






Approaches to Health Recovery

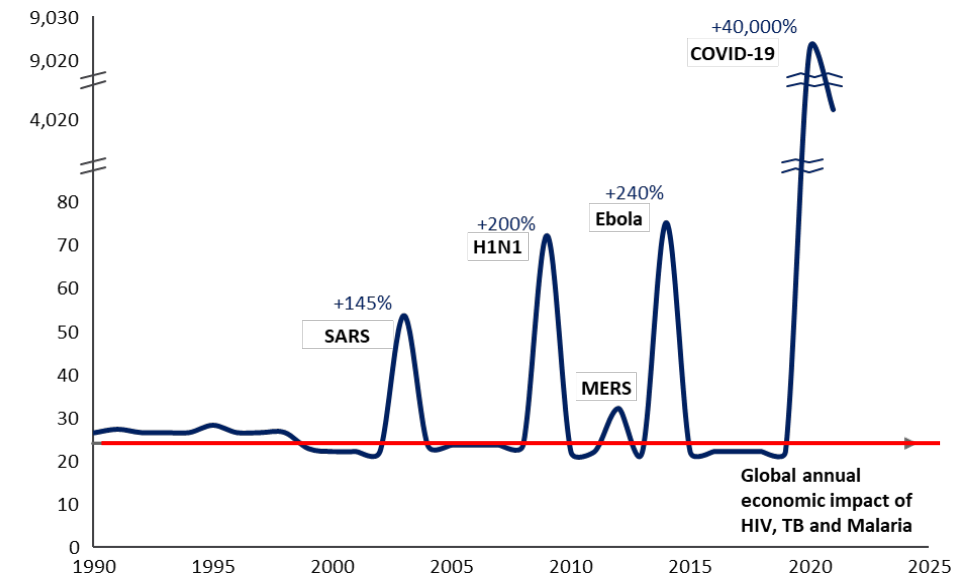
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New Delhi**

**1 March 2023
SAARC Workshop on “Approaches to Socio-Economic Recovery
from COVID-19”**

Learning from the devastating effect of COVID-19 & other emergencies

Health		+8M	estimated deaths ¹
Economy		\$16T	estimated revenue losses in international sectors ²
Education		1.6B	students out of school ³
Climate		-30%	investment in clean energy transision ⁴
Poverty		+135M	people pushed into poverty by 2030 ⁵

Pandemics are increasing in frequency & impact



*In addition, **+300 million people** in need of humanitarian assistance as a result of climate disasters & geo-political crisis*

1. Recorded deaths, excess mortality estimates over 12 million; 2. Midpoint of estimates by David M. Cutler, PhD, Department of Economics, Harvard University; IMF; McKinsey; and Congressional Research Service; 3 World bank; 4 Market intelligence ; 5 Effect of covid-19 only, UN



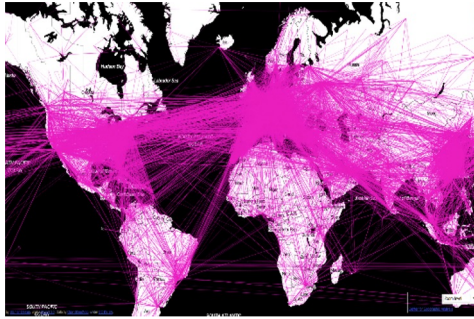
Pre-COVID-19 Pandemic

- ❑ Low Universal Health Coverage and inadequate Health Security – Countries in LIC disproportionately behind
- ❑ Lack of investments in health systems foundations and preparedness; e.g.,
 - In LMICs; poor infrastructures, equipment, supplies, water, electricity; lack of staff, functional health information systems; poor leadership and management, poor IPC etc.
 - Inadequate financing and implementation of health sector development and national action plans for health security
- ❑ Prevailing inequality in accessing and utilizing health services - not uncommon even countries in high income groups
- ❑ 25% of global population in Fragile, Conflict-affected, Violent/Vulnerable (FCV) settings - without functional health systems

