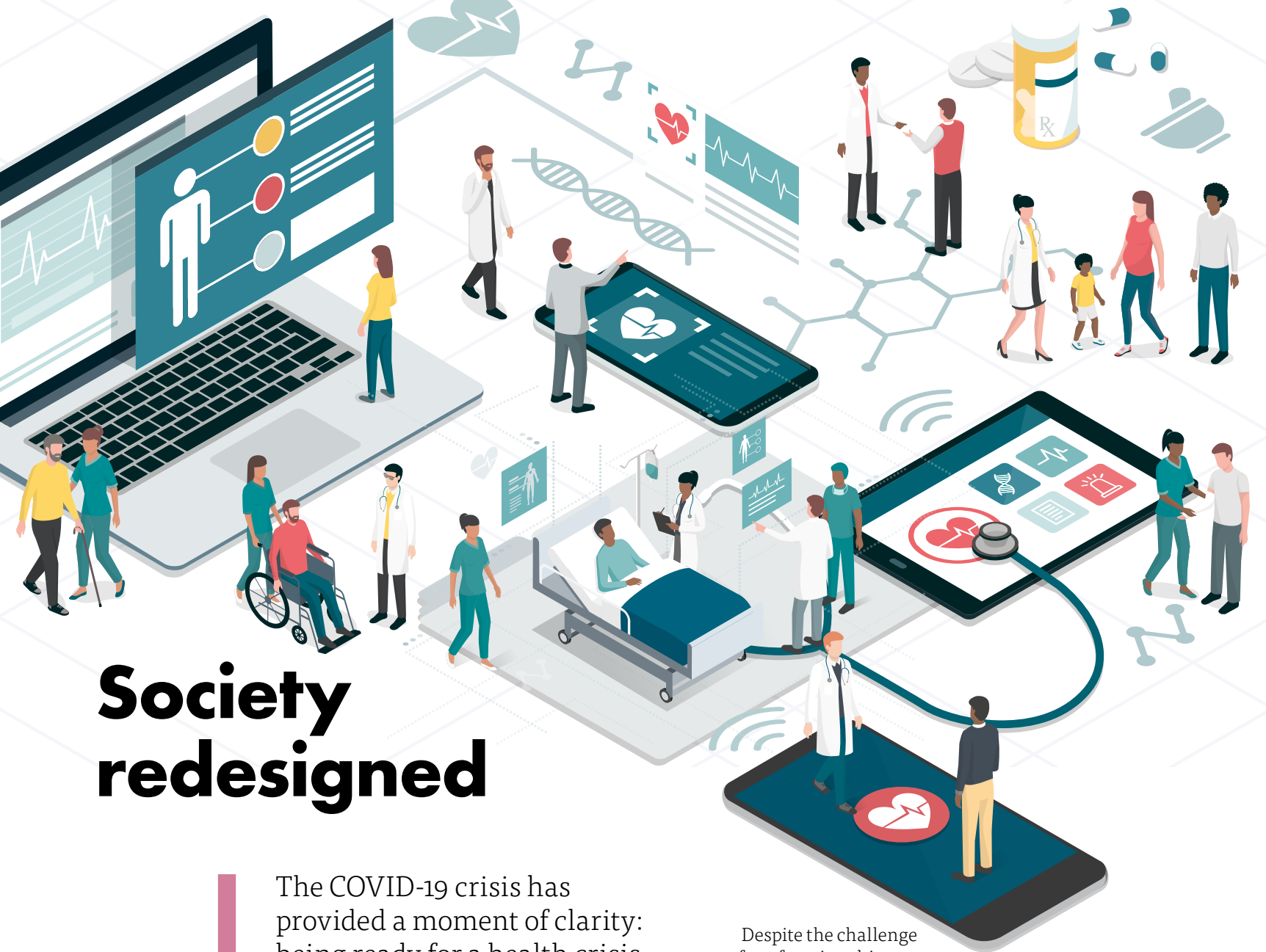
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Better politics for better health

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Society redesigned

The COVID-19 crisis has provided a moment of clarity: being ready for a health crisis is a choice. It has also forced us into a new digital era, with major growth in digital health services. Ongoing pursuit of these innovations will lead us to a future that is healthier, safer and more equitable

By Ann
Aerts, head,
Novartis
Foundation

In many ways, COVID-19 has provided a moment of clarity. The crisis has shown that worldwide, our health systems were not structured to respond to major crises and address patient needs. Being ready for a health crisis is a choice. This pandemic has been a wake-up call for policymakers to realise the instrumental role of data, digital technology and artificial intelligence in health. The crisis also highlights the critical need to make the right choices to re-engineer health systems from being reactive to proactive, predictive and even preventative.

Despite the challenge of confronting this pandemic, one irony is that it has forced us to sprint into a new digital era, packing a decade of change and innovation into just a few months. Forced distancing and reduced contact between patients and health providers has led to a major growth in telemedicine and web-based diagnostics. Millions more people have sought digital healthcare solutions who never considered them before. Almost overnight, we have seen global ambition emerge to extend the reach of doctors and health diagnostics through digital technology. For communities long constrained by limited access, COVID-19-era advances have bridged gaps quickly.

