

Examining The Function Of Universal Health Coverage In The Framework Of Global Health Security For Pandemic preparedness and response

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Abstract:

A number of international initiatives, such as plans for a pandemic treaty, a Pandemic Fund, and procedures for fair access to medical countermeasures, have been created in response to the COVID-19 pandemic in an effort to improve and restructure the global architecture for pandemic preparedness and response. These programs aim to close gaps in health security and traditional public health functions, thereby leveraging important lessons learned from the ongoing pandemic. However, the critical role of universal health coverage in sustainably reducing outbreaks and the significance of strong primary health care in effectively and fairly protecting communities from future health threats have not received enough attention. The global community should avoid making the same mistakes in previous health security initiatives that ultimately aided in the COVID-19 pandemic's quick spread and disproportionately impacted marginalized and vulnerable groups, particularly by undervaluing the significance of cohesive, multisectoral health systems. This Health Policy paper identifies opportunities to rethink health security by expanding universal health coverage and highlights significant (though frequently overlooked) gaps in pandemic preparedness and response that apply to larger health emergency preparedness and response efforts. After that, we provide a thoroughset of suggestions to guide the creation of important pandemic preparedness and

response plans in three areas: financing, governance, and supporting projects. We seek to provide practical solutions that fairly address the needs of all communities while guaranteeing resilience to future pandemic threats by identifying strategies that simultaneously strengthen health systems through universal health coverage and global health security.

Keywords: Universal Health, Global Health, Pandemic.

Introduction:

Global population health and well-being are at a critical, but vulnerable, juncture. Our collective failure to create robust and responsive health systems that serve everyone's needs should not have been surprising, even though the COVID-19 pandemic revealed health disparities and glaring flaws in pandemic preparedness and response. These flaws affect health emergency preparedness and response more generally and extend beyond pandemic preparedness and response (Lal , 2021).

Public health systems' ability to prevent, detect, and respond to global infectious disease threats was hindered by long-standing flaws and bottlenecks in the global health security architecture, which were merely highlighted by the COVID-19 pandemic's rapid spread. Chronic underinvestments in national and subnational health systems over time, including insufficient mechanisms, further weakened health systems (Haldane , 2021).

While frequently disregarded, universal health coverage (UHC) is a crucial component in averting medical crises. UHC has frequently been used to refer to the broader range of interventions required to guarantee that everyone has access to comprehensive health services, despite its technical focus on reducing the financial burden of health care. The UN Sustainable Development Goal (SDG) 3.8 target to achieve UHC and the political declaration of the UN High- Level Meeting on UHC have reinforced international commitments to achieve UHC, but these have long been out of step. In cases where UHC has advanced, the emphasis has mostly been on increasing financial coverage through health insurance rather than guaranteeing that high-quality, readily available, and acceptable health services are provided. Few nations had made investments in fully functional integrated health systems (Usher , 2021).

UHC and global health security are two examples of health priorities that can be operationalized through health systems. In order to support critical public health functions like strong health infrastructure, protected and trained healthcare workers, sufficient funding, dependable supply chains, and evidence-based planning and coordination, health systems must be strengthened. This is a prerequisite for both epidemic and pandemic preparedness and response (Spicer , 2020).

Significant Challenges to pandemic response and preparedness:

- Over-dependence on international health security:

The COVID-19 pandemic's development indicates that concentrating too much on the response to infectious diseases can skew the picture of the global health system, which is historically underfunded, fragmented, and unfair. The main causes of these disruptions are the lack of progress on UHC and the disregard for the importance of primary healthcare in response and readiness. According to a significant analysis, fewer than half of the nations included health service maintenance in their national COVID-19 strategic plans, and widespread mistrust of medical professionals made it difficult for many communities to respond (Mahase, 2021).

- Socioeconomic factor mitigation gaps:

Prioritizing clinical care over fostering healthy populations and societies is one factor contributing to the prevalence of unprepared health systems. This leads to the neglect of many social, political, and environmental determinants of health in pandemic preparedness efforts, including economic inequality, racism, gender inequality, and—increasingly—climate change. There are a number of factors that contribute to this oversight, such as patronizing methods of operation and the unequal distribution of funding between high- and low-income nations, which frequently give priority to international projects over those of smaller or less powerful countries. The lack of support for vulnerable populations, including a startling lack of social and economic protection policies at the national level and solidarity-based mechanisms to provide affordable medical supplies at the international level, has been a

clear indication of a poor understanding of the fundamental determinants of health (Abdalla , 2020).

- Lack of mechanisms for inclusive and equitable engagement:

Since nation-states are largely responsible for coordinating the global response to health emergencies, the lack of participation from civil societies and local communities jeopardizes equitable governance that takes into account all viewpoints. Even though these problems were well-documented prior to the pandemic, they run the risk of getting worse in the wake of the COVID-19 pandemic because there is a tendency for much-needed investment in UHC to be neglected as the focus shifts to bolster global health security initiatives. Global administrations, meanwhile, pursued a specific definition of equity by concentrating only on resolving unequal access to medical countermeasures across nations, ignoring inequalities within countries in providing routine health services and life-saving COVID-19 supplies(Pereira, 2021).

