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**WHY AND HOW TO REFLECT UNIVERSAL HEALTH  
COVERAGE IN THE PANDEMIC TREATY**

**UHC2030**

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More information: [www.governingpandemics.org](http://www.governingpandemics.org)

UHC2030 is the global multi-stakeholder partnership for universal health coverage. It advocates for increased political commitment to universal health coverage, facilitates accountability and promotes collaborative working on strengthening health systems. UHC2030 is co-hosted by the World Health Organization, the World Bank and the Organization for Economic Cooperation and Development.

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## INTRODUCTION

On 1 December 2021 a Special Session of the World Health Assembly agreed to launch a global process to draft and negotiate a convention, agreement or other international instrument under the Constitution of the World Health Organization to strengthen pandemic prevention, preparedness and response.<sup>1</sup>

The negotiations will start by March 2022 and are expected to conclude at the 77<sup>th</sup> World Health Assembly in 2024. They come at a pivotal moment for global health and wellbeing. The COVID-19 pandemic has exposed gaps in emergency preparedness; wide disparities in access to healthcare; underlying inequities within and between countries; and the need for solidarity in the international response. Failure to adequately prioritize health has had huge social and economic consequences.

When twenty-six heads of state joined the WHO Director-General in calling for a pandemic treaty in March 2021, they set its goal to ‘foster an all-of-government and all-of-society approach, strengthening national, regional and global capacities and resilience to future pandemics.’<sup>2</sup>

Global health security has understandably received considerable focus during the crisis. Progress towards universal health coverage (UHC) is also off-track.<sup>3</sup> Health systems face critical challenges to continue to respond to the pandemic and maintain other essential health services. In many countries there are intense economic constraints. Poor people; vulnerable or marginalized groups; and women and girls have often been hit hardest.

The World Health Assembly decision to launch treaty negotiations makes explicit ‘the principle of solidarity with all people and countries, that should frame practical actions to deal with both causes and consequences of pandemics and other health emergencies.’ It acknowledges ‘the need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, as well as strengthening health systems and their resilience with a view to achieving UHC.’<sup>4</sup>

**Taking these principles of solidarity and equity as its start-point, this policy brief considers objectives for UHC, public health and resilient health systems. It sets out why and how these issues contribute to the treaty’s goal; existing commitments and recommendations to build on; and opportunities to address these in the negotiations – including a checklist for negotiators.**

## DEFINITIONS

When considering these issues and how they might feature in a pandemic treaty, it is important to distinguish the health goals (UHC and health security); means (strengthening health systems); approach (primary health care including core/essential public health functions); and cross-cutting policy objectives such as equity and resilience.<sup>5</sup>

**Universal health coverage (UHC)** is the vision that everyone, everywhere can access the health services they need, without facing financial hardship. It includes the full range of essential health services, spanning health promotion, prevention, and treatment.<sup>6</sup> It is included in the United Nations Sustainable Development Goals (SDGs) as target 3.8, with two indicators: 3.8.1 for service coverage, and 3.8.2 for financial protection.<sup>7</sup>

**Global health security** means minimizing the danger and impact of acute public health events that endanger people's health, especially those that cross geographical regions and international boundaries. This includes preventing, detecting, and responding to infectious disease threats such as COVID-19.<sup>8</sup> It is included in the SDGs as target 3.D.

**Health systems** consist of all organizations, people and actions whose primary intent is to promote, restore or maintain health. Multiple frameworks exist to describe the main health systems components, such as WHO's health systems 'building blocks' (leadership/governance, services, health workforce, health information systems, medicines and other health products, health financing); functions (e.g. governance, financing, generating human and physical resources, service delivery); and policy objectives (e.g. quality, equity, efficiency, accountability, resilience, sustainability).<sup>9 10 11</sup>

**Strengthening health systems** refers to building capacities – whether across building blocks or related functions, processes, and policies – in a way that looks at the performance of the overall system. 'Strengthening health systems' is not necessarily the same as 'support for health systems,' which may be more targeted on specific services or interventions. Taking a systems perspective can support achievement of multiple health outcomes and bring together distinct agendas, such as UHC and health security and/or a focus on multiple disease priorities and emergency preparedness.<sup>12 13</sup>

**Primary health care (PHC)** is a whole-of-society approach to health that aims to maximize the level and distribution of health and well-being in the population by focusing on communities and their health needs. It has three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities.<sup>14</sup>

