



First Health Working Group Meeting

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CONCEPT NOTE

PRIORITY ONE – HEALTHY AND SUSTAINABLE RECOVERY

MONITORING THE GLOBAL HEALTH IMPACT OF THE COVID-19 PANDEMIC, WITH A DETAILED ASSESSMENT OF ITS CONSEQUENCES ON THE IMPLEMENTATION OF THE SDGs



A GLOBAL HEALTH AND DEVELOPMENT CHALLENGE WITH VARIOUS INTERTWINED IMPACTS ON HEALTH-RELATED SDGs

Even before the pandemic, the world was off-track in its efforts to progress the 2030 Agenda for Sustainable Development and to achieve its global goals.¹ The COVID-19 pandemic is now making the prospects of achieving several key SDGs remote, as inequalities increase between and within countries, leaving the poorest and most vulnerable further behind.² While health is front and center for SDG3, many other SDGs have a direct or indirect impact on health, determinants of health, and effective use of health services. This note highlights the interconnections between the global goals in the context of the current pandemic, and makes the case for the G20 driving a comprehensive response, from tackling the most structural impacts, to building in long-term resilience to accelerate and sustain progress towards achieving the SDGs, and to drive sustainable global economic growth and stability.³ The Sustainable Development Goals (SDGs) apply to all countries and the COVID-19 provoked a global shock.

THE IMPACT OF COVID-19 ON PROVISION AND USE OF HEALTH SERVICES IS IMMENSE. IMPROVING POPULATION HEALTH AND PROVIDING HEALTH CARE SERVICES ARE THEMSELVES IMPORTANT SDG GOALS.

In many countries, initial pandemic preparedness and response strategies did not give adequate attention to the potential significant disruption of essential services due to repurposing of health system capacity and the introduction of new public health and social measures. 90% of countries experienced severe disruption in the provision of essential health services such as routine immunization, non-communicable diseases diagnosis and treatment, family planning and contraception, treatment for mental health conditions, and cancer diagnosis and treatment.

¹ With ten years left, world leaders called at the 2019 SDGs Summit for a “decade of action” for the 2030 agenda, and pledged to mobilize finance, enhance national implementation, and strengthen institutions to achieve the SDGs by 2030, leaving no one behind.

² Since the beginning of the pandemic in 2020, the drop in financial resources to developing countries and rising debt levels have added new challenges to SDG financing. Overall, external private finance inflows to developing economies were expected to drop by USD 700 billion in 2020 compared to 2019 levels, exceeding the immediate impact of the 2008 Global Financial Crisis by 60%. For more information, see the OECD’s Global Outlook on Financing for Sustainable Development 2021.

³ The SDGs have a complex web of interlinkages - both positive and negative - and linkages exist between goals, targets, indicators and also between financing objectives, as well as variations by country. Several international organizations have proposed analysis to assess this complex interlinkage in relation to costing of SDGs [for instance UN-DESA 2015; SDSG 2019; the OECD SDG financing lab; and WHO (2017), which estimated in 2017 financing costs for SDG 3 (health) at around USD 274-371 billion per year by 2030.



A 2020 WHO report found that out of 130 countries, the vast majority (93%) reported disruptions in one or more of their services for mental, neurological and substance use disorders.

This is particularly true for countries where health systems have been unable to cope with the surge in demand due to the lack of health-care workers, medical equipment and supplies, including for the most fragile contexts where the pandemic exacerbated existing challenges and inequalities.⁴ In nearly all countries, regardless of income levels, the pandemic has exposed both the failure and opportunities of health systems to make optimal use of digital tools to deliver care.

IN MANY COUNTRIES, THE PANDEMIC HIGHLIGHTS CHRONIC GAPS IN COVERAGE AND UNDER-INVESTMENT IN HEALTH SYSTEMS, PARTICULARLY IN PRIMARY CARE AND PUBLIC HEALTH FUNCTIONS.

