

LEARNING PAPER

Drawing over 140 registered attendees from more than 20 countries, [THET](#) hosted a virtual event in collaboration with [Action for Global Health](#) and [Students for Global Health](#) to mark UHC Day 2021, joining the global call for quality healthcare for all. With contributions from global experts, we explored the myriad ways we can work together to Leave No One's Health Behind. This learning paper outlines some of the experiences shared and lessons learned. To watch the event recording, please [click here](#).

UNIVERSAL HEALTH COVERAGE IS NEEDED NOW MORE THAN EVER.

"Universal health coverage underpins everyone's fundamental right to live a healthy life. It ensures that good quality and affordable primary healthcare is available to every person, everywhere, despite their income." - José Manuel Barroso, Board Chair of Gavi, the Vaccine Alliance.

Despite commendable efforts to close gaps in healthcare, inequities continue to threaten decades-long progress. This has been magnified by the global COVID-19 pandemic, as we witness high-income countries monopolise the production and distribution of COVID vaccines and leave the world's poorest and most vulnerable groups behind. In his video address at the webinar event, José Manuel Barroso reminded us that universal health is a crucial foundation, not only for future pandemic preparedness, but global development as a whole.

These sentiments are echoed by speakers such as Lord Nigel Crisp: *"Universal health coverage works in tackling non-communicable diseases, it works in tackling emergencies and health security, it works in tackling climate change."* The multifaceted impact of UHC demonstrates that global solidarity must accompany any efforts to achieve health for all. We need to build connections, share ideas, and most importantly, take collective action.

PROTECTING AND INVESTING IN OUR HEALTH AND CARE WORKERS IS KEY TO HEALTH SYSTEMS STRENGTHENING.

"We need to ensure that health workers are supported in their vital work." - Professor Sally Theobald, Liverpool School of Tropical Medicine

From the very onset, COVID-19 has taken an immense toll on the health and wellbeing of the global health workforce. Providing a keynote address, Sister April reflected on this in the context of Myanmar, sharing the challenges and experiences that health workers face amid a military coup and COVID-19: *"There are hundreds of nurses who continue to work for people with whatever they have, wherever they are. Although they are on the run, they still commit themselves to helping people"*.

This sobering reality brings the need to invest in the personal and professional development of our health and care workers into sharp focus. But such efforts must centre the experiences and voices of the workforce. Succinctly put by Patrick Lebbie, Long Term Volunteer at Cambridge Global Health Partnerships, *"Nurses should be listened to as equals when it comes to making decisions in health as they are at the forefront in shaping our today and managing the health systems of tomorrow."*

TACKLING INEQUALITIES MUST BE A PRIORITY WITHIN GLOBAL HEALTH.

"There should be a focus on reaching the marginalised and vulnerable groups." - Khem Pokhrel, THET Country Director for Nepal

Featuring perspectives from Nepal to Yemen to the UK, the 'Postcards from an Unequal World' roundtable explored the long-ignored inequities that COVID-19 has exposed. Norma Barbosa of the Florence Nightingale Foundation, drew attention to the endemic racism that diaspora staff in the NHS often experience: *"We know that diaspora NHS staff are more likely to be victimised by management than their white colleagues"*, while Roopa Dhatt of Women in Global Health stressed that health systems are *"designed by and for men, despite women making up at least 70% of the health workforce."*

Tackling these inequities cannot happen at surface-level; it must start by thoroughly examining and deconstructing the foundation of global health itself. Hamimu Masidi of the Kampala Initiative (Health Poverty Action) encouraged us to recognise the colonial legacies and power systems that dominate the sector, shape the language we use and inform the way we interact with communities in the Global South. Through the process of decolonisation, we can start to serve communities *"based on the premise that health is a right, not aid."*