

WHO urges countries to build a fairer, healthier world post-COVID-19

6 April 2021 News release Geneva, Switzerland - The COVID-19 has unfairly impacted some people more harshly than others, exacerbating existing inequities in health and welfare within and between countries. For World Health Day, 7 April 2021, WHO is therefore issuing five calls for urgent action to improve health for all people.

Within countries, illness and death from COVID-19 have been higher among groups who face discrimination, poverty, social exclusion, and adverse daily living and working conditions - including humanitarian crises. The pandemic is estimated to have driven between 119 and 124 million more people into extreme poverty last year. And there is convincing evidence that it has widened gender gaps in employment, with women exiting the labour force in greater numbers than men over the past 12 months.

These inequities in people's living conditions, health services, and access to power, money and resources are long-standing. The result: under-5 mortality rates among children from the poorest households are double that of children from the richest households. Life expectancy for people in low-income countries is 16 years lower than for people in high-income countries. For example, 9 out of 10 deaths globally from cervical cancer occur in low- and middle-income countries.

But as countries continue to fight the pandemic, a unique opportunity emerges to build back better for a fairer, healthier world by implementing existing commitments, resolutions, and agreements while also making new and bold commitments.

“The COVID-19 pandemic has thrived amid the inequalities in our societies and the gaps in our health systems,” says Dr Tedros Adhanom Ghebreyesus, WHO Director-General. “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 is therefore issuing five calls for action:

Accelerate equitable access to COVID-19 technologies between and within countries

Safe and effective vaccines have been developed and approved at record speed. The challenge now is to ensure that they are available to everyone who needs them. Key here will be additional support to COVAX, the vaccine pillar in the ACT-Accelerator, which hopes to have reached 100 countries and economies in the coming days.

But vaccines alone will not overcome COVID-19. Commodities such as medical oxygen and personal protective equipment (PPE), as well as reliable diagnostic tests and medicines are also vital. So are strong mechanisms to fairly distribute all these products within national borders. The ACT-Accelerator aims to establish testing and treatments for hundreds of millions of people in low and middle-income countries who would otherwise miss out. But it still requires USD22.1 billion to deliver these vital tools where they are so desperately needed.

Invest in primary health care

At least half of the world's population still lacks access to essential health services; more than 800 million people spend at least 10% of their household income on health care, and out of pocket expenses drive almost 100 million people into poverty each year.

As countries move forward post-COVID-19, it will be vital to avoid cuts in public spending on health and other social sectors. Such cuts are likely to increase hardship among already disadvantaged groups, weaken health system performance, increase health risks, add to fiscal pressure in the future and undermine development gains.

Instead, governments should meet WHO's recommended target of spending an additional 1% of GDP on primary health care (PHC). Evidence reveals that PHC-oriented health systems have consistently produced better health outcomes, enhanced equity, and improved efficiency. Scaling up PHC interventions across low- and middle-income countries could save 60 million lives and increase average life expectancy by 3.7 years by 2030.

Governments must also reduce the global shortfall of 18 million health workers needed to achieve universal health coverage (UHC) by 2030. This includes creating at least 10 million additional full-time jobs globally and strengthening gender equality efforts. Women deliver most of the world's health and social care, representing up to 70% of all health and care workers, but they are denied equal opportunities to lead it. Key solutions include equal pay to reduce the gender pay gap and recognizing unpaid health care work by women.

Prioritize health and social protection

In many countries, the socio-economic impacts of COVID-19, through loss of jobs, increases in poverty, disruptions to education, and threats to nutrition, have exceeded the public health impact of the virus. Some countries have already put in place expanded social protection schemes to mitigate these negative impacts of wider social hardship and started a dialogue on how to continue providing support to the communities and people in the future. But many face challenges in finding the resources for concrete action. It will be vital to ensure that these precious investments have the biggest impact on those in greatest need, and that disadvantaged communities are engaged in planning and implementing programmes.

Build safe, healthy and inclusive neighbourhoods

City leaders have often been powerful champions for improving health - for example, by improving transport systems and water and sanitation facilities. But too often, the lack of basic social services for some communities traps them in a spiral of sickness and insecurity. Access to healthy housing, in safe neighbourhoods, with adequate educational and recreational amenities, is key to achieving health for all.

Meanwhile, 80 per cent of the world's population living in extreme poverty are in rural areas. Today, 8 out of 10 people who lack basic drinking water services live in rural areas, as do 7 out of 10 people who lack basic sanitation services. It will be important to intensify efforts to reach rural communities with health and other basic social services (including water and sanitation). These communities also urgently need increased economic investment in sustainable livelihoods and better access to digital technologies.

Strengthen data and health information systems

Increasing the availability of timely, high-quality data that is disaggregated by sex, wealth, education, ethnicity, race, gender and place of residence is key to working out where inequities exist, and addressing them. Health inequality monitoring should be an integral part of all national health information systems.

A recent WHO global assessment shows that only 51% of countries have included data disaggregation in their published national health statistics reports. The health status of these diverse groups is often masked when national averages are used. Moreover, it is often those who are made vulnerable, poor or discriminated against, who are the most likely to be missing from the data entirely.

“Now is the time to invest in health as a motor of development,” said Dr Tedros. “We do not need to choose between improving public health, building sustainable societies, ensuring food security and adequate nutrition, tackling climate change and having thriving local economies. All these vital outcomes go hand in hand.”

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