Such gaps include an over-reliance on hospital care when strengthened primary care could have reduced the burden on hospitals, a lack of investment in public health capacities, limited laboratory capacities, fragmentation in information systems, unstable finance due to health system funding and entitlement to services being linked to participation in the formal labour market, and failure to address the needs of vulnerable populations. These gaps make service delivery vulnerable to disruption and a potential risk factor in transmission. Some health systems which have focused more on primary health care (PHC) have demonstrated resilience, being more able quickly to adapt and maintain essential services by rebalancing clinical loads across levels of care, detecting cases early, managing simpler cases close to the community and employing triage to protect hospital capacity. As a patient's first point of contact for care and as a cornerstone of a sustainable health system, PHC has played critical role to play in maintaining continuity of routine and essential services during the COVID-19 pandemic.

⁴ To support developing countries most in need, the G20 Development Working Group, issued a Statement of G20 Support to Covid-19 Response and Recovery in Developing countries, including in Africa, Least Developed Countries and Small Island Developing States (SIDS), which was endorsed by G20 Leaders.



PREVENTING HEALTH SYSTEMS FROM COLLAPSING HAS REQUIRED LOCKDOWN MEASURES THAT HAVE HAD FAR-REACHING SOCIAL AND ECONOMIC IMPACTS.

Stringent and lengthy lockdown measures were adopted by some countries to avoid health systems being overwhelmed. Some people were either unable or afraid to go to health-care facilities to seek services such as check-ups, vaccinations and even urgent medical care. As a result of the combined effect on supply and demand of services, indirect morbidity and mortality from other preventable and treatable diseases will be substantially affected. For instance, crisis is a factor of severe emotional stress generating an impact on the mental status of the population. The indirect health consequences are equally alarming, but less well documented.

COVID-19 is bringing direct and indirect impacts on mental health and psychosocial wellbeing. Faced with increased health risks, loss of loved ones, disruptions to daily lives and social connections, and economic insecurity and job-losses, population mental wellbeing has worsened everywhere that it has been measured. Young people, people with existing mental health conditions, and people experiencing financial or job insecurity have been particularly negatively impacted. The risk of domestic violence occurring increases during confinement leading to long term impact on mental health, especially on children. COVID-19 infection is also associated with neurological and mental complications, such as delirium, insomnia, anxiety, Eating Disorders and depression. Pre-existing mental disorders increase the risk of becoming severely ill or of death and risk having long-term complications due to COVID-19.

Mental health services, which were already over-stretched before the crisis, can expect to see increased demand if current trends continue. Many may be facing increased levels of alcohol and drug use or are engaging in addictive behaviors. As the WHO explains, on the other hand, "... over 20% of adults over the age of 60 have underlying mental or neurological conditions ... (and) Covid-19 is increasingly associated with mental and neurological manifestations, as well as anxiety, sleep disturbances and depression"⁵.

⁵ Cfr. WHO Director Tedros Adhanom Ghebreyesus on World Psychiatry, 8 May 2020



COVID-19 RESPONSES AND INDIRECT IMPACTS TOUCH COUNTRIES' SOCIAL AND ECONOMIC FOUNDATIONS.

Beyond the health SDGs, narrowly defined, the health crisis (and measures taken to manage it) is having a major impact on the achievement of other SDGs. Some of the most notable impacts are described below:

- **SDG 2 Ending hunger, achieving food security and improved nutrition:** Food supply chains have proved remarkably resilient in the face of the Covid-19 pandemic, ensuring the availability of staple foods. This is despite concerns that panic buying and policies that could exacerbate supply chain disruptions might result in a food crisis on a similar scale to the 2007-08 food crisis. The COVID-19 pandemic has highlighted the nexus between public health, food security, employment, and labour dimensions. Despite many factors adversely affecting agricultural and food markets, including a lack of seasonal labour and disruption of air freight, disruptions to the availability or prices of food have so far been limited. This reflects timely policies put in place by countries, and in particular the increased transparency on market conditions. However, progress on SDG 2 remains under threat. The huge rise in unemployment triggered by containment measures has resulted in unprecedented numbers of people relying on social protection schemes or programmes, such as food handouts, or in countries lacking such programmes, rising levels of food insecurity and malnutrition. Poor levels of nutrition have lifelong consequences, affecting levels of health, education, employments and life expectancy. The state of malnutrition in all its forms was already alarming and off track to reach the SDG targets before the outbreak of COVID-19. Preventing malnutrition and improving diets requires effective and sustained multi-sectoral nutrition programming and coherent policies over the long term, and many countries are moving in the right direction. Resilient food systems with food environments that make foods supporting healthy diets more available, accessible and affordable to all people are needed. Relevant actions that countries can implement are outlined in the ICN2 Framework for Action⁶ and encouraged under the UN Decade of Action on Nutrition⁷.