Health Systems Realities and Challenges



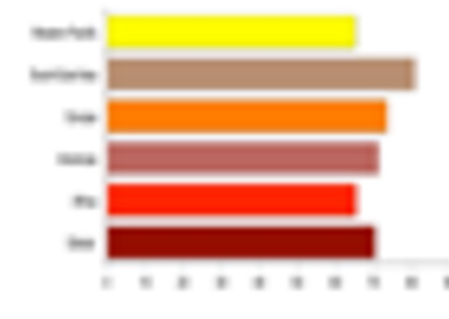
SDGs



Globalization



Innovation



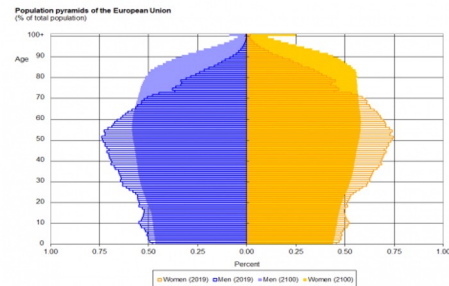
Civic voice



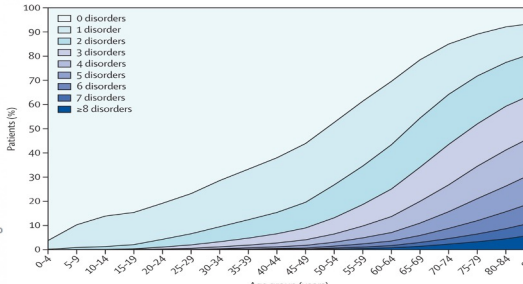
Infectious disease outbreaks



Antimicrobial Resistance



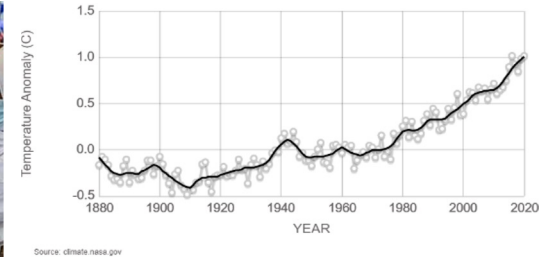
Aging populations and youth



Multi-morbidity including NCDs



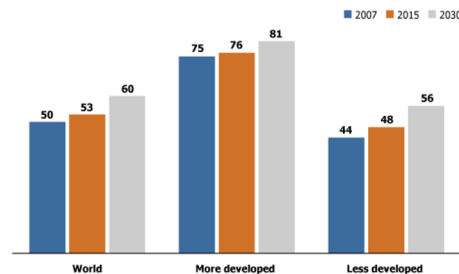
Gender & inequality



Climate change



Conflict and war



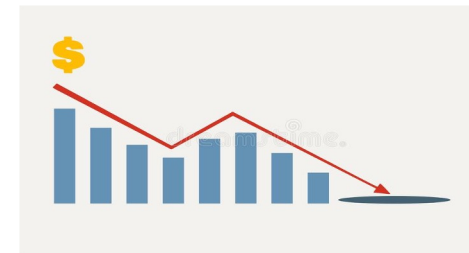
Urbanization



Migration



Rising costs



Economic recessions

Background: Multiple parallel entries into one health system



IHR Capacity Building & other
Health Security efforts



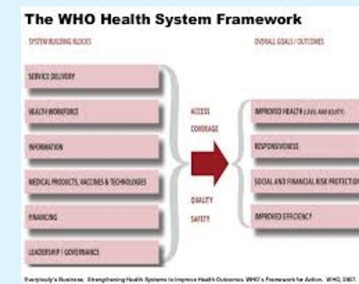
Humanitarian
response & recovery



Disease- & Life Course-
Programs



Health Systems
Strengthening



With chronic neglect and weakening of health systems foundations including primary health care, and public health capacities

What are the gaps?

Fragmented efforts

- E.g., in building national capacities towards UHC and health security in tandem

Low investments in health and proactive measures for resilience

- With more emphases on disease treatment and response to emergencies over prevention, preparedness, health promotion, maintenance of EHS during crises

Fragile, Conflict & Vulnerable (FCV) Populations

- FCV settings require urgent action to restore and build functional health system
- Access to and quality of EHS differ between populations within countries
- Need for gender sensitive approaches

Inadequate global solidarity

- Continuing inequality in access to vaccines and medical supplies including lack of basic and interoperable infrastructure

Inadequate data and data sharing

- Lack of quality, disaggregated data
- Lack of coherence and interoperability between data sources to inform joint action

Opportunities

Heightened political impetus –
National, regional, global

Increased attention to the
Primary Health Care with
EPHFs

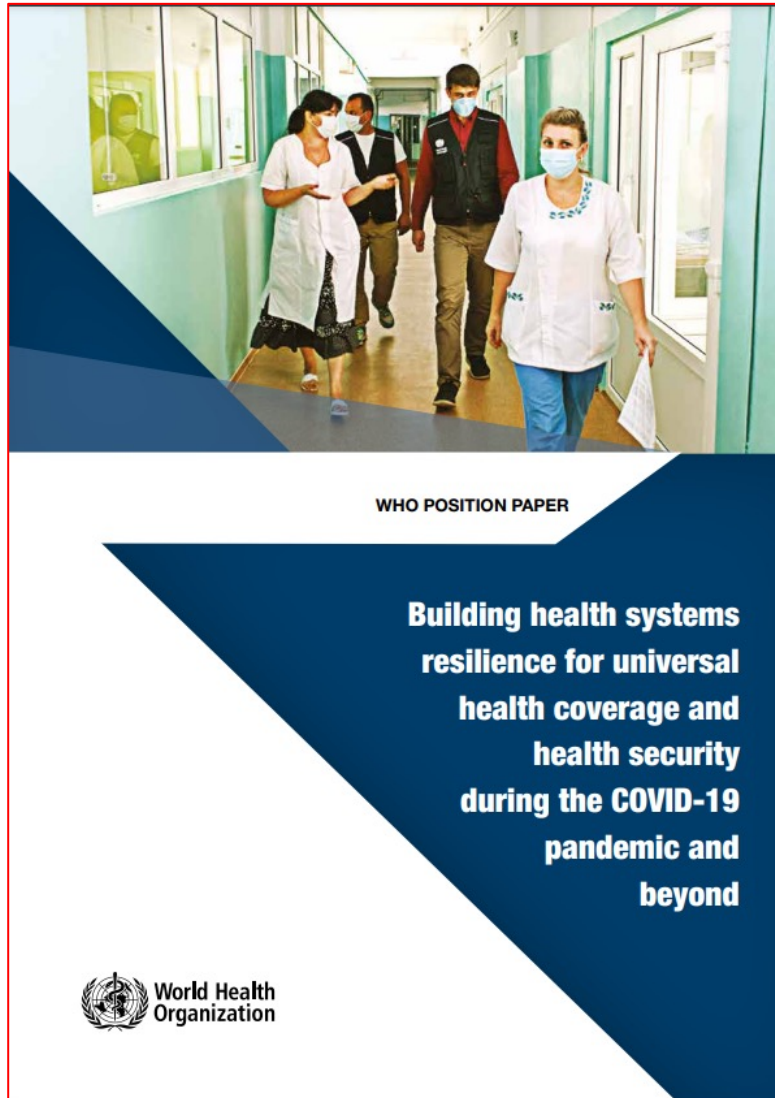
Renewed commitment to
implementation of IHR (2005)