This is good news, but it comes at a cost. Already fragile health systems have borne a heavy burden from COVID-19, often exacerbating inequalities. The World Bank estimates that economic contractions in emerging markets and developing economies will push as many as 60 million people into extreme poverty, the first year-over-year increase since 1998. As the pandemic demonstrates, preventing the worst outcomes relies on collecting comprehensive and timely data and sharing it on broadened digital

networks. It is now critical that government leaders make the right choices and invest both in data and technology and in the digital and data-science capabilities of their people and workforces.

The acceleration we now witness offers a tremendous opportunity for countries to integrate data and AI into their health systems. The latest Working Group on Health of the UN Broadband Commission for Sustainable Development, which I co-chair at the Novartis Foundation with Microsoft, has identified today's top-use cases for AI in health. When implemented in health systems, they can support workers, policymakers and patients to make better decisions that lead to better, faster outcomes. By boosting our capabilities to deliver optimal health and care for all, AI can help respond to the most pressing global health challenges, including the global shortage of health workers, constant threats from new microbes and climate change, rapid urbanisation and increasing misinformation.

AN ECOSYSTEM OF DATA

To continue this paradigm shift, we must build an ecosystem of data rooted in widespread, fast and reliable broadband networks. These investments come with a high return. In all the ways the world was slow to respond to the initial threat of COVID-19, you can imagine how much better prepared we must be for the next pandemic – or even for existing health emergencies, such as the ever increasing tide of non-communicable diseases, already responsible for 40 million deaths per year. A country with a strong and integrated health network will be able to speed up testing, early detection and contact tracing in a pandemic, all while improving essential services for patient populations in need of chronic care. Machine learning can enable health centres to improve their triage capabilities, forecast needs in personal protective equipment and medicines, or target follow-up measures to the highest-risk patients.

Successful deployment of AI in health systems requires consideration of six core areas:

1. The people and workforce it will support
2. The data and technology that will power it
3. The governance and regulatory environment that will keep the network and patients safe
4. The design and processes that will maximise efficiency
5. The partnerships and stakeholders that will bring diverse communities together
6. The business models that will make these initiatives sustainable.

This is the framework we need to be thinking of as we integrate AI into our health systems. And more than anything,

ANN AERTS

Ann Aerts has been head of the Novartis Foundation since 2013, an organisation committed to having a transformational impact on the health of low-income populations. She is co-chair, with Paul Mitchell of Microsoft, of the Broadband Commission for Sustainable Development's Working Group on Digital and AI in Health. She has authored numerous publications and is a member of the Governing Council of the UN Technology Bank for Least Developed Countries and the International Advisory Board of the Commonwealth Centre for Digital Health.

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governments must make AI integration into their health systems a national priority. Throughout my career, I have seen how digital technology and AI can help extend patients lives and engage them in managing their own health. I have seen how human-centred design can be a powerful guiding principle to quickly and efficiently bring in larger communities that can benefit from AI-powered health and care. The most successful countries are the ones that find a way to maximise their investment, knowing their commitments today will pay dividends for decades.

Let this crisis be our call to action. Let it guide policymakers and stakeholder groups to define a national implementation roadmap to grow the capabilities and reach of AI in health. Let it empower political leaders to develop clear guidelines for how to safeguard sensitive user data that intersects with our private lives. And let it influence stakeholders to conduct research and oversight to ensure that this growth spurt has the widest reach possible. This is the time for bold moves toward the redesign of our society and our health systems for a future that is healthier, safer and more equitable across all borders. ■

40m

deaths caused by non-communicable diseases every year

60m

people will be pushed into extreme poverty by economic contractions, the first year-on-year increase since 1998



Re-energising the human rights agenda

By Stefan
Germann, CEO,
Fondation
Botnar

In recent decades, the world has seen encouraging improvements in the health and well-being of millions of people. Global life expectancy and healthy life expectancy have increased; maternal and child mortality have dropped; deaths from diseases such as HIV, malaria and tuberculosis have declined; polio is close to eradication; and new vaccines and drugs are mighty tools against once-feared diseases.

Yet the progress is uneven, and appalling discrepancies remain: approximately half the world's people still lack access to essential health services; catastrophic health expenditure still drives millions into poverty each year; and on current trends, only 50% of the global population will benefit from universal health coverage by 2030. A projected shortfall of almost 18 million health workers over the next 10 years will only exacerbate the situation.

There is thus little doubt, as the World Health Organization articulates in its draft digital health strategy, that “digital technologies are an essential component and an enabler of sustainable health systems and universal health coverage”. Data-driven digitalisation and the application of artificial intelligence and machine learning are integral to transforming healthcare systems, health services and medical practices and to ensuring progress towards universal access and coverage. These new technologies offer unprecedented potential, ranging from clinical decision-making support and remote health worker training, to better case management and coordination of care, efficient resource management, and improved access to services, especially for patients living in hard-to-reach areas. Moreover, as COVID-19 has taught us, digital technologies are hugely important for disease surveillance, outbreak control and contact tracing.

If we are to achieve health for all by 2030, as envisioned in the Sustainable Development Goals, we cannot afford to miss the opportunities these tools present. And yet, how well we realise the digital transformation of health care – whether we manage to reap its benefits while doing no harm – depends on

Without a digital transformation of health, there can be no health for all. Yet leveraging the benefits of artificial intelligence and digital technology while minimising their harms requires us to take human rights seriously

the political choices we make. We must not fall prey to the belief that technology will on its own improve people's health and well-being. In reality, who has access to digital innovation and who benefits from it hinges largely on the political and regulatory system; on social justice and the distribution of resources, power and capital; and on digital literacy and rights.