⁶ FAO/WHO 2014

⁷ UNGA Resolution A/RES/70/259 <https://undocs.org/A/RES/70/259>; and The Work Programme of the UN Decade of Action on Nutrition. available at: file:///C:/Users/WUSTEF~1/AppData/Local/Temp/work_programme_nutrition_decade-1.pdf



- **SDG 4 Equitable and inclusive access to quality education:** The COVID-19 pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries and all continents, with women and girls affected disproportionately. Closures of schools and other learning spaces have impacted 94 per cent of the world's student population, up to 99 per cent in low and lower-middle income countries. In response there has been a surge in online learning. In an attempt to address this digital divide, some governments have provided students with computers and internet access. Increased access to online learning tools opens up the possibility of developing health-based education material, including measures to improve population health literacy, although digital skills need to be improved. While online platforms have helped maintain a level of education during lockdowns, it has confronted the most vulnerable students and the 500 million students around the world which have difficulties accessing online education. Students not accessing online platforms are at risk of falling behind or even dropping school, with significant long-term health and economic consequences if not addressed.
- **SDG 6 Access to water and sanitation:** According to the UN, some 2.2 billion people still lack access to safe drinking water. Lack of access to clean water makes one of the key Covid-19 control measures – regular hand washing – challenging. Improving access to safe drinking water could reduce the pressure on health systems stemming from other communicable diseases. Alongside strengthening primary health care, improving access to water and sanitation would result in a significant improvement in health and other outcomes in low-income countries.
- **SDG 11 Improving urban environments:** COVID-19 has highlighted the urgency of improving living conditions in urban slums, not least because of their role in facilitating the rapid spread of covid-19. Part of the solution is to encourage the development of sustainable cities where the rate of increase in land use and population growth are kept in balance. Covid-19 patients suffering from underlying respiratory diseases are exposed to higher risks of death, and these respiratory conditions are, in turn, often related to exposure to high air pollution levels. The dramatic reduction in travel and temporary reductions in factory production associated to the covid-19 containment measures resulted in sharp declines in air pollution in urban areas.



However, as countries emerge from containment measures, these improvements will be quickly reversed. At the same time, concerns about the spread of the virus have drastically reduced the use of public transport. To prevent a return to greater private car use, many cities have scaled up cycling promotion measures.

COVID-19 DISPROPORTIONALLY AFFECTS POOR AND VULNERABLE PEOPLE THROUGH SIMULTANEOUS ACTION ON DETERMINANTS OF HEALTH.

COVID-19 has exposed harsh and profound inequalities in our societies and is exacerbating existing disparities within and among countries.

- **The COVID-19 puts additional pressure on vulnerable population groups.** Vulnerable populations have been exposed to the worst ravages of the virus. Poor working and living conditions are one cause as they have been more likely to catch the virus. When they have caught it, their greater prevalence of underlying health conditions has made them more at risk of poor outcomes. In advanced economies, fatality rates have been highest among some vulnerable groups, such as older persons. In developing countries, the most vulnerable—including older persons, persons with disabilities, indigenous people, children, migrants and refugees—risk being hit even harder. In lower income countries, lack of access to water and sanitation has disproportionately affected the most vulnerable – those at higher risk of poorer health outcomes. For the most fragile contexts, pandemics compound existing challenges and prevent aid from reaching those who need it most, such as women, children and vulnerable populations in conflict-affected countries. Also, due to unemployment and underemployment caused by the COVID-19 crisis, some 1.6 billion workers in the informal economy – half of the global workforce – may be significantly affected.
- **In particular, the COVID-19 pandemic is creating a profound shock worldwide presenting different implications for men and women, affecting achievement of SDG5 on gender equality.** Mortality rates in men contracting Covid-19 have been 60-80% higher than among women. Yet at the same time, women, accounting for around 70% of the health workforce, and similar proportion of retail workers, are exposed to a greater risk of