Innovation – health and digital
technologies

Lessons from COVID-19 –
informing recovery and
transformation

Improved collaboration &
coherence among multilateral
institutions

WHO's Position Paper



**Complementing other global, regional, country recovery
and building back better efforts including on DRR**

WHO recommendations for resilient health systems

Tedros Adhanom Ghebreyesus,^a Zsuzsanna Jakab,^a Michael J Ryan,^b Jaouad Mahjour,^b Suraya Dalil,^c Stella Chungong,^d Gerard Schmets,^c Geraldine Mcdarby,^c Redda Seifeldin^c & Sohail Saikat^c

On 19 October 2021 the World Health Organization (WHO) launched its position paper *Building health systems resilience for universal health coverage and health security during the COVID-19 pandemic and beyond*^a to support countries in recovering from the pandemic. The launch took place amid unprecedented public and political calls for greater resilience in health systems.

Despite our collective experience with public health emergencies, the coronavirus disease 2019 (COVID-19) has demonstrated that national health systems were poorly prepared for a pandemic of this scale. While examples exist of good practice and innovation that kept mortality or case counts relatively low, this apparent success often came at the expense of economic activity, mental health or personal freedoms.¹ Globally, deficiencies in coordination, transparency and timeliness of data sharing prevented us from moving quickly, learning from each other and supporting each other. The current and protracted lack of equity in access to vaccines² demonstrates the need for global preparedness, including the development of pre-crisis international agreements on access to innovation.

COVID-19 has exposed the weaknesses in health, economic and social systems worldwide, with countries experiencing significant disruptions and massive economic losses due to the pandemic and response efforts.³ No country is unaffected, and wealth did little to insulate countries against the negative effects of the pandemic. As with previous public health emergencies, the indirect deaths associated with health and social service disruptions and economic breakdown may surpass those directly caused by the virus.^{3,4} As always, the brunt is borne by the most vulnerable populations, including those in countries under protracted conflict.⁵ The pandemic has demonstrated that health

is the foundation of socioeconomic development and that we are only as safe as the most vulnerable among us. We have seen that when health is at risk, all other sectors are at risk.⁶ Health systems are a vital first line of defence, not only against pandemics but against the physical and mental health issues that prevent us from reaching our full potential, both individually and collectively.

Unfortunately, at the beginning of the COVID-19 outbreak, much of what was learned from past experiences with the severe acute respiratory syndrome, Middle East respiratory syndrome or Ebola virus and other public health emergencies had not been applied in many health systems. Many countries did not prioritize health emergency preparedness, with many lacking the capacities required under the International Health Regulations (2005).^{6,10} Fragmented approaches to policy, planning, programming, implementation, and monitoring and evaluation continue to cause inefficient use of resources and perpetuate critical foundational gaps in health systems. Health investments have often been misaligned with needs, with prioritization of individual health care over public health interventions, emergency response often superseding preparedness, prevention and promotion, and with little emphasis on primary health care or on communities as the centre of decision-making.^{11,12}

Issues beyond the health sector such as changing demographic patterns, climate change, changing land use, deforestation and increased animal-human proximity, coupled with increasing population density and globalization are increasing the likelihood of further pandemics or other crises. Now is the time for all sectors to work together on health. The delivery of COVID-19 vaccines in under a year as opposed to the usual 10–15 years demonstrates the astounding progress that is possible when

attention and resources are focused on a common task.

Therefore, still amidst this pandemic and its economic, social and health consequences, we have the duty to do things differently. The only choice is to invest, making smarter and more intelligent use of all our resources, to create fairer and more resilient health systems that will be able to prevent and prepare for future pandemics. Doing so will demonstrate that we have learnt the lesson of this pandemic – that health is not a cost to be contained, but an investment to be nurtured. Given the massive return in terms of avoiding future economic and social losses, investing in resilient health systems that provide high-quality essential health services should not be considered a luxury anymore, but as the foundation of social, economic and political stability.