FOR THE GLOBAL GOOD

For digital technology to have the positive impact on health we envisage, we must address underlying conditions of inequality and injustice and better protect the rights and entitlements of individuals and societies. We must ensure that digital technology is not used to extract data for unethical commercial or surveillance purposes, or that it discriminates against minorities or at-risk individuals in insurance schemes, or stigmatises vulnerable groups. At the same time, we need to close existing data gaps that often disproportionately affect marginalised people and individuals with low economic status who lack access to health care or communities where





STEFAN GERMANN

Stefan Germann is the CEO of Fondation Botnar. He was previously the senior director of World Vision's International Sustainable Health Partnership, Innovation and Accountability unit in Malaysia. He previously held several board and advisory board memberships, including the Partnership for Maternal, Newborn and Child Health, UBS Optimus Foundation, REPSSI in Africa and the Global Health Program at the Graduate Institute of International and Development Studies.

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🌐 fondationbotnar.org



“Who has access to digital innovation and who benefits from it hinges largely on the political and regulatory system; on social justice and the distribution of resources, power and capital; and on digital literacy and rights”

health data is not routinely collected. Aligning the public health and research needs for comprehensive data collection with robust data and privacy protection and non-discrimination is another lesson to be learnt from the global COVID-19 pandemic.

However, today, developments in the field of digital and AI often outpace our collective capacity to understand new technologies, assess their impact, and find ways to accommodate and regulate them. As a result, digital health unfolds in a largely unregulated landscape that lacks comprehensive political, legal and governance frameworks. New technological tools are thus fielded with little oversight or transparency. People may therefore not know how their data is being collected, processed or repurposed, or that it could potentially

be used to discriminate against them as individuals or communities. Or they may not be aware that technologies they rely on, even outside the medical realm, may still be used to predict, detect or influence health-relevant behaviour. Likewise, patients may feel that they do not have much choice other than to consent to data-sharing agreements in order to access life-saving treatment. Especially the most vulnerable in society are increasingly subject to demands and forms of intrusion without accountability, with citizens' information becoming ever more accessible to private companies and governments.

In recent years, mounting pressure on tech companies to act more responsibly and to protect the rights of citizens and societies has led to a burgeoning

of ethical 'codes' and non-binding voluntary self-commitments developed by the companies themselves. These codes are laudable because they mirror an increased awareness among the private sector about potential harms of digitalisation. But if we want to reap the full benefits of digitalisation in health while minimising harm, we should go further. We at Fondation Botnar believe that if we want to leverage digital health for the greater public good, we must anchor our work in the legally binding framework of universal human rights. By putting the rights and entitlements of individuals centre stage and by imposing duties and responsibilities on states and businesses, the framework can give us a clear orientation and normative guidelines for a responsible transformation of health systems in the digital age. Human rights provide us with tangible, actionable means to fight for fairness, non-discrimination and equity, and to call for inclusion, empowerment and participation in shaping the digital health ecosystems of the future. ■

50%

of people lack access to essential health services

1/2

Only half the world's people will benefit from universal health coverage by 2030

18m

shortfall of health workers over the next decade

The foundations of health

By Sheila Dinotshe Tlou, Co-Chair, Global HIV Prevention Coalition, and former minister of health, Botswana

