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**Title: Finding opportunity in crisis: Reliving our commitment towards UHC**

In September 2019, the world leaders at the United Nations General Assembly adopted the UN high-level Political Declaration on universal health coverage (UHC). In adopting the declaration, UN Member States committed to advance towards UHC by investing in health systems, especially the foundations for a stronger primary health care. The UN Secretary-General, António Guterres, welcomed the political declaration on UHC as “[the most comprehensive agreement ever reached on global health](#)”.

A few months later, COVID-19 pandemic exposed the fault lines and underlined the need to strengthen our commitment towards UHC, including investments in building a sustainable and resilient health systems. As we celebrate the UHC Day on December 12, I would like to reflect on our commitment towards UHC as well as some of the lessons from COVID-19.

I believe that the pandemic has brought to attention two critical aspects: First, that commitment towards UHC – ensuring health for all without causing financial hardship – is fundamental to make sure that everyone, everywhere, has access to quality services, including testing and treatment for COVID-19. Second, that UHC and health security are two sides of the same coin, and strong health systems are vital to responding to health crises. There cannot be an alternate narrative.

In Ethiopia, the Government’s Growth and Transformation Plan calls for ‘Envisioning Ethiopia’s Path to UHC through strengthening of Primary Health Care’. To achieve this, the newly launched Health Sector Transformation Plan II of the Ministry of Health identifies accelerating progress towards UHC as a key objective, by building a resilient and responsive health system that is based on the foundations of primary health care. Such focus on health systems and emergency preparedness, especially through the flagship Health Extension Program, has helped Ethiopia to launch a relatively effective response to COVID-19 pandemic. Nonetheless, despite the efforts, more than 114,000 Ethiopians have tested positive to COVID-19 and over 1,760 have succumbed to the virus. In addition, COVID-19 has impacted the delivery of other essential health services and laid bare some unaddressed gaps - inadequate investment in system resilience, structural inequalities and low social protection. Moreover, the social and economic consequence of the crisis has brought to fore the need to invest in health.

Every crisis creates an opportunity. Today, we have an opportunity to renew our commitment to build stronger health systems to cope with future threats. I would like to reflect on some of these opportunities.

Firstly, COVID-19 is a stark reminder that, as part of the social contract, a key responsibility of the government is to ensure people’s health. As COVID-19 has illustrated, this requires bold political decisions and responsible leadership at the highest levels. In Ethiopia, the timely actions taken to prepare for the pandemic resulted in a more effective response. The National Ministerial Committee established by the Prime Minister facilitated a

multisectoral response that included intersectoral task forces (or “emergency coordination centers”) at the regional and district levels.

It has demonstrated that coordination and strategic collaboration with non-health sectors are possible to achieve better health outcomes. Such high-level political leadership and commitment must be sustained in the quest to achieve UHC and build more resilient health systems.

Secondly, COVID-19 and its economic fallout has demonstrated the importance of investing in health. It has reinforced existing evidence that investments in health have long-term returns, while underinvestment has potentially devastating social and economic effects that could last for years. The [International Monetary Fund](#) projects that global output will fall by 4.9% in 2020 due to the devastating economic impact of COVID-19. After years of steady growth, the economic outlook for Ethiopia also looks grim, with now a [predicted economic growth of 1.9% in 2020 and 0% in 2021](#). This will have implications on the ability to increase domestic investment in health and preparedness. Despite this, the need for higher public financing on health cannot be ignored. Governments will have to step up investment in strengthening health systems and innovation, including vaccines, diagnostics, medicines and digital solutions. Moreover, where opportunities for external support exist, these must be harmonized to reduce fragmentation.

Thirdly, COVID-19 has demonstrated that health is everyone’s business. A health threat anywhere is a health threat everywhere. At the global level, it has underlined the need for countries to come together to ensure coherent action. At the country level, it has highlighted the importance of establishing a ‘whole of government’ approach. To mitigate the consequences of the pandemic, the health sector has been forced to forge and strengthen existing partnerships not only with other organs of the government, but also with civil society organizations and the private sector. These partnerships need to be bolstered to promote actions in non-health sectors — such as education, infrastructure, agriculture, finance and energy — to address the social, environmental, commercial and political determinants of health.

Finally, COVID-19 has established that social solidarity and public trust are essential. Governments must meaningfully and transparently engage communities in their response. It has also highlighted that the most vulnerable members of the community — the poorest, the oldest, those with existing underlying health conditions — need better protection. Further, it has also brought to focus that the needs and rights of women and girls are often neglected.

The pandemic has explicitly underlined the need for a ‘whole of society’ approach that includes targeted measures to address the health and economic vulnerabilities of specific socioeconomic groups. It has shown that community engagement matters, and context-specific approaches are essential for high-quality preparedness and response. This is a clear indication that effective community engagement mechanisms are fundamental for building future resilience.

Countries such as Ethiopia are now at a critical juncture. After the initial success in suppressing transmission, as restrictions are eased, the risk of a resurgence of COVID-19 remains imminent. While the past few days have seen some encouraging news from the vaccine development front, we must continue our mitigation measures. We must strive to strike the right balance between protecting public health, protecting personal liberties and keeping the economy going.

It’s important that we continue to find our way out of the current crisis using the tools available. The choice is not between health security and UHC but rather the need for stronger health systems, grounded in primary health care. We must address the weaknesses that the COVID-19 crisis has brought out and invest more in building a resilient future. Ultimately, we must advocate for increased political commitment to UHC.