WHO calls on leaders and policy-makers within health, finance and other sectors to act on the seven recommendations of the position paper on building health systems resilience to: (i) leverage the current response to strengthen both pandemic preparedness and health systems; (ii) invest in essential public health functions including those needed for all-hazards emergency risk management; (iii) build a strong primary health-care foundation; (iv) invest in institutionalized mechanisms for whole-of-society engagement; (v) create and promote enabling environments for research, innovation and learning; (vi) increase domestic and global investment in health system foundations and all-hazards emergency risk management; and (vii) address pre-existing inequities and the disproportionate impact of COVID-19 on marginalized and vulnerable populations.¹ ■

References

<http://www.who.int/publications/journals/bulletin>

^a World Health Organization, Geneva, Switzerland.

^b Health Emergencies Programme, World Health Organization, Geneva, Switzerland.

^c Universal Health Coverage and Life-course Division, World Health Organization, Avenue Appia 20, 1211 Geneva 27, Switzerland.

^d Health Security Preparedness Department, World Health Organization, Geneva, Switzerland.

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Recommendations – Based on key lessons

Leverage the current response to strengthen health systems and preparedness

Invest in **EPHFs** including those for **all-hazards emergency risk management**

Strengthen **PHC approach** for health security and UHC

Invest in institutionalized mechanisms for **whole-of-society engagement**

Promote enabling environments for **research, innovation and learning**

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

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



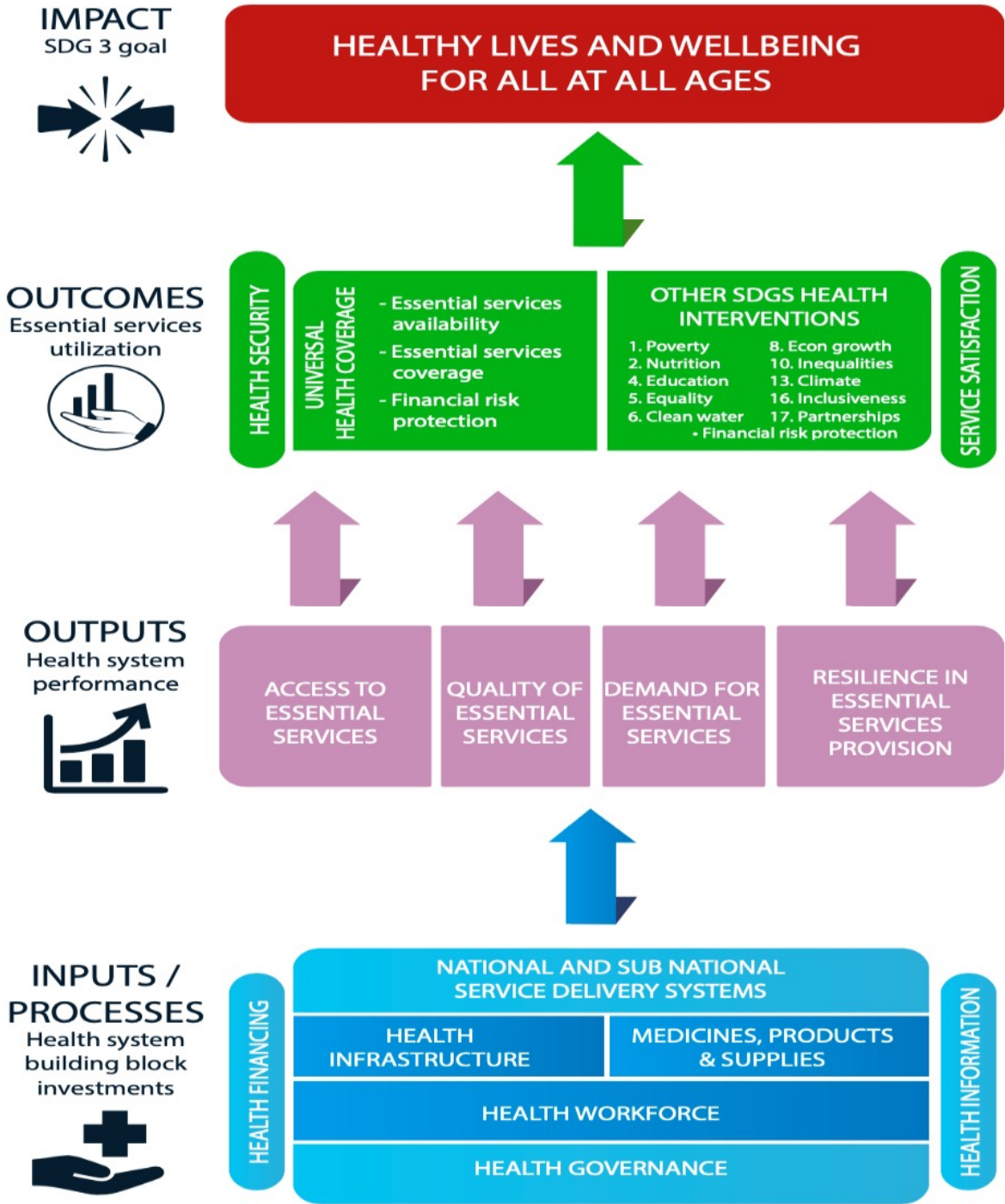
Integrated approach

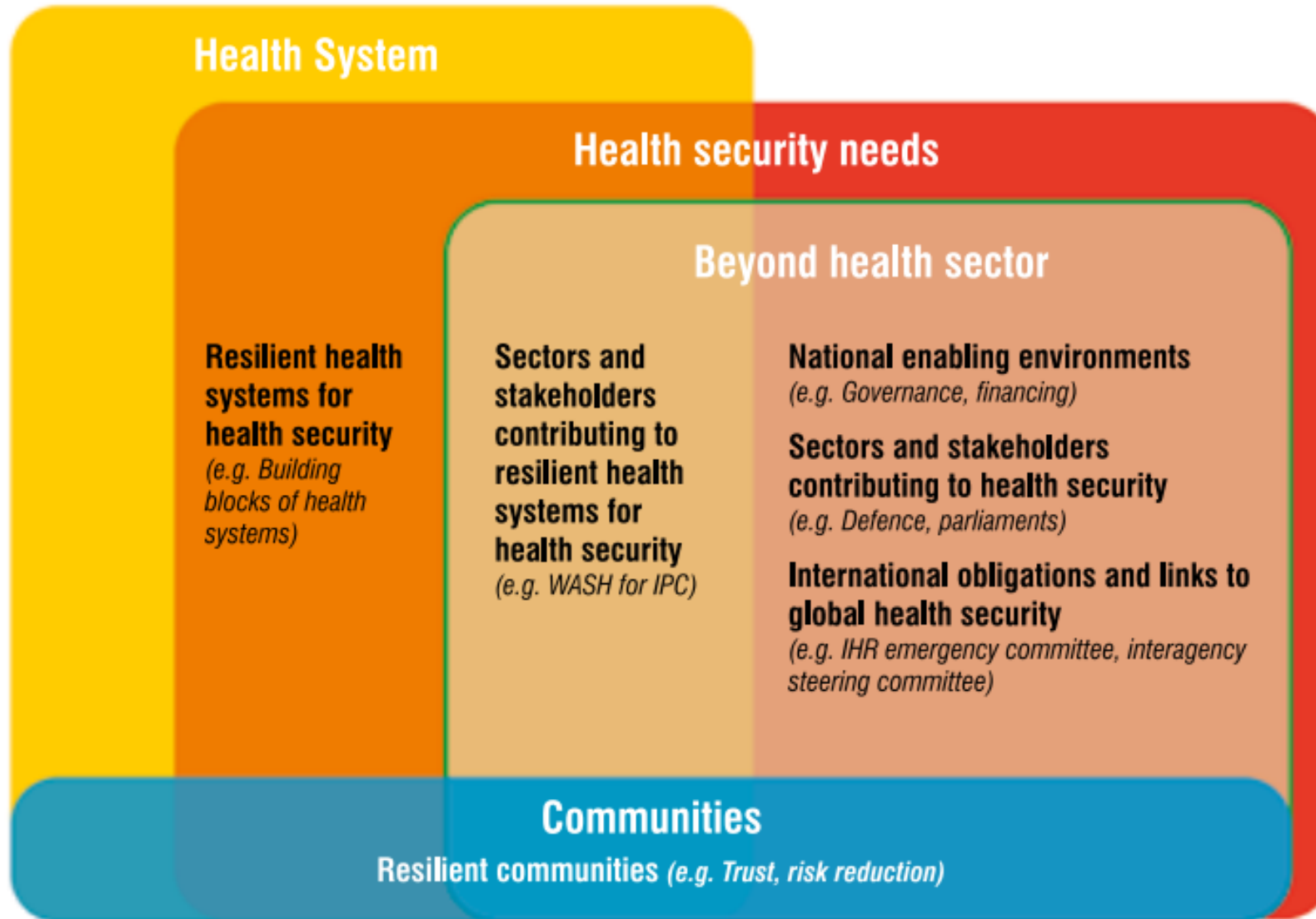
Essential Public Health Functions

1. Monitoring and evaluation of health and well-being, equity, social determinants of health, and health system performance and impact
2. Public health surveillance; control and management of health risks and emergencies
3. Promotion and management of health research and knowledge
4. Development and implementation of health policies and promotion of legislation that protects the health of the population
5. Social participation and social mobilization, inclusion of strategic actors, and transparency
6. Development of human resources for health
7. Ensuring access to and rational use of quality, safe, and effective essential medicines and other health technologies
8. Efficient and equitable health financing
9. Equitable access to comprehensive, quality health services
10. Equitable access to interventions that seek to promote health, reduce risk factors, and promote healthy behaviors; and
11. Management and promotion of interventions on the social determinants of health.

