

# BRIEFING NOTE: THE LINK BETWEEN COVID-19, SRHR, HEALTH SYSTEMS, AND GLOBAL HEALTH

## CONSIDERATIONS FOR ACTION

### BACKGROUND

The global health crisis caused by the Covid-19 pandemic has brought to light the fragility of health systems worldwide and the volatility of sexual reproductive health and rights (SRHR) outcomes.

With its long track record in comprehensive SRHR worldwide, the Dutch government continues to invest millions of euros in strategic partnerships under the SRHR Fund, amongst other investments. These long-term investments have contributed to impressive results in terms of access to health products, quality of care, rights, and respect. The regressive impact of the pandemic, now threatens to reverse the progress of SDG3, as already weak health systems are struggling to maintain basic health services.

The [economic crisis](#) as a result of the pandemic is expected to negatively impact Dutch GDP with a subsequent decrease in official development assistance (ODA). At the same time, there is continuous political pressure to categorise the Dutch global Covid-19 response as an international development issue, rather than an inter-sectoral global health challenge.

In this briefing note, we outline the link between the Covid-19 pandemic, SRHR, health systems, and global health and provide some considerations for action.

## THE REGRESSIVE IMPACT OF THE PANDEMIC ON SDG3 AND SRHR

### RISING MORTALITY

The direct effects of Covid-19 on the African continent are increasingly worrying, with the WHO reporting that Covid-19 deaths have risen with 40% since the beginning of the year.<sup>1</sup> The second wave has proven considerably to be more lethal on the continent than the first wave.

### HEALTH WORKERS CARRY THE BURDEN

The detrimental effects on health systems and health workers [reported](#) at the start of the pandemic are also worsening. Health workers are amongst those most vulnerable to infection and mental health impacts due to their professional exposure. Low staffing levels, particularly nurse–patient ratios, are themselves associated with the spread of pathogens in health care settings and risk of outbreaks.<sup>2</sup> Preliminary reports from 21 African countries revealed 66% reporting inadequate critical care capacity and 24% of countries reported burnout among health workers.<sup>3</sup>

In many low- and middle-income countries (LMICs), health budgets have been cut, further exacerbating the situation. During the Annual Health Financing Forum held in December 2020<sup>4</sup>, the Chief Director for Health and Social Development from South Africa reported that the health budget for the provinces had been reduced by 9-11%, which is unprecedented in the country. The South African government has now enforced wage restraints to cover the shortfall. Although this helps avoid staff retrenchments, it also means that health workers will not receive any wage growth to account for inflation in the coming four years.

Health workers are key to health services and to the pandemic response. The recent [call](#) from the [Dutch Global Health Alliance](#) (DGHA) for more investments in health workers as well as to prioritise health workers in vaccination is more pressing now than ever before.

### INTERRUPTIONS IN HEALTH SERVICE DELIVERY

As early as June 2020, the GFF [reported](#) serious interruptions in sexual and reproductive health services in several countries. In Liberia, the number of women attending all four recommended medical visits during pregnancy dropped by 18%. Nigeria registered a 16% reduction of women seeking medical care during pregnancy, a reduction in family planning services of 10% and 15%, respectively, in April and May, and a 6% decrease of women delivering babies at health facilities. Other frequently disrupted areas of health service

<sup>1</sup> <https://www.afro.who.int/news/rising-mortality-africa-marks-one-year-covid-19>

<sup>2</sup> <http://www.socialserviceworkforce.org/system/files/resource/files/Health-Workforce-Policy-and-Management-COVID19.pdf>

<sup>3</sup> <https://reliefweb.int/report/world/rising-mortality-africa-marks-one-year-covid-19>

<sup>4</sup> <https://web.cvent.com/event/c3814468-f629-4b88-a503-d6f71286d253/websitePage:38b887d4-e212-4b63-81f7-59b900b15cd0>

provision include routine immunisation, non-communicable disease diagnosis and treatment for mental health disorders.

## INCREASING RIGHTS VIOLATIONS

In addition to service disruption, violations and regressions in SRHR have been widely reported. Rates of teenage pregnancy, harmful traditional practices, and sexual and gender-based violence rose rapidly as the result of lockdowns, curfews, and travel restrictions. People with multiple compounded vulnerabilities – such as young girls living with a disability or gay men living with HIV - are specifically affected and face even higher barriers in accessing services.

## STRONG RESILIENT HEALTH SYSTEMS ARE THE BASIS FOR SUSTAINED HEALTH IMPROVEMENT

### INVESTMENTS IN PUBLIC HEALTH, SECURITY, AND UHC

Countries that have invested not only in public health/health security, but also in universal health coverage (UHC) and strong health systems, and that have integrated these approaches well, have fared best in dealing with the spread of the epidemic and maintaining essential health services.