infection. Although difficult to measure, there are indications, including from previous crises, that measures introduced to counter Covid-19 have increased the risk of domestic violence as women are confined with offenders. The closure of schools and childcare facilities increased caring responsibilities, which are already disproportionately taken on by women and put more pressure on working mothers in many countries. This has had a negative effect on women's employment and labour force participation rates, potentially creating even greater staff shortages in health and care services. Furthermore, confinement measures increase the risk of domestic violence within couples and towards children, resulting in long term consequences.

- **Universal Health Coverage (UHC) – ensuring equitable and affordable access to quality health care for all people – will be essential to reducing inequalities and ensure no one is left behind in progress to SDGs.** Inequality, economic progress, individual livelihoods, and health outcomes are intertwined. Even before the COVID-19 pandemic crisis, at least half of the world's population did not have full coverage of essential health services and about 100 million people were pushed into extreme poverty because they have had to spend on health care beyond their ability to pay.

THE COVID-19 CRISIS WILL CHALLENGE PROGRESS ON SDGs EVEN AFTER THE DISEASE IS UNDER CONTROL. IT ALSO PROVIDES IMPETUS FOR A RENEWED COMMITMENT TO UHC AND HIGHLIGHTS OPPORTUNITIES FOR TRANSFORMED PEOPLE-CENTERED HEALTH SYSTEMS BASED ON A PHC APPROACH.

While the protracted crisis is threatening progress towards the SDGs – with some estimates that progress on some areas could be set back by decades – it also makes their achievement all the more urgent. Overall, it is increasingly clear that a comprehensive response to this pandemic will be critical not only for recovery, but also for increasing preparedness for future pandemics and strengthening resilience to other shocks. Acting as a radical disruptor to the 'normal' way of doing things, the COVID-19 pandemic has accelerated transformations within healthcare delivery at an unprecedented pace. These changes have often involved a fundamental redesign of service delivery, with profound implications for both staff and patients. Though the primary catalyst for change has been the urgent need for continuity of



provision of essential health services amid huge stress on available resources and infection control consideration, some transformations have been long-standing priorities for health systems, on which limited progress was made prior to the pandemic. The pandemic is providing a new context for how health systems should be financed⁸ and organized, and how health services should be delivered, putting PHC squarely at the center of health strengthening efforts. The global scale of the COVID-19 crisis, and the complexity of its impacts, calls for a truly transformative approach to recovery, based on joined up global action to progress the SDGs and the G20's value added in addressing longer-term systemic issues and gaps in capability, preparedness and response capacity that expose the global economy to the impacts of infectious disease.

⁸ The G20 has taken action on mobilizing finance for sustainable development (FSD), notably in the Development Working Group and in the G20 Finance Track, and synergies with the G20 work in the health track could be enhanced. While private financing for universal health care remains limited and much of funding for health comes from the public sector, the G20 could encourage the mobilization of all sources of finance for sustainable development towards the health sector.



QUESTIONS FOR DISCUSSION

1. The pandemic has demonstrated the case for greater efforts to achieve the health SDGs. Which of the health SDGs has been shown to be deserving of needing more international attention?
2. With the COVID-19 pandemic affecting the foundations of health systems, how can we build back better by promoting a transformative approach towards a healthy and sustainable recovery, and share examples of promising approaches?
3. What should be the role of the HWG in catalyzing, supporting, or initiating international initiatives?
4. What existing G20 health-related initiatives (e.g. on digital health, value-based health care, AMR) and UN initiative/s (i.e. Decade of Action on Nutrition) can best support the SDGs?