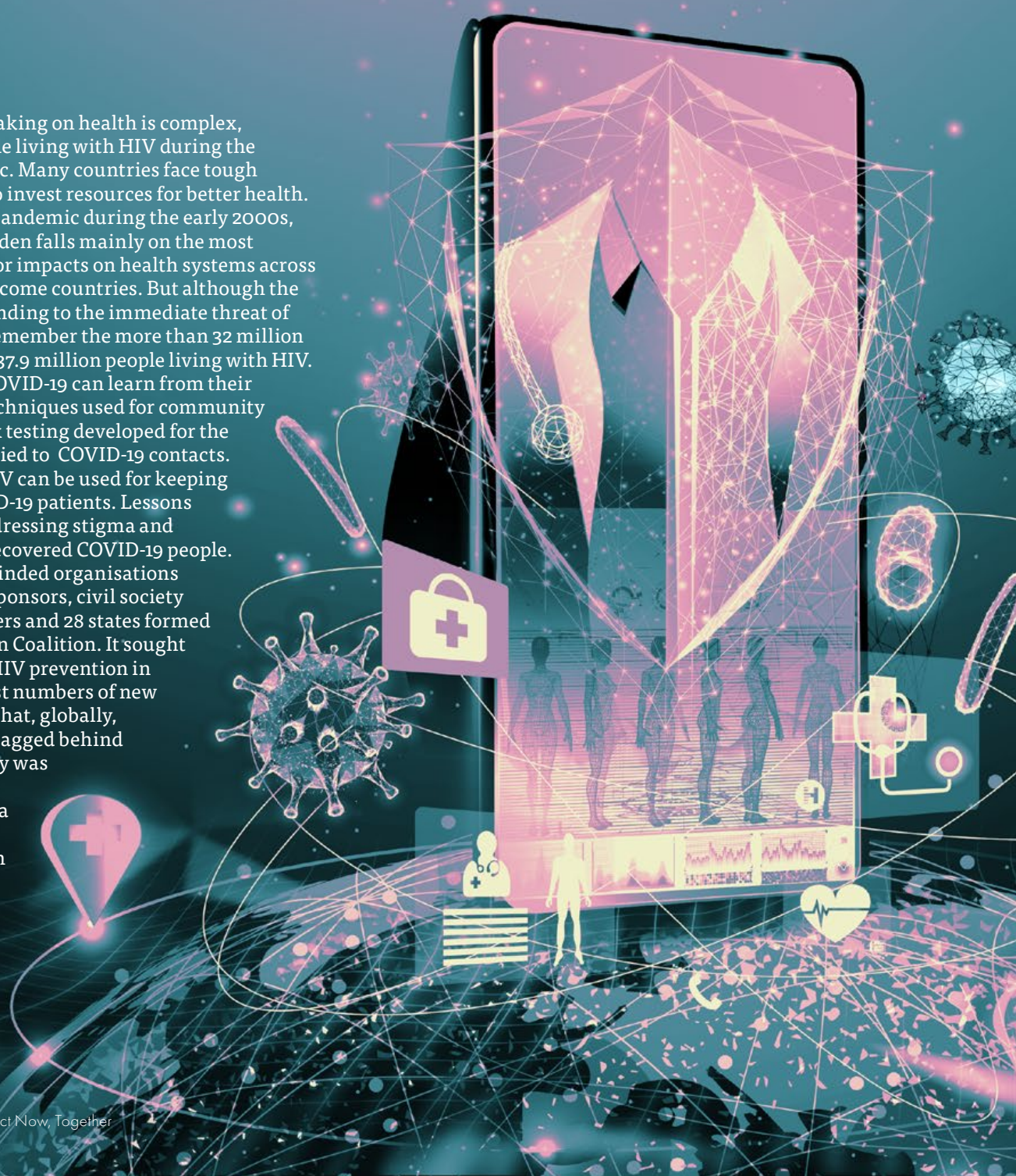
Accountability, accessibility and funding are the three pillars of primary health care, with investment in data systems for collaborative research and global sharing of data and technologies benefiting everyone, everywhere

Political decision-making on health is complex, especially for people living with HIV during the COVID-19 pandemic. Many countries face tough choices on where to invest resources for better health. Just like the AIDS pandemic during the early 2000s, the COVID-19 disease burden falls mainly on the most disadvantaged, with major impacts on health systems across high-, middle- and low-income countries. But although the focus is, rightly, on responding to the immediate threat of the pandemic, we must remember the more than 32 million AIDS-related deaths and 37.9 million people living with HIV.

Countries affected by COVID-19 can learn from their experiences with HIV. Techniques used for community contact tracing and index testing developed for the HIV epidemic can be applied to COVID-19 contacts. Systems developed for HIV can be used for keeping digital registries of COVID-19 patients. Lessons can also be learned in addressing stigma and discrimination against recovered COVID-19 people.

In 2017, about 50 like-minded organisations comprising UNAIDS co-sponsors, civil society networks, funding partners and 28 states formed the Global HIV Prevention Coalition. It sought to intensify progress on HIV prevention in countries with the highest numbers of new infections – recognising that, globally, primary HIV prevention lagged behind treatment, and no country was on track to meet its 2016 commitments to achieve a 75% reduction in annual new infections. Indeed, in 2018 the UNAIDS Global Report declared that HIV prevention was a crisis.

The Global HIV Prevention Coalition used digitalisation to identify four areas that limited



prevention: political commitment, policy and law, financing, and implementation of effective interventions at scale. It developed a 10-point plan for country domestication and an HIV Prevention 2020 Road Map to nationally address these gaps. It also structured evidence-informed action for prevention into five pillars: adolescent girls and young women and their male partners, combination prevention services for key populations, condom programming, voluntary medical male circumcision and pre-exposure prophylaxis.

The coalition members, especially the health ministers, committed to implement the road map and to achieve the 2016 targets.

The coalition has accomplished a great deal within three years. Its global and country-level participants have reawakened attention to primary HIV prevention, and applied technical and political strategies honed over the past 15 years, including target-setting and regular reviews to focus HIV prevention resources on the interventions most likely to reduce new HIV infections. The methodology uses granular epidemiological data to map the populations and locations most in need, and offers an operational model in which the differentiated responses for those populations are unified as the most efficient strategy for achieving national HIV prevention targets. This has increased services for key populations and works with civil society organisations that have advocated for decades, often against political headwinds.

IMPROVING THE INTERVENTION MIX

The coalition produces score cards that assist countries in improving their intervention mix and engaging more leaders and communities. The coalition has influenced major donors (including the Global Fund against HIV, Tuberculosis and Malaria, the Bill and Melinda Gates Foundation, and some

SHEILA

DINOTSHE TLOU

Sheila Dinotshe Tlou co-chairs the Global HIV Prevention Coalition and the Nursing Now Global Campaign. A former regional director of UNAIDS, she served as minister of health in Botswana, where she led a comprehensive HIV/AIDS prevention, treatment, care and support programme that is still a model in Africa. She is professor emerita of the University of Botswana and a former director of the World Health Organization's Collaborating Centre for Nursing and Midwifery Development in Primary Health Care.

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bilateral donors) to acknowledge the importance of investing in primary HIV prevention.

Much more must be done: each of the 28 countries in the coalition faces diverse technical, political and financial challenges in rolling out combination prevention programmes. For most, the difficulty is altering the structural factors that impede effective HIV prevention programming, indicating gaps in political leadership and financing.

