

Executive summary

In the space of nine months, COVID-19 has spread to more than 190 countries, with over 30 million cases reported. Over one million lives have been lost. The pandemic has laid bare long-ignored risks, including inadequate health systems, gaps in social protection and structural inequalities. It has also brought home the importance of basic public health, and strong health systems and emergency preparedness, as well as the resilience of a population in the face of a new virus or pandemic, lending ever greater urgency to the quest for universal health coverage (UHC).

Health is a fundamental human right, and univer-

1 World Health Organization (WHO), "Universal health coverage (UHC)", 24 January 2019, available at [www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

The world is now at a critical juncture of the COVID-19 pandemic. After some initial success in suppressing transmission, many countries are now experiencing a resurgence after easing of restrictions. With the flu season approaching in some part of the world, and with cases and hospitalizations increasing, many countries find

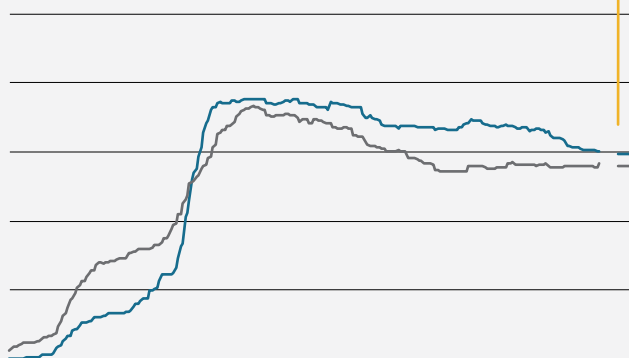
consequences. For example, there are findings that HIV infection increased COVID-19 mortality in South Africa's Western Cape province 2.5-fold. Anxiety and depression appear to be common amongst people hospitalized for COVID-19, with one hospitalized cohort from Wuhan, China, indicating over 34 per cent of people experiencing symptoms of anxiety and 28 per cent experiencing symptoms of depression. This highlights the importance of mental health services being considered essential components of the national response to COVID-19, as outlined in the Policy Brief launched in May 2020

Treatment and care decisions need to be based on medical need and not on discriminatory factors such as ethnicity, nationality, religion, sex, age, disability or political affiliation. It is essential that patients with similar health problems or symptoms receive equal treatment and care.

Patients and their caregivers need to be involved in decision-making to the greatest extent possible, explaining options and limitations in treatment. It is important that treatment and care does not increase peoples' financial hardship, which is a core principal of universal health coverage.

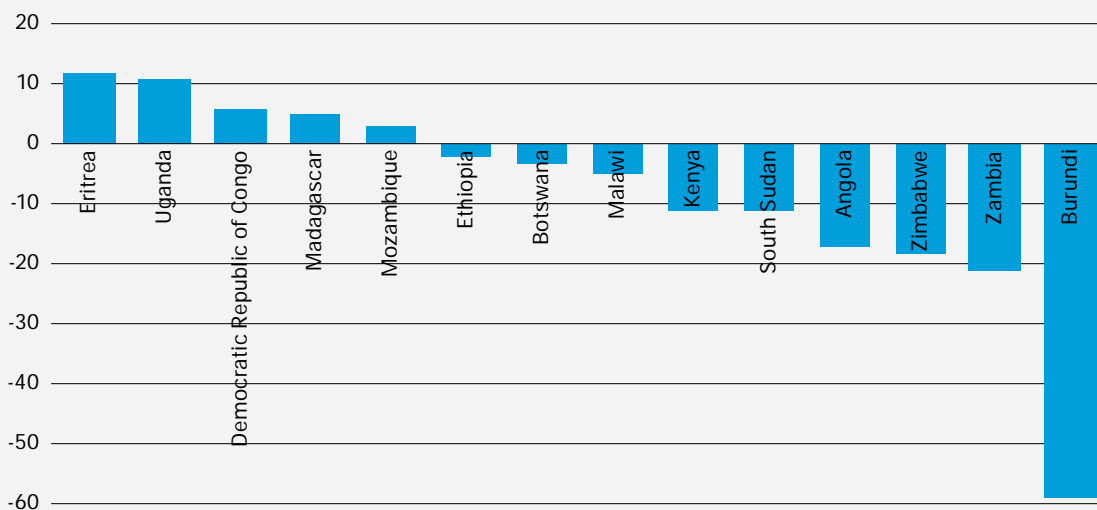
FIGURE 1.2. IMPLEMENTATION OF CONTAINMENT AND PUBLIC HEALTH INTERVENTIONS BY REGION, 2020

Index runs from 0 to 100 and signifies the strength of public health response by region.



