# The Elders

# BUILDING BACK BETTER FOR UNIVERSAL HEALTH

POLICY PAPER



UNIVERSAL HEALTH COVERAGE

# THE ELDERS

**The Elders are a group of independent leaders, brought together by Nelson Mandela in 2007, who use their collective experience and influence for peace, justice and human rights worldwide.**

MARY ROBINSON
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DEPUTY CHAIR

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JUAN MANUEL SANTOS

ERNESTO ZEDILLO

**Martti Ahtisaari, Ela Bhatt, Fernando Henrique Cardoso, Jimmy Carter** and **Desmond Tutu** provide continued wisdom and support as Elders Emeritus.

**Kofi Annan** (1938-2018) was a founding member of The Elders and served as Chair from 2013-2018.

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> **Preparing for and dealing with a pandemic is the ultimate global public good. One country alone cannot defeat or isolate itself from the impact of the pandemic, regardless of its wealth, size or the strength of its health system.**

# TABLE OF CONTENTS

# FOREWORD

COVID-19 has exposed the acute vulnerabilities of our deeply interconnected and globalised world. No country, regardless of its size, wealth or technological sophistication, can tackle this crisis alone and we all remain vulnerable to this deadly virus. As the Director-General of the World Health Organization has highlighted, "no-one is safe until everyone is safe".

Although the recent results of vaccine development trials offer hope that transmission of the virus can be contained, there can be no "quick fix" to the public health crisis the world has endured throughout 2020.

Beyond the direct health effects, the economic impacts will be both long-lasting and severe, with ripple effects in every corner of the globe which could disrupt trade flows and the strength of any sustainable recovery.

Public finances across the world are coming under severe strain, and the prospect of mass unemployment threatens an even greater burden on the public purse as well as a terrible blow to individuals' life chances and the wealth of their communities.

In this context it is vital that achieving Universal Health Coverage becomes a top priority in governments' responses to this multi-faceted crisis.

If people are not able to access

> **Universal Health Coverage is the best way to strengthen collective health security to protect us against future pandemics.**

the healthcare they need without fear of impoverishment, they will not be able to play an active role in their economy and community. For the millions of people who have been pushed into poverty by the pandemic, UHC can literally be a lifeline while its absence can condemn them and their families to deepening immiseration and despair.

The fundamental arguments for and imperatives behind UHC remain the same and will continue to apply once the threat of COVID-19 has passed: providing a safety net for the poorest and most vulnerable members of society is in everyone's interests as it strengthens social cohesion, economic productivity and healthy communities. It also is the best way to strengthen collective health security to protect us against future pandemics.

This is why The Elders believe the post-pandemic recovery needs to be focused on three key pillars:

- **Prepare** public health systems for future pandemics

- **Prioritise** Universal Health Coverage at a national and global level

- **Promote** healthier societies via holistic polices and social development

Only through this coordinated, multilateral approach can we fully learn the lessons of this terrible pandemic and chart a way forward for humanity that realises the potential of the Sustainable Development Goals and the promise of the Universal Declaration of Human Rights.

**Mary Robinson December 2020**

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A woman receiving her body
temperature check in Beijing, China.
Photo: Kian Zhang / Unsplash.com

# INTRODUCTION

**The COVID-19 pandemic has exposed major failings in national and global health systems.**

Less than a year since the world first became aware of the threat of a new corona virus in Wuhan Province, China,[1] the COVID-19 pandemic is proving to be the most devasting global health crisis in over a century. The world's response has shone a harsh light on the ability and willingness of global leaders to act in the collective interests of their peoples. An outbreak of a new infectious disease in China should not have become a global pandemic that killed over a million people in less than twelve months. Yet it has exposed the lack of political commitment and financial resources for key public health services required to prepare and protect countries against outbreaks.

As a result, the pandemic is not only having an impact on health indicators, it has also resulted in an unpresented shock to the global economy and is inhibiting progress towards all the Sustainable Development Goals (SDGs) agreed by the international community in 2015.

COVID-19 is a global crisis which can only be tackled by a concerted, multilateral response. Preparing for and dealing with a pandemic is the ultimate global public good. One country alone cannot defeat or isolate itself from the impact of the pandemic, regardless of its wealth, size or the strength of its health system. This poses a challenge not only to governments but also to the wider health community who traditionally conceive of health systems and response networks on a national scale.