Health Systems Resilience for UHC, Health Security and SDG3

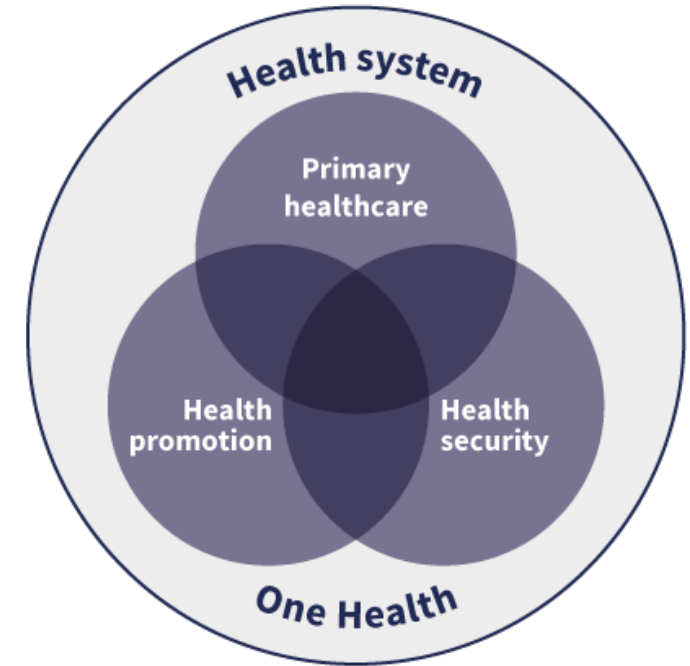
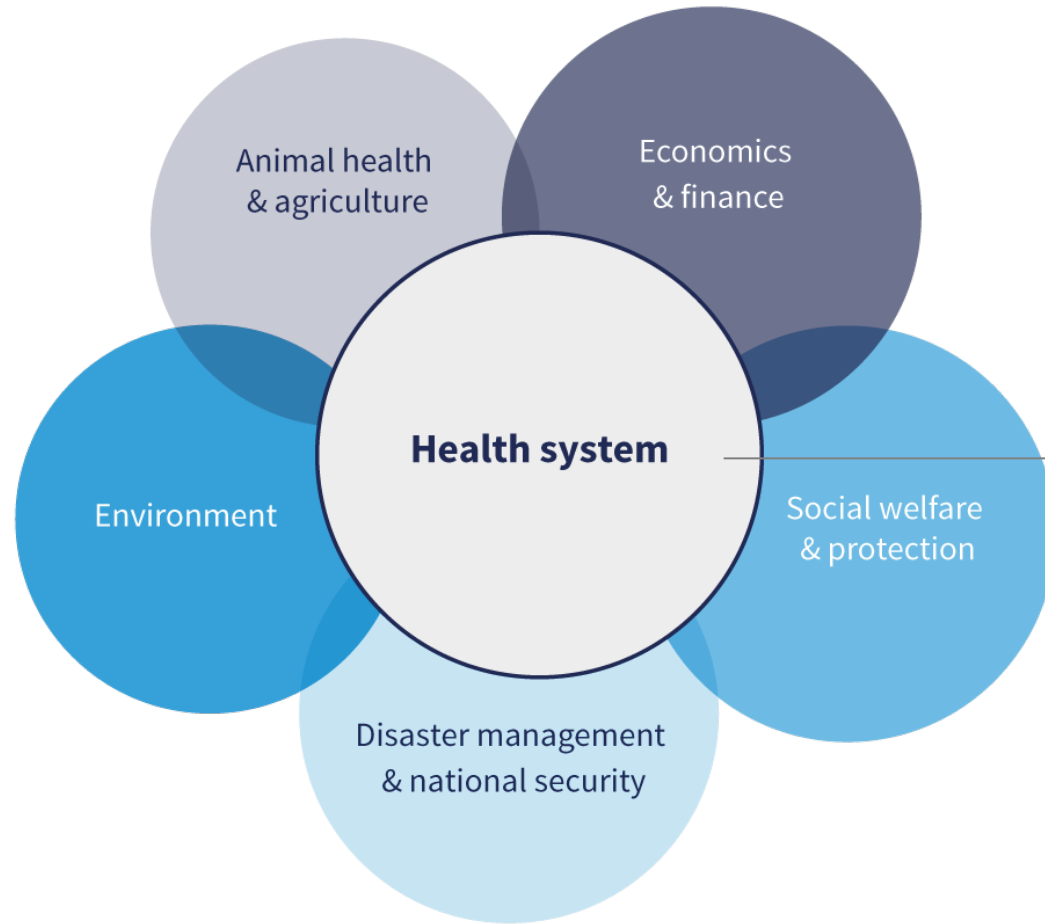
Including investments and capacity building for essential public health functions with all-hazards emergency risk management and multisectoral engagement