On the other hand, countries that are strong in terms of health security and core capacities for public health (like surveillance, risk communication, and coordination) but that neglected primary health care functions (such as easily available and accessible and good quality curative services, and patient management) have not been able to cope well with the pandemic. A notable example is the USA. Many African countries also tend to prioritise pandemic preparedness, which – in a context of limited resources – leads to underinvestment in primary health care. 'Primary health care and critical care capacities, such as beds and ventilators in intensive care units, are exceedingly scarce'.<sup>5</sup>

Investments that made countries' response relatively strong, include the near 100% coverage of national health insurance in Thailand, a strong health infrastructure and primary health care physicians trained for outbreaks in Singapore, and a strong and engaged health workforce in Kerala State (India). For all countries, what matters is to build a strong and unified health system that integrates health security measures and that overcomes fragmentation.<sup>6</sup>

<sup>5</sup> Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. Arush Lal, Ngozi A Erundu, David L Heymann, Githinji Gitahi, Robert Yates. Lancet 2021; 397: 61–67. Published Online December 1, 2020. [https://doi.org/10.1016/S0140-6736\(20\)32228-5](https://doi.org/10.1016/S0140-6736(20)32228-5)

<sup>6</sup> *ibid.*

## SRHR AND STRONG HEALTH SYSTEMS: MUTUALLY REINFORCING

The impact of the pandemic has made abundantly clear that [resilient and sustainable health systems are a prerequisite to UHC and SRHR](#). It has also shown that investments in SRHR alone are not enough to strengthen health systems. SRHR and resilient sustainable health systems are mutually reinforcing. Without the realisation of everyone's SRHR, health coverage can never be truly universal. At the same time, resilient and sustainable health systems are critical to remove barriers towards the realisation of SRHR including poor coverage of services, poor quality of services and (fear of) out-of-pocket expenditures. There is an urgent need to safeguard and advance progress made on SRHR combined with a harmonised and aligned approach to health system investments.

## ACCESS TO COVID-19 TESTS, TREATMENTS, AND VACCINES

Governments, especially those in LMICs, will not be able to progress towards their SDG3 targets until the pandemic is under control. The [Access to COVID-19 Tools \(ACT\) Accelerator](#) is an important first step to ensure access to vaccines and treatment. Despite the many expressions of support and commitment, ACT-Accelerator remains hugely underfunded with an overall funding gap of USD 27.1 billion.<sup>7</sup>

Within the ACT-Accelerator, the health systems connector pillar suffers the biggest funding gap, even though it covers only a small part of the estimated resources required. The USD 9 billion included for health systems are to be spent mostly on personal protective equipment (PPE) and medical oxygen. Other costs, such as for infrastructure to make oxygen functional or to counter the shortage of health workers and training, have not been included. WHO, the Global Fund and the World Bank calculated that an additional USD 9.7 billion would be needed to bolster health systems in the poorest countries. To date, this additional resource requirement for health systems has not been added to the overall ACT-Accelerator.<sup>8</sup>

The partnership around the vaccine pillar of the ACT-Accelerator, the COVID-19 Vaccines Global Access (COVAX), has received much global attention. However, it is not without problems<sup>9</sup> and will only provide a partial solution, even when fully funded. Without a structural increase in vaccine production capacity, achieving universal Covid-19 vaccinations in LMICs will take years. Much more focus should be put on promoting knowledge sharing in the [Covid-19 Technology Access Pool \(C-TAP\)](#) as an essential complementary measure to COVAX (see next page).

<sup>7</sup> <https://www.who.int/publications/m/item/access-to-covid-19-tools-tracker>

<sup>8</sup> Health systems neglected by COVID-19 donors. The Lancet, Vol 397, January 9, 2021. [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(21\)00029-5.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(21)00029-5.pdf)

<sup>9</sup> <https://www.theguardian.com/world/2020/dec/16/scheme-to-get-covid-vaccine-to-poorer-countries-at-high-risk-of-failure>

## CONSIDERATIONS FOR ACTION

### INCORPORATE A GLOBAL HEALTH FOCUS IN THE DUTCH SRHR POLICY

The SRHR results of the new SRHR partnerships will be more sustainable when embedded in a health system approach that incorporates for example advocacy for access to Covid-19 vaccines, particularly for the most vulnerable. In our opinion, this focus can and should be incorporated into the contextualised theories of change and workplans of the partnerships to ensure the collective SRHR goals are achieved.

A recent [joint paper](#) of twelve Dutch SRHR organisations also calls for a stronger focus of the Netherlands on global health to tackle the pandemic and counter the regressive impact of the Covid-19 pandemic on the SDGs and SRHR in particular. It highlights the contribution the Netherlands can make to multilateral policy processes in relation to UHC and global health, while building on the lessons learned from its SRHR response. This includes relevant contributions through diplomatic dialogue at the global level and in partner countries. The paper concludes with a number of specific policy recommendations for the Dutch government.