**Equity** means ensuring fairness so that everyone can access the health services they need. It is defined as the absence of unfair and avoidable or remediable differences in health among population groups defined socially, economically, demographically or geographically.<sup>15</sup>

**Resilience** is the ability of a system, community or society to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner. For health systems this means 'the ability of all actors and functions related to health, to collectively mitigate, prepare, respond and recover from disruptive events with public health implications, while maintaining the provision of essential functions and services, and using experiences to adapt and transform the system for improvement'.<sup>16</sup>

# 1. WHY INCLUDE UHC AND HEALTH SYSTEMS IN THE PANDEMIC TREATY?

## 1.1 UHC AND PANDEMIC PREPAREDNESS

**Integrating UHC in the treaty would make it an innovative international agreement that, at this most pressing time of need, seizes the opportunity to deliver on health for all.** Individually and collectively, countries need to do better on both health security and UHC. These two goals for protecting health have been called “two sides of the same coin”.<sup>17</sup> World leaders and the global health community have a crucial second chance to secure a safer and healthier future for everyone. The pandemic treaty is a high-level international political, legal and accountability instrument that can help them do so.

**The treaty could acknowledge three important aspects of UHC in pandemics:**

- i. **Pandemics harm progress towards UHC**, especially as they affect the most vulnerable and disrupt other essential health services.
- ii. **UHC principles are crucial for a successful response to health crises** – including, for example, to ensure universal access to vaccines and treatments and remove financial barriers and disincentives to seeking care.
- iii. **UHC should include a full spectrum of public health services and functions.** This includes prevention and promotion, for example surveillance and testing for infectious diseases and services to promote good health and prevent and manage “underlying” health conditions. It thereby contributes to crucial protection from, including preparedness for, pandemics.

**Even prior to the pandemic progress towards UHC was off-track.** Despite long-standing high-level commitments to health for all, in most countries service coverage was improving much too slowly to reach SDG targets. Nearly one billion people each year face “catastrophic” out of pocket health spending (defined as more than 10% of their household budget). The pandemic will worsen this.<sup>18</sup>

**Health services have been persistently disrupted by COVID-19.** In 2020 about half of essential health services were disrupted; in 2021 about 90% of countries reported ongoing disruptions.<sup>19</sup> Badly disrupted services include those for mental health; neglected tropical diseases; tuberculosis; HIV and hepatitis; cancer screening and other noncommunicable diseases including hypertension and diabetes; and family planning. Disruptions hit countries of all income levels, with large backlogs and long-term implications for health systems and health outcomes. Disruptions can be catastrophic for people living with conditions requiring sustained treatment and follow-up, such as tuberculosis and HIV.

**The crisis has worsened inequities, especially poverty and gender inequality.** Poor people have often been hit hardest and further impoverished. Vulnerable and marginalized groups, who already had limited access to health services, have often been left further behind without access to COVID-19 vaccines, tests and treatment. Women and girls often bore the brunt of the pandemic’s consequences at home and in the health workforce (the majority of which is women). They saw specific health needs unmet (e.g. by disruption to sexual and reproductive health services) and were under-represented in response and recovery plans. Older people have been disproportionately affected. Further, inadequate representation of civil society in decision-making makes it less likely that health services meet communities’ needs.

**Addressing inequities is a question of both solidarity and self-interest.** Inequitable access to COVID-19 tools is unjust. Lack of affordable health care for poor and vulnerable populations, and inadequate social safety nets, meant there was little in place to protect the health of these communities.<sup>20</sup> This neglect – both within and between countries – places everyone at further risk from disease spread and emergence of new variants. As often said during the pandemic, “no one is safe until everyone is safe”.

**UHC helps countries be prepared for and respond to crises.** Populations that have universal access to health services and are not burdened by impoverishing health costs are more resilient. Prior and ongoing access to health care reduces vulnerability for people living with pre-existing health conditions. Equitable access to vaccines, tests and treatments is crucial for successful crisis response.

**Core public health functions and non-pharmaceutical interventions have often been neglected.** Even where UHC has been prioritized, there is often a relatively narrow focus on treatment services. By definition UHC includes the full spectrum of services including health promotion, prevention and treatment. All these, and health security, are included in SDG target 3.8.1 (service coverage). In practice policy debates and implementation rarely address promotion and prevention.<sup>21</sup>

**Emergency preparedness should not be prioritized over, or before, UHC.** The absence of foundational investments in public health and essential health services undermined preparedness. UHC plays an important role in resilience and response to crises. It includes public health measures and *timely* access to health services for *everyone*. The treaty can help ensure this is formally acknowledged and acted on.