Co-chaired by The Elders' Gro Harlem Brundtland, the September 2020 recommendations of the Global Preparedness Monitoring Board are an essential reference point for governments, health systems, private sector stakeholders and civil society. The recommendations of this policy paper must be viewed as a corollary to the GPMB's own urgent and indisputable calls to action.

Universal Health Coverage (UHC) is a national undertaking. UHC alone is insufficient in preparing for and responding to a pandemic, as can be seen from the experience of some European countries with well-funded public health systems that have nevertheless suffered catastrophic death tolls. Yet without the safety net that UHC provides, poorer and marginalised groups within society will always remain more vulnerable to health shocks which can cause wider socio-economic disruption.

> **COVID-19 has exposed the lack of political commitment and financial resources for key public health services required to prepare and protect countries against outbreaks.**

This is why UHC pathways must be conceived and implemented within the wider multilateral framework of the SDGs, and the imperatives of global pandemic preparedness and response strategies. Heads of state and government must adopt a holistic approach that recognises the way that public health crises intersect with socio-economic inequality, race and gender-based discrimination and the growing digital divide which makes it harder for vulnerable and marginalised communities to access new treatments and diagnostic services.

The crisis is far from over. The current cumulative statistics of tens of millions of cases and well over a million deaths[2] will only reflect a small proportion of the final overall health toll. As the Director General of WHO warned in August 2020,[3] the pandemic is likely to last a long time and it is too early to predict how many people will become infected and die from COVID-19. Also, the direct mortality figures only represent a small proportion of the health burden. Many millions of COVID-19 survivors will suffer long-term health effects linked to damage caused to their respiratory and circulatory systems and other organs. The virus can also cause significant neurological damage which is adversely impacting mental health outcomes.[4]

Furthermore, the COVID-19 crisis is having a devastating impact on health indicators by reducing the coverage of other vital health services – notably essential maternal and child health services including immunisations against other deadly infectious diseases.[5] Child and maternal mortality is rising while immunisation rates are falling in Africa, Latin America and South-East Asia, as the pre-existing fragility of health systems has been exacerbated by the demands and scale of the pandemic. Health systems across the Global South have seen a contraction in the supply of services as vital inputs are diverted to COVID-19 related services. This has reduced demand for other forms of healthcare and services as people are afraid or unable to access health facilities. Even in wealthy countries, there have been dramatic reductions in the uptake of preventive health services (notably cancer screening) which is resulting in people presenting late for treatment and will inevitably lead to higher death rates.[6]

In order to reduce community transmission of the virus, many governments have implemented drastic policies to limit human interactions, including introducing international and domestic travel bans and imposing strict lockdowns on their populations. With many workplaces not operating and consumers being confined to their homes, there has been an unprecedented, simultaneous, supply-side and demand-side shock to economies across the world. This has severely impacted global economic growth and led to deep recessions in many of the world's leading economies, accompanied by rapid increases in unemployment and government borrowing.[7]

Gro Harlem Brundtland
challenges leaders to deliver publicly
funded universal health coverage, during her
keynote address on behalf of civil society at the UN High Level
Meeting on Universal Health Coverage in New York, USA in September
2019. (Photo: UN Photo / Kim Haughton)

Moreover, the impact of these health and economic shocks has had knock-on effects on all sectors, which is inhibiting, if not reversing, progress towards all the SDGs. These setbacks are not being felt equitably: whereas the wealth of many billionaires has been rising during the pandemic, it has been the poor and vulnerable who have suffered disproportionately.[8]

Given the magnitude of this disaster, even as the pandemic escalates, national governments and international bodies are initiating review processes to ask what went wrong and how can we learn from this catastrophe. These reviews include the Independent Panel for Pandemic Preparedness and Response (IPPPR), co-chaired by Ellen Johnson Sirleaf and the former Prime Minister of New Zealand, Helen Clark.[9] Ernesto Zedillo is also a member of the panel. This high-level panel will focus primarily on assessing the role and performance of the WHO and national governments in responding to the public health crisis precipitated by the outbreak in China and in the subsequent pandemic.

> **Without the safety net that UHC provides, poorer and marginalised groups within society will always remain more vulnerable to health shocks which can cause wider socio-economic disruption.**

However, the COVID-19 crisis also raises much broader health, economic and political issues which will need to be addressed if the world is to learn appropriate lessons from the pandemic.