The recent review of the Global HIV Prevention Coalition concluded that the social and structural components of the five pillars merit more attention, and that the coalition's activities have so far not increased the funding available for HIV prevention in most member countries.

Health is a political choice, so governments and leaders can best help by harnessing the power of political engagement and creating fully enabling legal and policy environments for prevention. Political solutions require accountability. First, leaders need to fulfill commitments on primary health care and ensure that "the highest attainable standard of health as a fundamental right of every human being" becomes a reality for all, especially vulnerable, neglected groups (such as men, women and girls, older adults, and Indigenous people), and remove all barriers so that everyone can access the health care that they need. Second, governments must invest in data systems and collaborate in research to ensure mandatory global sharing of all COVID-19 related data and technologies. Third, as part of financial accountability, the world needs a global COVID-19 fund into which all countries contribute a percentage of their gross domestic product. This fund would guarantee that money is not taken from one disease (such as HIV/AIDS) to treat another (namely COVID-19) and would guarantee that COVID-19 vaccines are provided free of charge to everyone, everywhere.

The unifying narrative of the Global HIV Prevention Coalition, focused on delivering the needed services to the populations and locations at highest risk, has "created a global standard for HIV prevention". It has helped to overcome fragmentation and presents primary HIV prevention as essential to the long-term sustainability of HIV treatment. The coalition will continue to support countries to use digitalisation to refine and reach their national and subnational HIV prevention milestones and targets for 2030. This will include supporting country-level communications on primary HIV prevention activities to engage civil society, the private sector and other stakeholders to work collaboratively to reach that goal of zero new HIV infections. ■

37.9m

people living with HIV

28

countries in the
Global HIV Prevention
Coalition

32m

people have died from
AIDS-related illnesses

Better politics for better health



People should always be at the centre, and politics and development should allow them to survive and thrive. Shocks and hazards remind us of that fundamental fact, and often reveal the best and the worst in us. They are multidimensional in nature and call for a multi-sectoral response – and health is always part of the solution. The current COVID-19 pandemic is challenging our individual behaviour, our collective attitudes and our political choices.

Never before have there been more discussions on the political determinants of health, the importance of trust, accountability and solidarity, as well as the comparative advantages of democracies versus authoritarian regimes in addressing pandemics or other global challenges. The poor quality and questionable legitimacy of many elections, and the inability of many governments to deliver public goods

If health is about saving lives, alleviating suffering and preserving human dignity, so should be the choices made in politics, with people always at the centre of political decisions

By Elhadj As Sy,
Chair, Kofi Annan Foundation

and services and prepare adequately for crises – be they in the field of health, climate change or food security – have created disillusionment. Against this background, autocratic models of government are competing aggressively with democratic forms of expression.

Threats to electoral democracy and international cooperation are magnified by the manipulation and mobilisation of populations through digital media. The report of the Kofi Annan Commission on Elections and Democracy in the Digital Age, published earlier this year, has highlighted how “disinformation has been weaponised to discredit democratic institutions, and sow societal distrust” and how “social media has proved a useful tool for extremist groups to send messages of hate and to incite violence”. The proliferation of fake news, harmful health advice, conspiracy theories and rumours about COVID-19, which United Nations secretary-general António Guterres calls a “pandemic of disinformation”, closely mirrors this trend. It is no coincidence that the groups most targeted by political disinformation campaigns are also those that reject public health advice on wearing masks and practising social distancing. And

just as access to trusted and impartial sources of truth and analysis is vital to ensure that governments are accountable and democracies thrive, fact-based news, media freedom and independent reporting will be key to defeating the pandemic. The Kofi Annan Foundation will work towards implementing the many concrete recommendations made by its report in this regard. Its action with youth leaders to prevent violent extremism also addresses directly the issues of hate speech and disinformation.

THE POWER OF WOMEN

Likewise, only governments that address the needs of all citizens and ensure that no group is marginalised or disempowered can hope to beat the virus effectively and mitigate its social and economic impacts. Much has been said about the better results achieved in reducing the number of COVID-19 cases and limiting the economic downturn in countries led by female politicians who have consulted widely, communicated clearly and shown empathy. Many barriers prevent effective youth and women's participation in electoral, political and decision-making processes. The Kofi Annan Foundation will advocate for removing these obstacles as key to ensuring that effective and coherent responses to the current crisis are designed and applied, and better health systems are built. It will shine a light, for instance, on the violence against women in politics that prevent the equal and universal exercise of their rights.

The COVID-19 pandemic has also laid bare a lack of principled and courageous leadership on the international stage. Although there have been inspiring instances of solidarity, and the scientific community has been exemplary in sharing information and resources, decision-making at national and international levels has been mired in hesitation, scapegoating and acrimony. Multilateral action, already difficult before the crisis, has been weak and haphazard. Populists and demagogues are increasingly rejecting rules-based multilateral cooperation as inimical to the freedom of the nation-state, and contrary to their political ambitions. And yet, as the UN has stressed,



It is no coincidence that the groups most targeted by political disinformation campaigns are also those that reject public health advice on wearing masks and practising social distancing”

“coming out of this crisis will require a whole-of-society, whole-of-government and whole-of-the-world approach”. Kofi Annan's vision of rules-based cooperation and sustainable solutions founded on transparency, fairness and reciprocity, for which he worked so hard, seems more urgent today than ever, as does his call to bring all stakeholders around the table – including the private

sector, local authorities, civil society organisations, academia and scientists. The foundation is carrying forward Kofi Annan's vision, highlighting the need for new, global and inclusive partnerships.