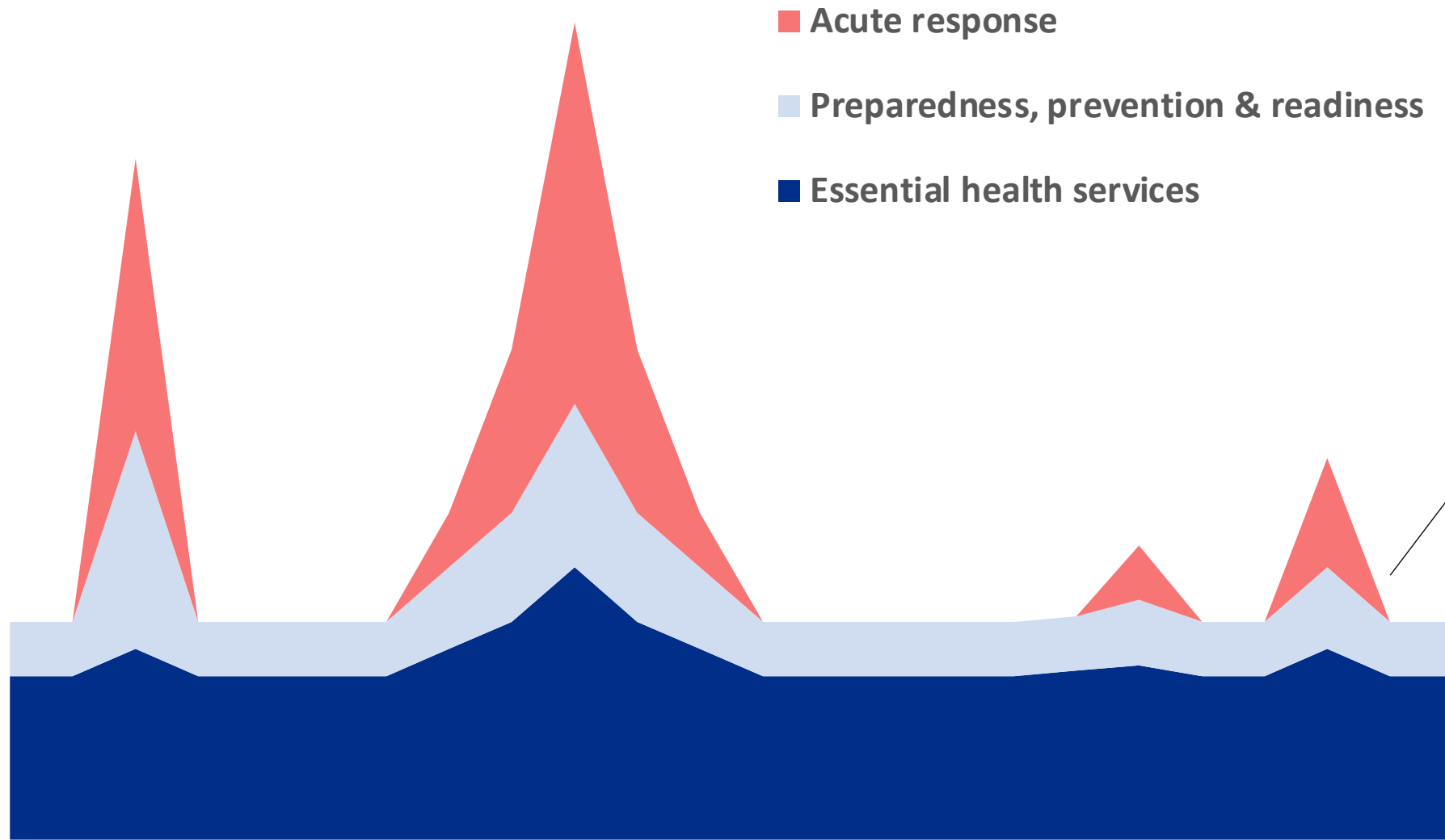
Strong health systems are key in achieving health security

Engaging all of society & embedded in agile health systems



*Integrated public health capability
embedded in primary health systems*

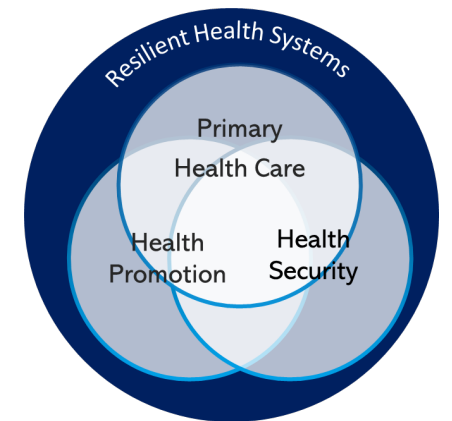
Integration into fragile, conflict & vulnerable settings



Health Emergency Preparedness & Response



Essential Health Services



What has the UN already done in this area?

❑ Support for maintenance of EHS alongside COVID-19 response in countries:

- Technical guidance (e.g., SPRP) ; Advocacy and coordination; Frontline operations

❑ Access to COVID-19 Tools

- Health System Connector

❑ COVAX

- Emphases on equity, solidarity, shared health protection, human rights

❑ Increased focus on health systems resilience e.g., WHO Framework on Health Systems for Health Security

- WHO regional efforts E.g., PAHO Resolution on building resilient health systems, EMRO EPHF review etc.