The purpose of this report is to highlight some of these lessons now, particularly in relation to strengthening health systems to improve health security and achieve Universal Health Coverage. Furthermore, reflecting on these lessons, we make specific recommendations to policymakers and the global health community on how to build back better to help get the world back on track to reach these targets and the broader SDGs.

**Three pillars of building back better for universal health (Three Ps)**

- **Prepare** public health systems for future pandemics

- **Prioritise** Universal Health Coverage at a national and global level

- **Promote** healthier societies via holistic polices and social development

# PILLARS FOR BUILDING BACK BETTER: THE THREE Ps

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( 1 )   **PREPARE**

PUBLIC HEALTH SYSTEMS
FOR FUTURE PANDEMICS

- Learn the **lessons from COVID-19** and ensure public health systems are **better prepared** for future pandemics. Define pandemic preparedness and response as a "global public good" that necessitates a **multilateral approach**, with states and global institutions pooling resources, capacity and expertise.

- Support the **ongoing work** of the WHO, the Global Preparedness Monitoring Board and the Independent Panel for Pandemic Preparedness and Response with full respect for their **independence and expertise**.

## (2) PRIORITISE

## UNIVERSAL HEALTH COVERAGE AT A NATIONAL AND GLOBAL LEVEL

- Five years on from the adoption of the Sustainable Development Goals, **make their implementation a key priority**, including on Universal Health Coverage so no-one is denied the healthcare they need on grounds of cost.

- Turn the disruption to economic, social and political models engendered by COVID-19 into a **catalyst for wider pro-health reforms** as governments recalibrate budgets and political agendas**.**

## (3) PROMOTE

## HEALTHIER SOCIETIES VIA HOLISTIC POLICIES AND SOCIAL DEVELOPMENT

- Tackle **root causes of disease** and sickness, including poverty, malnutrition, hunger and structural discrimination of women, girls and marginalised groups

- **Support and empower the WHO**; show global solidarity via sufficient funding to tackle the **fragility of health systems** in the global South

A man wears a mask and gloves as he waits for the subway on 42nd Street during the COVID-19 outbreak in New York City. (Photo: UN Photo/Evan Schneider)

# KEY OBSERVATIONS FROM THE COVID-19 PANDEMIC

Whilst recognising that the pandemic is still progressing and that research evidence is continuing to emerge, some significant observations can already be made which should guide policymakers' future actions at a global and national level:

1. Governments across the world have **under-invested in the health of their people**, with the COVID-19 crisis exposing alarming coverage gaps of essential health services, especially for the poor and vulnerable. It has highlighted the tendency of governments to over-invest in expensive tertiary-level hospital services over more cost-effective primary and **community-based services** that are **more effective** in protecting public health at the grassroots level.

2. Competent **political leadership** is arguably more important than UHC systems in protecting public health during a pandemic. Even with good systems and infrastructure in place, competent political leadership is also required to act decisively to utilise these capabilities, and to develop necessary innovations such as "test and trace" systems. It has been striking that leaders who have pursued nationalist and populist agendas have in some cases seen greater death tolls and economic impacts than neighbouring peers who have taken a **more collaborative and science-based approach**.

3. Communication **failures** between public health officials and policy makers who have ignored their warnings and advice has had a **major impact** – both with the initial outbreak in China and with the virus spreading rapidly in some countries. Leaders who **played down** the threat posed by the virus and were reluctant to implement containment measures quickly resulted in **higher death rates**.[10]

4. Countries in South-East Asia with experience of tackling previous coronavirus epidemics (SARS and MERS) and who followed **appropriate public health measures** (notably around testing and tracing) have performed relatively well. These countries include South Korea, Thailand, Taiwan and Vietnam which recorded relatively limited numbers of deaths. Similarly, countries in Asia with **long-established universal publicly financed health systems** (notably Sri Lanka, Malaysia and Bhutan) have also **performed relatively well**.