Health is about caring to save lives, alleviate suffering and preserve human dignity. So should be the choice politics make, shouldn't it? ■



ELHADJ AS SY

Elhadj As Sy was appointed chair of the Kofi Annan Foundation in October 2019, having been secretary general of the International Federation of Red Cross and Red Crescent Societies. He is co-chair of the Global Preparedness Monitoring Board. He has served as UNICEF's director of partnerships and resource development and regional director for Eastern and Southern Africa, as well as director of the HIV/AIDS practice with the United Nations Development Programme. He was also Africa regional director and director of operational partnerships with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

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🌐 kofiannanfoundation.org

OUTLOOK ON GLOBAL HEALTH



8

CHAPTER

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Commitment in all spheres

Sustainable progress is only possible by addressing the key determinants of health, which span myriad areas – from health institutions to big data to individual cities – and pledging strong, reliable governance

By Charles Ibingira, International President, World Health Summit, 2020 & 2021, and Principal, Makerere University College of Health Sciences, Uganda

Detlev Ganten, Founding President, World Health Summit, and Charité – Universitätsmedizin Berlin

Julian Kickbusch, Program Director, World Health Summit

The current COVID-19 pandemic has catapulted global health into the political domain at both national and international levels. It has reinforced the consistent message of the World Health Summit that progress in global health is based on political choices and the application of the policymaking instruments of governments and international institutions worldwide.

As a unique global forum, the World Health Summit has brought together stakeholders from around the world to engage in proposing solutions. We consider strong and reliable governance – at global, national and local levels – as an essential prerequisite for health and well-being and for addressing the determinants of health. The pandemic yet again shows that only through integrating social, economic and environmental factors, as proposed by the Sustainable Development Goals, will it be possible to achieve the transformative change required to secure long-term human and planetary health.





COMMITMENT TO STRONG GLOBAL HEALTH INSTITUTIONS

The world needs strong institutions to set norms and standards to be able to respond effectively to outbreaks. This includes addressing health determinants and protecting the most vulnerable. This work needs the support of decision makers at the highest level. It is essential that health

remains a key issue in major political forums such as the G7 and the G20 and in all regional organisations. The support to the World Health Organization is a critical factor – and the World Health Summit is proud to count the director general of the WHO as one of its patrons.

Health security, antimicrobial resistance and the health impact

of climate change, One Health and 'Health in All Policies' reach far beyond the health sector and need the involvement of heads of state and government and other stakeholders. A proactive approach must be a cornerstone, because a cycle of panic and neglect will have only negative effects on all socio-economic factors and the stability of world order. ►



COMMITMENT TO ENSURE GLOBAL HEALTH SECURITY AND SOCIAL SECURITY

The COVID-19 pandemic has once again shown that the world is not yet ready to respond adequately to a major pandemic threat. The implementation of the International Health Regulations must continue with vigour and strong financial support. Investments in science and innovation as well as in public health institutions and capacity are critical. Investments are also needed

to strengthen social protection of people worldwide. This requires synergies between national, regional and global action, between public and private actors, and between development and humanitarian organisations. We have found the role of regional organisations such as the European Union and the African Union to be ever more important in the political decision-making for global health.



DETLEV GANTEN

A specialist in pharmacology and molecular medicine, Detlev Ganten is one of the world's top scientists in the field of hypertension. He is the founding president of the World Health Summit, a former CEO of the Charité – Universitätsmedizin Berlin and founding director and CEO of the Max Delbrück Center for Molecular Medicine.

CHARLES IBINGIRA

Charles Ibingira is the principal of the Makerere University College of Health Sciences, having previously served as dean of the School of Biomedical Sciences. Dr Ibingira is an active general surgeon and professor of anatomy, and is a senior researcher in surgery, anatomy and bioethics.

JULIAN KICKBUSCH

Julian Kickbusch is the program director of the World Health Summit. He has worked for organisations such as the International Federation of the Red Cross, and has been a consultant with the Fulbright Commission, the PAHO Foundation and the World Health Organization. He teaches at the Hertie School of Governance.

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COMMITMENT TO HEALTHY AND RESILIENT CITIES

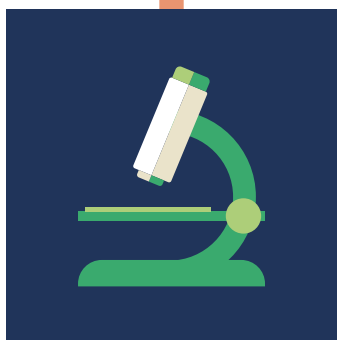
Cities are becoming transformative drivers of sustainable development and key actors in global health. Health can only be achieved at a local level if international policies are coupled with an increasing number of city initiatives and networks that support health. Mayors too must give attention to the social determinants of health and their impacts on the next generation of children and young people. Their challenge is to act for health locally and integrate health into urban planning, housing investment and social policy decisions as cities continue to grow and change.

