



# Mobilizing Global Solidarity for UHC

Francis Omaswa discusses the various considerations that should be taken into account as the United Nations General Assembly gathers to deliberate on post-COVID Universal Health Coverage.

As the world prepares for the United Nations General Assembly (UNGA) in New York in September, 2023, it is important for us to prepare ourselves ideologically for this event. The theme for the UN High-Level Meeting on UHC is: Universal Health Coverage: expanding our ambition for health and well-being in a post-COVID world.

We need to remind ourselves of the basics; namely that health of the people is a precondition for productive lives. The right to life is also a right to health and a right to responsive health systems. The quality of life varies between regions and within countries; where in some cases there is unacceptable poverty, lack of social justice and equity. This is in a world which is connected, interdependent and globalised with knowledge and resources to achieve UHC but sadly lacks the will and organizational capacity needed to expand and achieve our ambition enshrined in the SDGs. Our response to the existential threat from Climate change is also constrained by our inability to mobilise for collective action.

There are admirable achievements such as negotiation of the SDGs, rolling out Global Health Initiatives such as GAVI and the Global Fund for AIDs, TB and Malaria and UN Agencies like WHO, UNICEF. The ability of these agencies to achieve UHC that leaves no one behind cannot be realized until the people themselves are reached and engaged through PHC that is owned and driven by the communities themselves and where the people participate as a duty and a right.

Achieving UHC is also challenged by the quality of partnerships between countries in implementing PHC and reaching communities. Some countries and their institutions are donors while others are recipients of aid for health. Many conferences have been held on aid effectiveness and there are good practice guidelines which are not generally followed. However, in my experience, if aid receiving countries take the leadership and are clear about what results they aim to achieve with the aid, donors are likely to follow. The implementing individuals from both sides need to be prepared for their roles and be personally committed to improving health.

There are also commercial determinants of health which are private sector activities and products that are detrimental or promotive of population health. Country health systems and corporate national and global institutions need to be awake to these and guide their

populations accordingly as well during negotiation of contracts and trade deals.

The role of civil society organizations and academic institutions in mobilizing for UHC is critical. The contribution of these institutions is through holding governments and duty bearers to account and creating a climate of opinion among communities, countries, regions and globally that enables to adoption and implementation of health promoting policies. The health of the people cannot be left to the market. The COVID-19 pandemic has demonstrated the centrality of strong and resilient health systems in all countries. The COVID-19 experience provides all countries with an opportunity to rethink the priority of health systems in their national plans. The pressures for resources in every economy are many but keeping the health agenda visible and funded is popular with the people who value their health highly. Population health should be a visible issue over which elections are won and lost in all countries.

This discussion cannot be complete without referring to Human Resources for Health who are responsible for implementing health plans and running health systems. There is a global health workforce (HWF) crisis that was recognized over twenty years ago and is characterized by widespread shortages, mal-distribution and poor working conditions. I served in the past as Executive Director of the Global HWF Alliance at WHO and continue to follow this subject closely. I am disappointed to note that global interest in this subject has declined and the agenda is underfunded. HWF migration from the poor to the rich countries is rampant and out of control partly fueled by push factors of poor working conditions, low pay and unemployment in low income countries. The WHO Code on the International Recruitment of Health Personnel that was adopted by the World Health Assembly in 2010 is available to guide HWF migration. This Code provides for the training of a global pool of HWF to be shared using the Code. However, this is not happening which poses a threat to our ability to achieve UHC and global health security.

It is my prayer that the UNGA in September, 2023 will address the above issues and become an effective vehicle for mobilizing the right climate of opinion, global solidarity and harmony for expanding our ambition for health and well-being in a post-COVID world.

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