❑ WHO Position on Building Health Systems Resilience for UHC and Health Security during COVID-19 and beyond (July 2021)

- Clear policy and recommendations to guide country support
- Integrated approach to health systems strengthening for UHC and health security

❑ Health and socio-economic recovery e.g.,

- UN Framework for Immediate Socioeconomic Response to COVID-19
- WHO Manifesto for a healthy recovery from COVID-19
- UNCTAD's World Investment Report 2021 on investing in sustainable recovery from COVID-19 pandemic

WHO's Commitment – Intensified country support

Translating recommendations into actions through integrated country support in collaboration with member states and partners

- Integrating UHC and health security goals, focusing on PHC, EPHFs and all-hazards emergency risk management
- Supporting regional and country level policies and strategies that enable resilience
- Strengthening multisectoral engagement
- Promoting health as a central development agenda

- Reorienting health financing arrangements to anticipate and absorb shocks
- Intensifying support to address critical foundational health system gaps in FCV settings
- Reviewing and improving existing assessment, monitoring and reporting

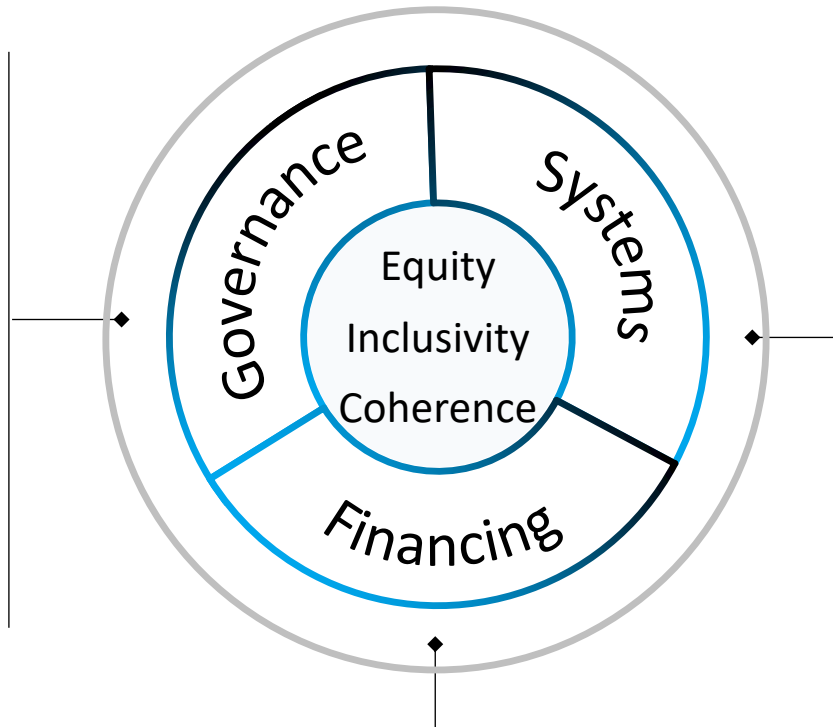
10 proposals to strengthen global architecture for Health Emergency Preparedness and Response

Pandemic Treaty

Leadership – Global Health Emergency Council, WHO Committee for Emergencies

Regulation – targeted amendments to the International Health Regulations

Accountability – universal health & preparedness review, independent monitoring mechanisms



Capacity – strengthened health emergency alert & response teams that are interoperable & rapidly deployable

Coordination – standardized approaches for coordinating strategy, financing, operations & monitoring of preparedness & response

Collaboration – expanded partnerships & strengthened networks for collaborative surveillance, community protection, clinical care and access to countermeasures

Predictable financing for preparedness – coordinating platform for financing with increased domestic investment & more effective/innovative international financing

Rapidly scalable financing for response – expanded contingency fund for emergencies

Catalytic, gap-filling funding – expanded financing through a new Financial Intermediary Fund

Health is an investment

- ❑ Ensuring UHC and health security with resilient health systems would **costs much less** than current and future crises e.g.,
 - 1% additional allocation of GDP to PHC will enable most countries to bridge current coverage gaps
 - Cost for improving emergency preparedness ranges from US\$ 1 to US\$ 5 per person per year
- ❑ Substantial return on investment
 - Reversing current economic slowdown and GDP decreases across nations
 - Economic resilience and equitable social development
 - Healthier populations

“Everything we do during and after this crisis must be with a strong focus on building more equal, inclusive and sustainable economies and societies that are more resilient in the face of pandemics, climate change, and the many other global challenges we face”. Secretary-General António Guterres, 31 March 2020



*“It is vital for all governments to invest in strengthening their health services and to remove the barriers that prevent so many people from using them, so more people have the chance to live healthy lives.”
WHO Director-General Dr Tedros Adhanom Ghebreyesus*

Moving forward ...

Ongoing work building on and supporting implementation of the Position Paper in countries

- **Special collection on health system recovery in COVID-19 and protracted emergencies context**
 - Evidence for informing good practices on integrated approach to health system recovery, strengthening, and resilience building
 - To date over 16 articles have been accepted, expecting a total of 20+ accepted and published articles
 - Authors come from academia, three-level WHO, national health authorities, partners, academia, etc. covering 6 WHO regions
- **WHO Handbook for Health Services Continuity Planning in public health emergency including recovery contexts**
 - Supporting countries and partners in adapting and applying the handbook E.g., Ethiopia, Liberia
- **Health System Recovery Planning Guide**
 - Upcoming WHO approved Technical Product for supporting an integrated approach to planning for health system recovery in all contexts including FCV settings

Thank you



**World Health
Organization**