## 1.2 RESILIENT AND EQUITABLE HEALTH SYSTEMS ARE THE BASIS FOR UHC AND HEALTH SECURITY

**Strengthening health systems is the most efficient and sustainable way to reach UHC and health security goals.** Many governments have neglected foundational investments in health systems. The treaty is an opportunity to stimulate action.

**A systems-wide approach promotes efficient use of resources.** Individual health programmes typically focus on results for a specific disease or intervention. Even well-run disease- or issue-specific programmes may duplicate or misalign responsibilities with each other or the rest of the health system. Strengthening health systems in an efficient and cross-cutting way includes building capacities of policymakers and health workers to align and integrate programmes.

**Strong health systems address inequity and contribute to resilient communities and societies.** Health systems built on strong PHC and public health foundations safeguard vulnerable and marginalized populations. PHC cost-effectively brings affordable, good-quality health care to communities and is responsive to their health needs. This is especially important for women and girls, whose health needs

are often neglected. Communities who can access trusted, local health services are more likely to trust and follow emergency public health measures.

**Integrating public health, preparedness and response measures in health systems helps countries to protect health, societies, and economies.** Scaling up access to COVID-19 testing enabled tracking of disease and safe isolation. New outbreaks demand quick deployment of epidemiologists in communities to assess spread and support contact tracing. Protective equipment and protocols can mitigate disruption to essential health services. Countries with established health emergency frameworks and leadership mechanisms are better equipped to coordinate responses.

**Preparing hospital and other healthcare services for pandemics may be as important as strengthening surveillance and public health capacities.**<sup>22</sup> The treaty could establish core obligations (including UHC policies) and minimum requirements for national healthcare capacities as part of pandemic preparedness. This would complement core public health capacities required by the International Health Regulations (2005).

**Leaders can break the costly “panic then neglect” cycle by investing in health systems foundations and preparing health services.** Priorities include sufficient numbers of well-trained and well-paid health workers that communities can easily access, availability of a package of essential medicines and health commodities (including personal protective equipment for health workers), and health data and surveillance systems.<sup>23</sup> This can be complemented by preparing hospitals and more specialized services to deal with acute care needs during outbreaks.

**International cooperation has an important role in helping countries strengthen health systems.** Governments have the primary duty to mobilize sufficient public financing for health. In low- and middle-income countries international cooperation is also important, for solidarity and equity reasons and to help equip countries to slow spread of disease across borders. The global health and financing architecture must be fit-for-purpose to ensure coherent support to health systems that delivers across health goals.

## 2. EXISTING COMMITMENTS AND RECOMMENDATIONS

### 2.1 UHC IN PANDEMIC TREATY DISCUSSIONS

To inform the WHA Special Session discussions, the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies produced an assessment of the benefits of developing a new WHO convention, agreement or other international instrument on pandemic preparedness and response.<sup>24</sup>

Issues that Member States raised for inclusion in the treaty, and potential benefits of a treaty cited in the working group paper, include (emphasis added):

- *“Despite unprecedented developments of medical countermeasures, the challenge remains to ensure their universal and equitable access and distribution, **with a view to achieving universal health care.**”*

- “Resilient and rapid response to pandemics by enhancing surge capacity, **through striving to achieve universal health coverage and health system strengthening**, which includes the enhancement of primary health care, the health workforce and social protection.”
- “Anchoring the new instrument in all the principles found in the WHO Constitution (Preamble), including the principle of non-discrimination and the right to the enjoyment of the highest attainable standard of health. **These are important in advancing equity and universal health coverage**, ensuring equitable access to medical countermeasures and health services, both now and in the future.”
- “**Supporting the strengthening of strong, resilient and inclusive health systems** that are foundational for effective and efficient pandemic preparedness, prevention, detection and response systems, through **strengthening primary health care services, health care workers and achieving universal health coverage.**”

The World Health Assembly decision to launch treaty negotiations makes explicit:

- “**The principle of solidarity with all people and countries**, that should frame practical actions to deal with both causes and consequences of pandemics and other health emergencies.”
- “The need to address gaps in preventing, preparing for, and responding to health emergencies, including in development and distribution of, and unhindered, timely and equitable access to, medical countermeasures such as vaccines, therapeutics and diagnostics, **as well as strengthening health systems and their resilience with a view to achieving UHC.**”

## 2.2 UHC COMMITMENTS AND PANDEMIC RECOMMENDATIONS

To address the issues raised by Member States, and realize the above benefits, treaty negotiators can draw on existing analysis and initiatives on UHC, strengthening health systems, and pandemics.