5. COVID-19 has exposed big gaps in health coverage of **marginalised populations** even in wealthy countries, including **older people, people requiring palliative health care, refugees, migrants, remote rural communities** and the **homeless**. It has also highlighted major problems associated with the fragmentation of health care and social care services in some of the world's leading economies which has resulted in high mortality rates in care homes.[11]

6. **User charges** continue to represent an **unsurmountable financial barrier** to vital health services for the poor and vulnerable, leading to an underconsumption of preventive and curative health services. In the midst of a pandemic, people not seeking health services when they need them represents a threat to collective health security.

7. It has been particularly alarming to see some countries continue to **detain poor people in hospital illegally** because they cannot pay their hospital bills.[12] As well as this being a human rights violation this puts these people at **risk of contracting COVID-19** and represents a terrible waste of valuable health resources when the health system is under such strain.

8. Gender inequalities are also a **feature of the pandemic**. Across age ranges, men are significantly more likely than women to die from contracting the virus. However much of the other health and economic

> **As well as neurological damage caused by COVID-19 leading to adverse mental health outcomes, lockdown policies and social isolation have led to a steep increase in mental health problems, especially involving depression, alcohol dependency and substance abuse.**

burden falls disproportionately on women and girls,[13] and the health impact of disrupted public services is felt more by women. In particular, alarming stories of **women failing to access maternal health services** due to service shutdowns or travel restrictions will inevitably lead to higher maternal deaths in many countries.[14] Furthermore, many countries have reported **higher rates of child marriage** and **lower access to family planning** and safe abortion services, affecting women and adolescent girls.[15]

9. Another disturbing consequence of the pandemic for gender equality and human rights has been a **surge in domestic violence**, falling mostly on women, associated with tough lockdown policies, higher unemployment, financial anxieties and higher levels of alcohol consumption.[16] This underscores the importance of acknowledging the **intersections of gender, violence and inequality** when developing public health policies and training health workers.

10. As well as **neurological damage** caused by COVID-19 leading to adverse mental health outcomes, lock-down policies and social isolation have led to a **steep increase** in **mental health problems**, especially involving depression, alcohol dependency and substance abuse. This growing burden of mental illness has stretched community based mental health services and social services across the world and exposed the **relative neglect of these vital services within national health systems**.

COVID-19 testing in the Republic of Madagascar. (Photo: World Bank / Henitsoa Rafalia)

# A THREE-PRONGED APPROACH TO BUILDING BACK BETTER FOR HEALTH

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With the ongoing COVID-19 crisis having such a disruptive effect on the world it is generally accepted that it would be inappropriate and indeed impossible to simply go back to "business as usual" before the pandemic struck. This is particularly true of the world's health systems, where given the failures highlighted above, it would be irresponsible to even consider returning to the status quo.

Reflecting on lessons from 2020, most national and international reviews, in all sectors, are treating the disruption of the COVID-19 crisis as an opportunity to catalyse radical change and "build back better". The Elders believe that with this global crisis having been precipitated by a health emergency, the case for building back better health systems is of paramount importance and should be a top priority – not just for health ministries, but for the whole of government led from the top.

Furthermore, the global nature of this crisis where the virus spread rapidly across borders highlights the indispensability of international cooperation to prevent and control pandemics. The prevention of pandemics, with all its complex implications, is a global public good and like the mitigation of climate change requires effective multilateral cooperation.

In rebuilding better health systems we propose that governments and health agencies adopt a more holistic and integrated approach to improve and sustain health, that would seek to reduce some of the fragmentation between competing sub-sectors which has partly caused and exacerbated the current crisis.

The three pillars of this approach can be summed up under the headings of Prepare, Prioritise and Promote, with each pillar supporting the overall objective of SDG 3: health for all at all ages.

With much of the responsibility for building healthy societies falling outside the traditional health sector, improving health should become an all-government strategy led by the head of government. If there is one lesson COVID-19 has taught us, it is that we must not leave health just to the health sector.

> **The COVID-19 pandemic has revealed a collective failure to take pandemic prevention, preparedness and response seriously and prioritize it accordingly.**

## Pillar 1

### Prepare for future pandemics by strengthening public health services

It is a sad indictment of the world's failure to act on pandemic preparedness that following the inaugural report in 2019 by the Global Preparedness Monitoring Board (GPMB) called "A World at Risk", its 2020 report is called "A World in Disorder". The Elders fully endorse the findings and recommendations of both the GPMB reports, and see them as indispensable guides for both improving current policies and developing better future approaches to pandemics and public health in general.