COMMITMENT TO RESPONSIBLE APPROACHES TO BIG DATA

The digital future of health has only just begun. Data are increasingly a cornerstone of our societies and of our health care. International organisations and policymakers need to invest in the digital potential of health systems and rapidly and systematically address the ethical, commercial, regulatory and technical challenges that come with this change. Big Data and artificial intelligence can bridge the gap between healthcare delivery and population health and can improve many health outcomes through enhanced methods of research. The entry of new big tech players in the health space requires new governance approaches.

COMMITMENT TO RESEARCH, INNOVATION AND DEVELOPMENT

Scientific progress and innovation in health research drive global health practice. The World Health Summit prides itself in its links with some of the most prestigious research organisations worldwide through the M8 Alliance. In global health, the development of vaccines offers one of the best means for protection from communicable pathogens. Important initiatives are emerging to address the challenge of antimicrobial resistance and the challenge of non-communicable disease. Part of such an effort must be the support to institutions and capacity-building in the global South, and strong cooperation and knowledge networks that span the globe.



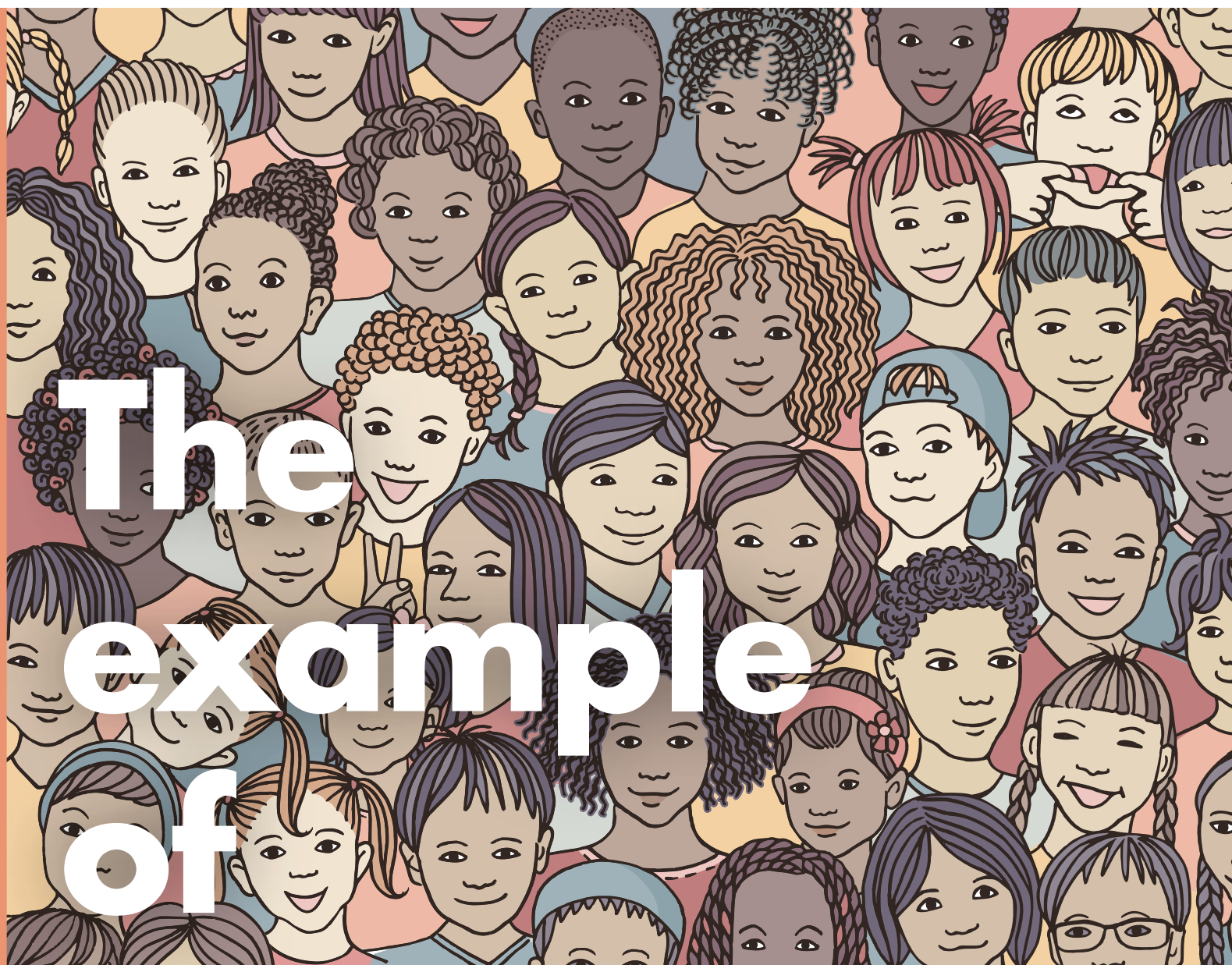
The pandemic yet again shows that only through integrating social, economic and environmental factors will it be possible to achieve the transformative change required to secure long-term human and planetary health”

COMMITMENT TO INNOVATION AND HEALTH SYSTEMS STRENGTHENING IN AFRICA

Achieving the Sustainable Development Goals for health will require significant innovations, investments and partnerships with low- and middle-income countries, especially in Africa. We look forward to the contributions of the regional WHS in Kampala, Uganda, in June 2021. A new generation of well-trained scientists and health professionals stands ready if there are institutions within which they can work and serve. Domestic investment will play an ever more important role – cooperation among African countries as in other regions of the world will be more important than ever before.