**UN High-level meeting on UHC.** In September 2019, at the United Nations High-Level Meeting (UN HLM) “Universal Health Coverage: Moving Together to Build a Healthier World”, world leaders considered actions needed to achieve UHC and links to other health and SDG goals. They endorsed the most ambitious and comprehensive political declaration on health in history.<sup>25</sup>

Action on these UHC commitments would have supported a more effective response to COVID-19.<sup>26 27</sup> Commitments in the UHC Political Declaration are summarized in [Annex 1](#). References to specific topics and paragraphs are included, to guide pandemic treaty negotiators to established text. There will be a follow-up UN High-Level Meeting on UHC at the UN General Assembly in September 2023. There will therefore be opportunities to reinforce links between UHC commitments and the pandemic treaty negotiations.

**Panels, committees and reports on COVID-19, health systems and UHC.** Over the course of the pandemic many recommendations have been presented on strengthening pandemic preparedness and response, making health systems more resilient and strengthening the global health architecture. [Annex 2](#) summarizes those from selected reports.

### 3. UHC IN THE PANDEMIC TREATY: A CHECKLIST FOR DECISION-MAKERS

The exact ways in which UHC and health systems are addressed in the treaty will depend on what form the instrument takes. Issues that negotiators should address in the treaty include:

#### *Principles in preamble and framing:*

- Strengthening health systems and their resilience, with a view to achieving UHC**, as a crucial contribution to pandemic preparedness and response.
- Governments' primary responsibility** to ensure universal access to good quality and affordable health services, and financial protection from impoverishing health costs.
- Solidarity to "protect everyone"**, both within and between countries – on ethical grounds and since diseases easily spread across borders.

#### *Enhancing commitments and obligations for:*

- Adequate public financing for health**, building on the UHC Political Declaration commitment to increase public spending with a special emphasis on primary health care.
- Core minimum requirements for national health systems capacities**, including UHC policies, to complement the International Health Regulations.
- Reaching and protecting the most vulnerable groups in society**, in line with commitments in the SDGs (and since) to leave no one behind.
- Gender equity**, and cross-cutting systematic measures to achieve it.

#### *Specific attention to:*

- Public health functions**, making the link between capacities to meet International Health Regulations obligations and foundational steps towards achieving UHC.
- Ensuring adequate numbers and distribution of well-trained, well-equipped and well-paid health workers**. This should also address international recruitment of health workers (drawing on the WHO Global Code of Practice on the International Recruitment of Health Personnel<sup>28</sup>).
- Safe and good quality health services**, recognising the disruptions caused by pandemics.
- Equitable access to new health products**, learning from inequities in access to COVID-19 vaccines. Key issues include trial and approval requirements; licensing; technology transfers; export restrictions; international stockpiles; guaranteed pooled procurements; up-front financing; and action on health systems (i.e. not only commodity supply) constraints.<sup>29</sup>
- Social and financial safety nets** that protect people from impoverishing health costs and, during pandemics, protect livelihoods and enable people to act in ways that minimize spread of disease.
- International solidarity in financing for health**. The treaty could establish obligations for the ongoing role of international aid in strengthening health systems in low-income countries and in financing for global public goods, and standards for harmonized and aligned support.
- Multi-sector and multi-stakeholder contributions**, including governments' obligations to create regulatory environments that encourage innovation and safeguard quality.
- Social participation and inclusion of civil society and communities**, in the treaty development and in countries, to ensure voices are heard and actions respond to communities' needs.
- A fit-for-purpose global health architecture** and ensuring that measures to strengthen the architecture for health security are coherent with efforts across and towards all health goals.