As the GMPB co-chairs argue forcibly in their foreword to the 2020 report:

> *"The COVID-19 pandemic has revealed a collective failure to take pandemic prevention, preparedness and response seriously and prioritize it accordingly. It has demonstrated the fragility of highly interconnected economies and social systems, and the fragility of trust. It has exploited and exacerbated the fissures within societies and among nations. It has exploited inequalities, reminding us in no uncertain terms that there is no health security without social security. COVID-19 has taken advantage of a world in disorder."*

The Elders hope that the experiences of 2020 will now encourage heads of government to implement the GPMB's recommendations in full and at speed. Specifically, we call for:

- **Responsible leadership**, especially by heads of government to take early decisive action based on science, evidence and best practice when confronted with health emergencies. Leaders should also discourage the politicisation of measures to protect public health, ensure social

protection and promote national unity and global solidarity. Leaders must also renew their commitment to the multilateral system, and strengthen the WHO as an impartial and independent international body responsible for directing and coordinating pandemic preparedness and response.

- **Strong and agile national and global systems for global health security**, which are properly resourced and integrated into national UHC strategies. This will require allocating more public financing to building core public health capacities and workforce for surveillance, early detection and sharing of information on outbreaks. Health security stakeholders must also improve coordination and support for research and development in health emergencies, to ensure effective and equitable access to novel vaccines, therapeutics, diagnostics and non-pharmaceutical interventions, including capacity for testing, scaled manufacturing and distribution.

- **Sustained investment in prevention and preparedness**, with G20 leaders committing additional resources now to mitigate the impact of the current pandemic and all governments increasing public financing to strengthen health emergency preparedness beyond the current crisis. Furthermore, global agencies should mobilise substantial additional financing for global health security, including financing for global R&D for health emergencies.

- **Robust global governance of preparedness for health emergencies** including amendments to the International Health Regulations to strengthen early notification and information sharing, revise travel and trade recommendations, develop mechanisms to assess IHR compliance and establish an external review process. Governments and health agencies need to develop predictive mechanisms for assessing preparedness, including simulations to test health emergency preparedness systems.

Scenes of healthcare workers
at Thailand Bamrasnaradura Infectious
Disease Institute, Ministry of Public Health.
Photo: UN Women/Pathumporn Thongking.

# Pillar 2

## Prioritise UHC at a national and global level

The COVID-19 pandemic has ruthlessly exposed the shortcomings of national governments and the global community in fulfilling the UHC commitments they have made at the United Nations on many occasions over the past decade. Whilst UHC alone is not a panacea in the face of future pandemics and other public health crises, governments can and must take certain steps to ensure systems are as robust and comprehensive as possible:

- Governments must prioritise moving rapidly to **full** population coverage of a comprehensive package of health services, including vital public health services needed to prevent pandemics.  In particular the COVID-19 crisis has highlighted the need to immediately include all migrants, refugees, homeless people and the huge numbers of people living in households employed in the informal sector in many countries, who are not covered by employment-based health insurance schemes.

- Governments must increase levels of progressive public financing sourced primarily from taxation (including compulsory social health insurance) for their health systems, because this is the only proven way to achieve UHC. At a bare minimum, this should involve meeting the WHO financing target highlighted in the UHC Political Declaration of 2019 of increasing public health financing by at least 1% GDP.[17]

- As an immediate priority, country governments and the international community must commit themselves to guaranteeing **equitable** universal coverage of vital COVID-19 services and products especially vaccines, diagnostic tests and treatments. With the virus posing a greater threat to some population groups (such as the elderly, people with co-morbidities and health workers), these people objectively have greater need and should be the first to receive services – especially vaccines.

> **Governments should immediately heed WHO's policy recommendation to remove all health care user fees for publicly financed health services, for the entire population.**

Effective vaccines will only be available in limited quantities to start with and how they are allocated will be an acid test for all stakeholders for their commitment to the principles of UHC.

- Governments should immediately heed WHO's policy recommendation to remove all health care user fees for publicly financed health services, for the entire population.[18] The Elders believe that this should not just be an emergency measure taken during the pandemic but should be a permanent policy to remove financial barriers and improve equitable access to services. Countries must also immediately ban the practice of detaining patients in health facilities because they cannot pay their medical bills. This is an outrageous and egregious abuse of fundamental human rights that simply cannot any longer be tolerated, especially during a global pandemic.