Professional organisations can actively contribute to this development. Strategies to develop a highly competent health workforce, manage workforce migration and circulation, and involve diasporas of professionals and scientists will gain in relevance. First successes in Africa show that progress is possible – they must be stepped up and supported.

The global health community has reinforced its strong message that determined political leadership is required to counteract forces that endanger global health progress. It is of central importance that all actors in global health renew their full commitment to make health a political priority and to support SDG 3 – sustainable progress is only possible by addressing the key determinants of health. ■



The example of children

By Michael Marmot,
Director, Institute of
Health Equity, University
College London

Politics have immense impact on the social determinants of health, and nowhere is this clearer than in outcomes for children

The Netherlands, Denmark, Norway, Switzerland and Finland are the five best countries in the world, in that order. I would never make a statement like that without criteria and evidence to support it. In this instance the criteria are measures of child well-being: mental well-being, physical health and development of skills. The evidence comes from the UNICEF Report Card 16, which scores the 38

richest countries on those three criteria. These five countries are the only ones that score in the top third of rankings on all three measures. By contrast, the United Kingdom ranks 27th, and the United States 36th, out of 38.

UNICEF's causal framework for child well-being has similarities with that adopted by the World Health Organization's Commission on Social Determinants of Health in 2008. A child's growth and development are



11%

Rate of child poverty
in Denmark and Finland



30%

Rate of child poverty
in the United States



50m

Americans have lost
their jobs since March
2020

influenced by the relationships of the family and the social network, which, in turn, are affected by resources, policies and the general societal context. Child poverty is a powerful influence on the networks and family relationships surrounding the child, and is, in its turn, influenced by policies and the general societal context. For international comparisons UNICEF uses a relative measure of poverty: child poverty is defined as living in a household with less than 60% of median income, after taking account of taxes and transfers. In four of the five countries I highlighted as “the best”, child poverty is remarkably low: 11% in Denmark and Finland, and 13% in the Netherlands and Norway. It is

somewhat higher in rich Switzerland at 19%. The two countries I highlighted as having low levels of child well-being have higher levels of child poverty: 24% in the United Kingdom and 30% in the United States.

THE POLITICS OF POVERTY

Child poverty is a political choice. It is worth examining two classes of influences on poverty: the household’s post-tax and pre-tax income. Post-tax is a direct policy choice. In the United Kingdom, we highlighted changes made by the chancellor of the exchequer (finance minister) over the decade from 2010 to 2019. Fiscal policy was neatly regressive for families with children by decile of income: the poorer the family

the greater was the predicted drop in income as a result of changes to taxes and benefits. The result was an increase in child poverty.

Pre-tax income, on the surface, seems less susceptible to political choice. But that may not be the case. In the United States, the share of income enjoyed by billionaires has risen sharply while average incomes have stagnated. This trend has been exaggerated by the COVID-19 pandemic. Since March 2020, 50 million Americans have lost their jobs, and the hourly pay of the bottom 83% of private-sector workers has declined by 4.4%. At the same time, the wealth of America’s 643 billionaires increased by 29% – \$845 billion – according to Inequality.org. ►



MICHAEL MARMOT

Sir Michael Marmot has been a professor of epidemiology at University College London since 1985. He is the adviser to the World Health Organization's director general on social determinants of health. He chaired the Commission on Equity and Health Inequalities in the Americas, as well as the Commission on Social Determinants of Health. He conducted the Strategic Review of Health Inequalities in England, followed by the European Review of Social Determinants of Health and the Health Divide and, in 2020, Health Equity in England: Marmot Review 10 Years On.

✉ @MichaelMarmot
 🌐 instituteofhealthequity.org



Child poverty is a political choice. It is worth examining two classes of influences on poverty: the household's post-tax and pre-tax income"

People who cannot are in great danger of catastrophic loss of income, which will have dramatic effects on children. Societal approaches to reducing these effects, such as furlough schemes or enhanced unemployment benefits, can make a substantial difference.

Lockdown affects children in other ways. The United Nations Development Programme has documented the increase in effective out-of-school rates for primary school-age children. The less developed the country, the greater the out-of-school rate. Within richer countries, the effect of lockdown on inequalities in educational performance has been documented. Children from poorer families have fallen further behind in their schooling than children from more advantaged backgrounds. The educational divide is being increased.

Data is starting to accumulate on the effects of lockdown on children's mental health. Predictably, overcrowded housing and worsening economic fortunes have an impact on family functioning, and children suffer the effects.

I have used children's well-being and the effect of the COVID-19 pandemic to illustrate, but they are but an exemplar of the way that the social determinants of health can be affected by politics. It is not too far a stretch to say that health equity is a political choice. ■

Thomas Piketty makes the point that during the 1950s and '60s, when the top marginal rate of tax was high, there was less incentive for top earners to be paid more money. The choice by the government to reduce the top marginal rate contributed to the astonishing rise in top salaries. Another influence was the failure to put in place good governance arrangements that might have prevented this increase at the top. European countries have, to a greater or lesser degree, done this.

The COVID-19 pandemic has exposed and amplified underlying inequalities in society. Societal responses to the pandemic will contribute. The large increase in inequalities in the United States have been seen to greater or lesser extent in many countries. People who can work from home and retain jobs can maintain or increase their incomes.



Health: A Political Choice

Act Now,
Together