In addition, the case for a Dutch global health approach will be discussed in the upcoming election special of [Vice Versa, with a first article on global health already published](#), and debated during the [‘Het Grote Buitenlanddebat’](#) on the 24th of February. We welcome further discussions with the Ministry of Foreign Affairs on sustaining and increasing SRHR results by adopting a broader health systems and global health approach.

### INCREASE INTER-MINISTERIAL COLLABORATION ON ACCESS TO COVID-19 VACCINES WORLDWIDE

54 Dutch CSOs recently wrote an [open letter](#) to the Dutch Ministries of Health, Foreign Affairs and Trade, and Economic Affairs and Finance, calling upon the Dutch government to ensure that pharmaceutical companies share their knowledge of vaccine development with other companies in C-TAP. This should increase the global production and availability of Covid-19 vaccines and accelerate the end of the pandemic. Subsequently, the Dutch parliament unanimously passed a motion requesting the government to exert pressure in a European context on developers of Covid-19 vaccines to share their knowledge and patents with other pharmaceutical companies.

For C-TAP to become a success, it will need to be actively promoted amongst other bilateral and multilateral agencies and be integrated into the broader development approach. The Ministry of Foreign Affairs can plan a decisive role in this respect.

### INVEST MORE IN THE GLOBAL COVID-19 RESPONSE

The Covid-19 pandemic and its impact in LMICs needs an investment that goes beyond our ODA budget. Not acting is more expensive than acting, as [recent research by the International Chamber of Commerce](#) clearly demonstrates. Global economic losses in case the vaccines are

not distributed more equally across the globe, range from USD 4,4 trillion – in the very optimistic scenario that developing countries can vaccinate half of their populations by the end of the year – to USD 9,2 trillion - if no vaccination takes place in emerging markets and developing countries. The costs for wealthy countries alone, in the most optimistic scenario, amount to USD 2,4 trillion. Thus, as the International Chamber of Commerce puts it:

“the funding needed to enable equitable vaccine access should be reconsidered as a major investment opportunity—one capable of generating returns on investment of over 166x when compared to the USD 27.2 billion currently needed to fully fund the ACT-Accelerator”.

As co-chairs of the *Access to COVID-19 Tools (ACT) Accelerator high-level meeting for finance ministries* on 29 January 2021, the Finance Ministers of Norway and South Africa also stressed that funds required to fill the ACT-Accelerator funding gap are small compared to the economic return and that “such funding is a sound public health investment, not humanitarian assistance”. As expressed in the [Chairs’ summary](#): “if all G20 and OECD countries donate less than half a permille of their GDP, these funding needs are met.”<sup>10</sup>

Prospective GDP savings for the Netherlands if the ACT-Accelerator would be fully capitalised would amount to USD 4,727 million – 66,721 million. This would warrant an investment many times higher than the EUE 100 million donated by the Netherlands so far.<sup>11</sup> This is another important argument for a broader global health perspective and investments from other sources than ODA.

Although the Facilitation Council rightfully makes a case to look beyond ODA for funding the response to Covid-19, it does not mention debt cancellation as a means to free up resources. With a large number of countries spending more on debt servicing than on health, the Netherlands could make a case for more just and sustainable solutions to the debt problem.<sup>12</sup>

Finally, the Netherlands could be an advocate of a more realistic investment case for the Health Systems connector pillar of the ACT-Accelerator and call for incorporating the additional USD 9.7 billion requirement as calculated by the WHO, Global Fund, and World Bank.

<sup>10</sup> The Financing Working Group of ACT-A’s Facilitation Council is elaborating financing options and galvanizing support among governments and multilateral actors. A [financing framework for the ACT-A funding gap](#) is available from the WHO’s website.

<sup>11</sup> Key findings and implications of the new study. The economic case for global vaccination: An Epidemiological Model with International Production Networks. Cem Çakmaklı, Selva Demiralp, Sebnem Kalemli-Ozcan, Sevcan Yeşiltas, Muhammed A. Yıldırım. ICC Summary for policymakers. January, 2021. <https://iccwbo.org/content/uploads/sites/3/2021/01/icc-summary-for-policymakers-the-economic-case-for-global-vaccination.pdf>

<sup>12</sup> For materials presented at the 4<sup>th</sup> ACT-A Facilitation Council meeting see [https://www.who.int/news-room/events/detail/2021/02/09/default-calendar/4th-access-to-covid-19-tools-\(act\)-accelerator-facilitation-council-meeting](https://www.who.int/news-room/events/detail/2021/02/09/default-calendar/4th-access-to-covid-19-tools-(act)-accelerator-facilitation-council-meeting)