## ANNEX 1 – EIGHT “COMMITMENT AREAS” IN THE UHC POLITICAL DECLARATION <sup>i</sup> 30 31

- 1. Ensure political leadership beyond health.** Public health, economies and societies suffer when people lose trust in government. Action on health is a political choice and part of a functioning social contract.  
*Political declaration commitments: Health-in-all policies (para. 26); Prioritize public health (27); Leadership capacity (55); Strategic political leadership (59); UHC in emergencies (73); Role of UN Secretary General (81)*
- 2. Leave no one behind.** Pandemics hit poor and vulnerable communities hardest and widen inequities. Countries must provide social and financial safety nets.  
*Commitments: Reduce financial barriers (para. 39); Access to medicines and health products (49); Health workforce (61); Timely and reliable data (67); Vulnerable/excluded people (70); Resilient health systems (72)*
- 3. Regulate and legislate.** Parliaments and governments should enact UHC legislation that safeguards the right to health. Emergency pandemic measures must balance individual rights and collective responsibilities. Regulatory frameworks should ensure patient safety while enabling innovation.  
*Commitments: Transparent pricing (para. 50); Effective institutions (56); Regulatory frameworks and capacities (57, 58).*
- 4. Uphold quality of care.** Pandemics place huge strain on health systems and services. Governments must ensure access to safe and effective care.  
*Commitments: Quality, needs-based health interventions (para. 25); Primary health care (46); Safe, quality, people-centred health systems (48); Health workforce (62); Evidence-based decisions (65)*
- 5. Invest more, invest better.** Most countries need to increase public financing for health, especially PHC. Public health and preparedness are essential public goods but often neglected. External support should be harmonized to reduce fragmentation.  
*Commitments: Nationally appropriate spending targets (para. 40); Public financing (41); Optimize budgetary allocations (43); External financing (45); Investment in innovation (66)*
- 6. Move together.** UHC and pandemics require fair and coherent action based on solidarity. Civil society engagement is a key bridge between governments and communities, especially people left behind.  
*Commitments: Private sector innovation (para. 53); Multi-stakeholder platforms (54); Whole-of-society approach (59); Global partnerships (77)*
- 7. Gender equality.** The needs and rights of women and girls are often neglected in crises. Women are the majority in the health workforce but routinely under-represented in decision-making.  
*Commitments: Women’s empowerment in the health workforce (para. 63); Sexual and reproductive health (68); Gender in all policies (69)*
- 8. Emergency preparedness.** UHC principles should be reflected in crisis response, and emergency preparedness built into health system reforms.  
*Commitments: Resilient health systems (para. 72); UHC in emergencies (73); Preparedness and response (74)*

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<sup>i</sup> Adapted from the *Key asks from the UHC movement; Key targets, commitments and actions from the UN high-level meeting on UHC*; and *State of UHC Commitment 2020: Messages for political leaders*. The UHC key asks were developed as part of a multi-stakeholder consultation ahead of the 2019 HLM to inform the political declaration.

## ANNEX 2 – HEADLINE RECOMMENDATIONS FROM SELECTED PANDEMIC PANELS, COMMITTEES AND REPORTS

Report of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to the special session of the World Health Assembly (WHO, 2021) <sup>32</sup>	
<p><i>9 topics raised by Member States that may be addressed through a potential new instrument or normative, policy or programmatic tool</i></p>	<ol style="list-style-type: none"> <li>a. Equity</li> <li>b. One Health approach</li> <li>c. Prevention, rapid risk assessment, detection and response</li> <li>d. Compliance and accountability with IHR obligations</li> <li>e. Finance</li> <li>f. Resilient and rapid response to pandemics by enhancing surge capacity, through striving to achieve universal health coverage and health system strengthening, which includes the enhancement of primary health care, the health workforce and social protection</li> <li>g. Sample sharing by enhancing and expanding networks, mechanisms and incentives for sharing pathogens, genetic information, biological samples and the benefits derived therefrom.</li> <li>h. Structural solutions to promote a whole-of-government and whole-of-society approach to pandemic prevention, preparedness and response, including other health emergencies, are a priority for Member States.</li> <li>i. Misinformation and disinformation</li> </ol>
From worlds apart to a world prepared (Global Preparedness Monitoring Board, 2021) <sup>33</sup>	
<p><i>Six actions to help build a world prepared</i></p>	<ol style="list-style-type: none"> <li>1. Strengthen global governance; adopt an international agreement on health emergency preparedness and response; and convene a Summit of Heads of State and Government, together with other stakeholders, on health emergency preparedness and response.</li> <li>2. Build a strong WHO with greater resources, authority, and accountability.</li> <li>3. Create an agile health emergency system that can deliver on equity through better information sharing, and an end-to-end mechanism for research, development, and equitable access to common goods.</li> <li>4. Establish a collective financing mechanism for preparedness to ensure more sustainable, predictable, flexible, and scalable financing.</li> <li>5. Empower communities and ensure engagement of civil society and the private sector.</li> <li>6. Strengthen independent monitoring and mutual accountability.</li> </ol>

**Building Health Systems Resilience for Universal Health Coverage and Health Security During the COVID-19 Pandemic and Beyond: WHO Position Paper (WHO, 2021)<sup>34</sup>**