Challenges: Improving the representation of the entire population in health systems as a fundamental element of upcoming pandemic preparedness and response programs can help address these issues. A crucial element in improving the delivery of UHC-related interventions is utilizing diverse, multi-stakeholder governance. By eliminating user fees in healthcare facilities, providing free medical countermeasures, building a strong community health workforce, and utilizing primary care data and social insights, improved delivery includes extending and bolstering primary health care to support health emergency preparedness and response.

New prospects for pandemic response and readiness:

- Aligning UHC capabilities with global health security.

Although most countries have had difficulties in sustaining an effective response over the duration of the pandemic, initial studies suggest that health systems that could effectively leverage both robust global health security core capacities (Barkley, 2020).

- Reducing broader health determinants.

When tackling long-standing gaps in emergency preparedness, nations discovered that they could not rely on discrete technological advancements, standardized solutions, or disjointed health programs. Therefore, new calls to address the systemic political, social, environmental, and economic determinants and effects of public health threats have been sparked by the COVID-19 pandemic. Plans to lessen the anthropogenic causes of zoonotic spillovers and other outbreaks should be examples of this growing awareness (Kanter, 2020).

- **Establishing systems for inclusive and equitable pandemic preparedness and response.**

Effective governance and long-term political leadership were crucial to the COVID-19 response and will continue to have an impact on future pandemic preparedness and response. At the national and international levels, accountable, transparent, equitable, inclusive, participatory, and law-abiding health decision-making processes and institutions are necessary for good governance. These ideas can guide the various global governance reforms being investigated for pandemic preparedness and response. The standardized instruments that researchers employ to evaluate how well nations respond to health threats also demonstrate good governance (Pereira, 2021).

Recommendations:

The working group demanded universal health coverage and the strengthening of the health system, which includes improving social protection, primary healthcare, and the health workforce.

- Legal changes founded on a human rights perspective should be implemented to address the incapacity to attain equity. This strategy involves making full use of public health flexibilities and waivers, such as those provided by the Agreement on Trade-Related Aspects of Intellectual Property Rights, to guarantee fair access to medical countermeasures and reasonably priced medications and supplies. Prior to, during, and following health emergencies, new opportunities exist to codify and prenegotiate obligations and mechanisms for equity in the development and distribution of vaccines, diagnostics, personal protective equipment, and treatments in low- and

middle- income countries through diplomatic and legislative means, as well as more enforceable IHR amendments and an instrument for pandemic preparedness and response.

- The lack of long-term funding for pandemic preparedness and response has been highlighted by a number of initiatives created in the wake of the COVID-19 pandemic. In order to support both UHC and global health security, world leaders should integrate investments in health systems to maximize resources and prevent duplication of effort. Therefore, funding for community-based health systems, especially primary health care, should be a fundamental part of all financial mechanisms meant to support pandemic preparedness and response.
- UHC and social protection should be used to support traditional health security core capacities in pandemic preparedness and response programs, like the Global Health Security Agenda. In order to promote greater alignment between pandemic preparedness and response spending and objectives, primary health care can be strengthened, which will further increase resilience. In order to attain equity and support long-term objectives for both global health security and UHC, the governance and frameworks that direct future health emergency response mechanisms should be based on whole- of-society and multisectoral structures, including diverse civil society and community-led organizations from low-income countries.

Conclusion:

Numerous reports, reviews, and proposed initiatives have been made in the wake of the COVID-19 pandemic. However, a worrisome lack of prompt action and investment has crippled the global response. The drive for global health security has aided in arguing for international collaboration to combat public health risks, but these initiatives have mostly ignored the way national health systems operate. It has been demonstrated that primary health care provided by health systems built for UHC supports communities more fairly. In order to ensure long-term resilience and equity, future pandemic preparedness and response mechanisms should prioritize strengthening health systems that simultaneously leverage global health security and UHC, especially

through core capacities that are most vulnerable during health emergencies, such as a robust health workforce. Through legal and policy mechanisms, such as a binding pandemic treaty and enforceable IHR amendments, multistakeholder and inclusive governance is required for pandemic preparedness and response. This governance must take into account the range of health systems interventions required to avert future health emergencies. In order to support the most marginalized individuals and communities, especially through focused and well-coordinated investments that support primary health care, and simultaneously advance global health security and universal health coverage (UHC) in all nations, sustainable financing through the proposed Pandemic Fund and common goods for health are needed. In order to effectively control future outbreaks, health security initiatives and enhanced response mechanisms, such as the ACT Accelerator, should also make use of all components of the health system and diverse stakeholders through critical public health functions.

Ultimately, ensuring equity in all pandemic preparedness and response interventions requires high-level political commitment for health systems, mediated through inclusive global leadership and successful health diplomacy. Therefore, in order to guarantee synergies between the objectives of global health security and UHC and to promote resilient, equitable health systems, the UN High-Level Meeting on UHC and the UN High-Level Meeting on Pandemic Prevention, Preparedness, and Response should be significant, complementary milestones. The world can be better prepared to handle complex public health threats if committed investments are made to strengthen the health emergency architecture, especially through primary health care. This will allow for collective action to counter the false dichotomies between UHC and global health security. This kind of rethinking pandemic preparedness and response can not only reinforce the fundamental.

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