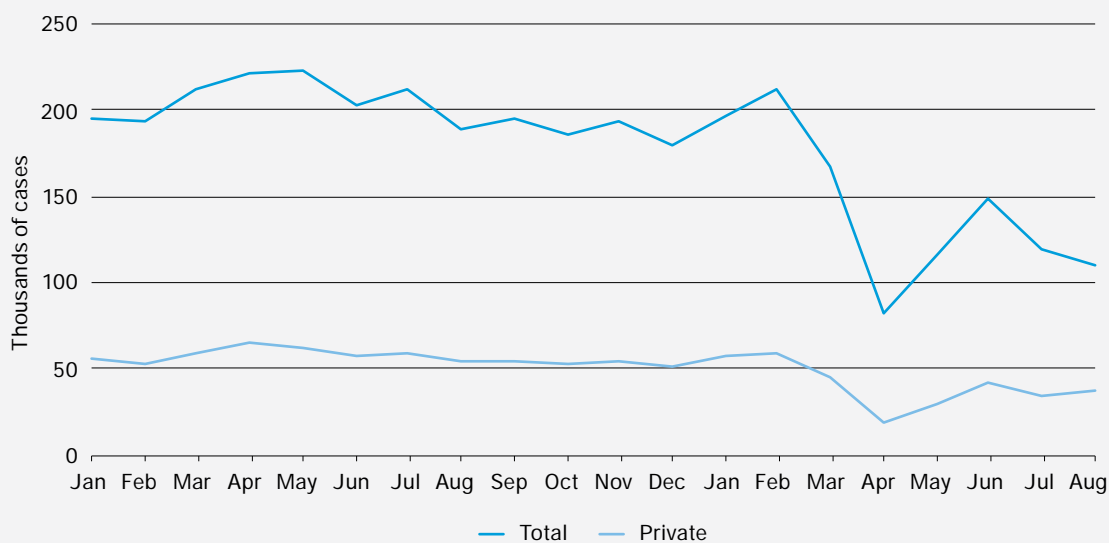
The additional patient load caused by COVID-19 threatens the ability of health systems to provide other essential health services.

FIGURE 1.4. PERCENTAGE CHANGE IN DELIVERIES BORNE IN PUBLIC HEALTH FACILITIES IN EAST AND SOUTHERN AFRICA, 2020 VERSUS 2019



Source: Regional multi-agency (UNFPA, UNAIDS, UNICEF and WHO) 2gether 4 SRHR Programme.

FIGURE 1.5. FALL IN TUBERCULOSIS CASES ATTENDING HEALTH FACILITIES IN INDIA, 2019–2020



The national lockdown started on week 12, partial lifts were initiated on week 16 in some states. Data extracted from 1 (i)-13.5 (a)-20-14.12.1 (x)-48.6 (t)-15.7 (r)-23

As the COVID-19 case-load decreases, many services that were suspended will need to be restored rapidly. Decisions about modifications to service delivery must be informed by accurate and timely data on the delivery of a core set of essential services. Reports should highlight any changes in the readiness of health facility and community delivery systems, including interrupted preventive programmes, such as for missed vaccinations, as well as severe exacerbations of non-communicable diseases or advanced infections. Service restoration is likely to occur in the context of a “new normal”, with ongoing risks of COVID-19 transmission and recurrence of local clusters or community transmission. Contingency planning for the possible resle f 9.5 0 0 9.5 81ss.7 (t)-i.5 (l)-7.6 (o)(i)-5.9 rec4.8 (t)-3.4 (l)-9.6 (.5 (ex)8.3 ()-4.6 (BDC BT-0.01 Tc 0 T

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The ACT-Accelerator is already delivering concrete results – evaluating dozens of new game-changing rapid diagnostics; the only

2. Universal health coverage is important for an effective COVID-19 response

The current COVID-19 crisis has laid bare long-ignored global health risks, including inadequate health systems, gaps in social protection and structural inequalities. It has also brought home the importance of basic public health, and health services, to the resilience of a population in the face of a new virus or pandemic, lending ever greater urgency to the quest for universal health coverage.

Health is a fundamental human right, encompassing health services as well as the underlying determinants of health, and universal health coverage is a critical tool for achieving health

25 WHO, "Universal health coverage (UHC)", available at [www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](http://www.who.int/en/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

26 UHC2030, "Living with COVID-19", available at www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/Key_Issues/Health_emergencies_and_UHC/UHC2030_discussion_paper_on_health_emergencies_and_UHC_-_May_2020.pdf.

27 WHO, "Common goods for health", 2019, available at www.who.int/health-topics/common-goods-for-health#tab=tab_1.

eliminated, ministries of health could work with authorities that provide social cash transfers to

3. Healthy societies and better pandemic preparedness for the future

COVID-19 has exposed dangerous gaps in preparedness and health coverage and access. Pandemic preparedness and response require a standardized outbreak alert system linked to concrete actions by national and local health authorities. Only one third of countries have put

COVID-19 is a human tragedy but has also

4. Recommended actions

**URGENTLY CONTROL FURTHER
TRANSMISSION OF COVID-19 TO
CONTROL THE PANDEMIC:**

Continue to strengthen public health measures to reduce local COVID-19 transmission to zero.