*Seven policy recommendations*

1. Leverage the current response to strengthen both pandemic preparedness and health systems
2. Invest in essential public health functions including those needed for all-hazards emergency risk management
3. Build strong Primary Health Care foundation
4. Invest in institutionalized mechanisms for whole-of-society engagement
5. Create and promote enabling environments for research, innovation and learning
6. Increase domestic and global investment in health system foundations and all-hazards emergency risk management
7. Address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations

**Action on health systems, for universal health coverage and health security (UHC2030, 2021)<sup>35</sup>**

*Twelve health systems priorities, based on the UHC Key Asks and UHC Political Declaration commitments*

1. Mobilize political leadership
2. Ensure health systems focus and accountability in leaders' commitments on health security
3. Address inequities
4. Implement PHC-focused health systems reforms
5. Cultivate a supportive policy, legal and regulatory environment for health systems, especially innovation
6. Develop systems-wide capacities for good-quality PHC including health emergency risk management
7. Increase domestic and international investments in the foundations of health systems
8. Align funding flows
9. Empower and engage people, communities, civil society, private sector and all other stakeholders to support health systems
10. Strengthen multisectoral governance and coordination
11. Ensure gender-equitable leadership and gender-responsive health systems
12. Align health systems action for UHC and health security

**Report of the High-Level Independent Panel for Pandemic Preparedness and Response (IPPPR, 2021)<sup>36</sup>**

*Seven recommendations directed to ensuring that a future outbreak does not become a pandemic*

1. Elevate pandemic preparedness and response to the highest level of political leadership
2. Strengthen the independence, authority and financing of WHO
3. Invest in preparedness now to prevent the next crisis
4. A new agile and rapid surveillance information and alert system
5. Establish a pre-negotiated platform for tools and supplies
6. Raise new international financing for pandemic preparedness and response
7. National Pandemic coordinators have a direct line to Head of State or Government

**Carbis Bay G7 Summit Communique (G7, 2021)<sup>37</sup>**

*Commitments include emphasis on six actions to ensure all countries are better equipped to prevent, detect, respond to and recover from health crises:*

- Improving integration, by strengthening a “One Health” approach
- Strengthening transparency and accountability, including reiterating our commitment to the full implementation of, and improved compliance with, the International Health Regulations 2005.
- Improving the speed of response by developing global protocols which trigger collective action
- Ensuring fairness, inclusion and equity, including the empowerment and leadership of women and minorities in the health and care sectors, and addressing the links between health crises and wider social determinants of health such as poverty and structural inequalities, and leaving no one behind by advancing the achievement of Universal Health Coverage.
- Increasing the resilience of global health systems to deal with outbreaks of emerging and enduring pathogens, including by investing in the health and care workforce worldwide to build capacity and keep health care workers safe.
- Strengthening financing models to support longer-term preparedness, sustainable global health and health security, in particular but not limited to the WHO.

**State of commitment to universal health coverage 2020: Urgent actions for health systems that protect everyone (UHC2030, 2020)<sup>38</sup>**

*Eight actions for political leaders, based on commitments in the UHC Political Declaration*

1. Prioritize UHC to tackle and recover from the COVID-19 pandemic, allay anxiety and rebuild trust
2. Address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritizing equity every step of the way
3. Expand and strengthen UHC legislation and regulations, set clear targets, and communicate better to bring people together
4. Support protect and care for health workers, and innovate to maintain and improve quality during emergencies
5. Invest in public health and primary health care as a joint effort of health and finance ministers, and local governments, to ensure the continuity of essential health services and provide first-line defence against outbreaks
6. Build partnerships through genuine civil society engagement
7. Empower women, who are proving to be highly effective leaders in health emergencies
8. Give UHC principles more weight in every crisis response, and build emergency preparedness into all health systems reforms

**Report of the High Level Independent Panel for Financing for Global Commons for Pandemic Preparedness (G20, 2021)<sup>39</sup>**

*Four major global actions*

1. Resilient national systems
2. Supply of medical counter-measures and tools
3. Global governance
4. Globally networked surveillance and research

*Four strategic moves*

1. Nations must commit to a new base of multilateral funding for global health security
2. Global public goods must be made part of the core mandate of the International Financial Institutions (IFIs)
3. A Global Health Threats Fund mobilizing US\$10 billion per year should be established
4. Multilateral efforts should leverage and tighten coordination with bilateral ODA, and with the private and philanthropic sectors

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