- In the Global South, governments and international donors should prioritise addressing root causes of ill health such as hunger, poverty and malnutrition alongside improvements in health infrastructure. The role of traditional medicine and health-focused civil society organisations should also be carefully considered as a potential way to complement public service provision and coverage.

- Health reform processes should utilise the disruptive nature of the COVID-crisis to fast-track greater use of digital technologies in health service delivery, including telemedicine, e-health and digital surveillance systems for infectious diseases. This will help ensure greater access to healthcare for marginalised communities, particularly those living in rural areas who have been disproportionately affected by the contraction of traditional facility-based services and lock-down policies.

> **Special attention should be paid to meeting the needs of marginalised population groups including migrants, refugees and homeless people who often fall through social protection safety nets designed for documented citizens.**

## Pillar 3

### Promote healthier societies via holistic policies and social development

COVID-19 has demonstrated how much people across the world value their health and want their leaders to take decisive action to protect and improve their health. This has been shown by the high level of support for policies that have disrupted people's lives in combatting the virus. Government leaders should heed this message and invest more public funds in the health of their people but recognise that some of the greatest returns will occur on investments and policies that address the key social determinants of health.

- All governments should implement joined-up public health strategies to tackle obesity and reduce the burden of non-communicable diseases through improving diets and encouraging physical exercise. While this has historically been primarily a health concern in the more prosperous countries of the Global North, trends for diseases like obesity are also rising in the developing world. The considerably higher death rates from COVID-19 of people with non-communicable disease (NCD) co-morbidities (notably hypertension, diabetes and obesity) highlights the importance of tackling the growing burden of NCDs worldwide. This should involve health promotion programmes to promote healthier diets

Refugees and migrants from the destroyed Moria camp gather at the entrance of a new temporary camp on the island of Lesbos. (Photo: Yara Nardi / REUTERS)

but also specific policies to reduce the consumption of sugar, salt and saturated fats, including taxing unhealthy foodstuffs and reducing the marketing of these products to children.

- The COVID-19 crisis has given even greater impetus towards concerted national and multilateral action to tackling the planet's other great existential threat: climate change. We call upon leaders to ensure that climate-resilient policies and investments lie at the very heart of COVID-19 response measures and stimulus packages. Governments must take this opportunity to permanently eliminate fossil fuel subsidies and reinvest the savings made into renewable energy programmes and strengthening their health systems.

- Implement policies across all sectors to reduce levels of inequalities. The disproportionate impact COVID-19 has had on poor and vulnerable population groups has once again put a spotlight on the link between inequality and poor health. Special attention should be paid to meeting the needs of marginalised population groups including migrants, refugees and homeless people who often fall through social protection safety nets designed for documented citizens. Much greater attention should be paid by heads of governments to achieving SDG10 which specifically addresses reducing inequalities.

# A VISION FOR THE FUTURE

As we look beyond the 75th anniversary of the United Nations, the world now needs a new "Bretton Woods moment" of innovation and creativity in the service of strengthening global public health and governance.

If we do not take the steps that are urgently needed in the years ahead, our planet is likely to become a significantly more dangerous and unstable place, and there is ultimately no automatic guarantee of long-term sustainable development and global security.

But if global leaders do commit to sustained multilateral cooperation, there is no question that we have the capabilities to solve the collective challenges we face and ensure a healthier, safer and more prosperous future for humanity.

Photo: UN Photo/Cia Pak

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# " Health cannot be a question of income; it is a fundamental right.

## Nelson Mandela

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> **The Elders can speak freely and boldly, working both publicly and behind the scenes.**
>
> **They will reach out to those who most need their help.**
>
> **They will support courage where there is fear, foster agreement where there is conflict and inspire hope where there is despair.**

**Nelson Mandela**, 2007, Founder of The Elders

The Elders are grateful to the individuals, trusts and foundations on their Advisory Council, whose support and advice allows them to carry out their work. Further information is available on The Elders' website.
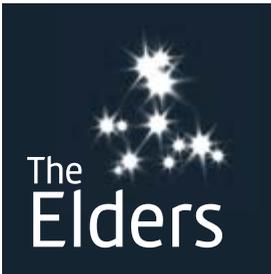
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