

HEALTH MATTERS

THE CENTRAL QUESTION

What have we learned from the pandemic that will help us all to improve health care?

Dame Sally Davies, our workshop chair, made it very clear:

“As the impacts of COVID-19 continue to traverse the world and a second wave moves through Europe, we have a choice to make. Will we simply respond to the ‘here and now’ or do we take a moment to stop, look up, and see beyond the horizon of this pandemic towards the next one? “Because, there will be a ‘next one’. COVID-19 is neither the first nor the last health emergency we will face. Scientists estimate that we will face a health emergency at least once every five years from here on.”

SOME GENERAL CONCLUSIONS

Our 5 workshop panels looked at different facets of health that have been impacted by the pandemic: Health Emergencies/Pandemic Preparedness; Universal Access to Healthcare, including digital; Universal Mental Health for all; Maternal, New-born & Adolescent Healthcare; Non Communicable Diseases.

From all the panels emerged the need for governments/communities/individuals to listen, work together and learn from one another. There is no size that fits all. Planning must include ‘bottom up’ consultation, rather than being all ‘top down’. Community engagement should be prioritised, with those leading it being representative of all the community. National planning should be in place before any pandemic begins.

Policy makers should engage with communities on the communities’ priorities. Their top priorities might not always be disease prevention; they could be issues like access to food, education, or sexual health. It is important to empower communities, building up the capacities of local actors. They need the skills and the knowledge to respond to problems in their own areas, their own countries, their own communities.

They can’t always rely on the availability of international experts when they face a challenge; also, their own solutions might be more appropriate in their local context.

‘West’ is not necessarily best. We need to study how countries who have experienced earlier epidemics have learned to prepare. For instance, [this is a UNICEF plan](#) supplied by one of our panelists working for UNICEF in the Democratic Republic of the Congo. Health challenges are often complex. Healthcare professionals need to work with social workers and economists.

Universal health care currently tends to over-emphasise curative work; there needs to be more investment and work preventing diseases and promoting good practice. That would optimise the results from investment in healthcare. Promotion of preventive health can use digital means – social media, other new media – as well as influencers and the networkers that are available to promote important aspects of health care.

The UN Secretary-General said the coronavirus pandemic has highlighted “the utterly inadequate health systems” around the world and he argued that universal health coverage (UHC) is essential for nations to deal with future health crises. We cannot wait till 2030.



Actions

INDIVIDUALS

The ability and willingness of each of us to engage in conversations and partnerships on health across generations is important. This will help break down barriers and reduce stigma. Peer education – such as on mental health, nutrition, exercise, sexual health – is powerful. Young people can be effective agents of change: for themselves, their peers and the wider community.

To improve their mental health, young people prefer talking to ‘buddies’ rather than going to hospitals. This has made the [Friendship Bench](#) (started in Zimbabwe) a highly effective community intervention. [Peer education programmes](#) in secondary schools also work well.

Each of us can use digital tools to stay healthy during a lockdown. We should each become well informed, while taking precautions to protect ourselves from the virus and building healthy lives – right now, as well as beyond the pandemic. We must take care of the people in our families and communities that might need extra help during this time.

COMMUNITIES

Community education and health care for all must be a priority. It is important to have plans in place before a pandemic begins; and then to promote social mobilisation projects, with community engagement, ensuring representation of all sectors. Digital tools can be used to help people stay informed and prepare for healthy lives right now, as well as beyond the pandemic. We need to promote community-volunteering to care for vulnerable community members. Nutrition NHS have an excellent app and online course to promote physical activity: [Couch to 5K: A Running Course for Beginners](#).

NATIONS

COVID-19 is a harsh reminder to all countries that investing in universal health coverage (UHC) is not an optional extra; it is the foundation of stable, prosperous and peaceful societies and economies. The COVID-19 pandemic must be a turning point for all of us; a catalyst for making UHC in all countries a reality, and not just an aspiration. The pandemic has exposed the importance of addressing social inequalities and the weaknesses of health systems in all countries. Governments need to stop dividing communities and must engage all sections of their communities. There should be transparency around significant plans that they implement with a form of feedback mechanism. Watch and learn how some non-Western countries are coping and planning. [See WHO – 7 Countries We Can All Learn From to Fight Future Pandemics](#).

THE UN/ INTERNATIONALLY

The WHO Emergency committee urged countries to avoid politicization of the pandemic response, which was seen as a major detriment to global efforts. Nor should they let the pandemic slow their other ongoing work. What the pandemic has demonstrated is the importance of public health promotion and dealing with problems of health inequity. Using digital technologies could be a quicker and more cost-effective entry point in many developing countries. They can help civil society, patient groups and associations to increase the accessibility of primary healthcare services. Meanwhile, as anti COVID vaccines are being produced, it is imperative that these should be made available to low- and lower-middle-income countries (LLMICs) . We must not jeopardise decades of economic progress – for both LLMICs and advanced economies alike.