

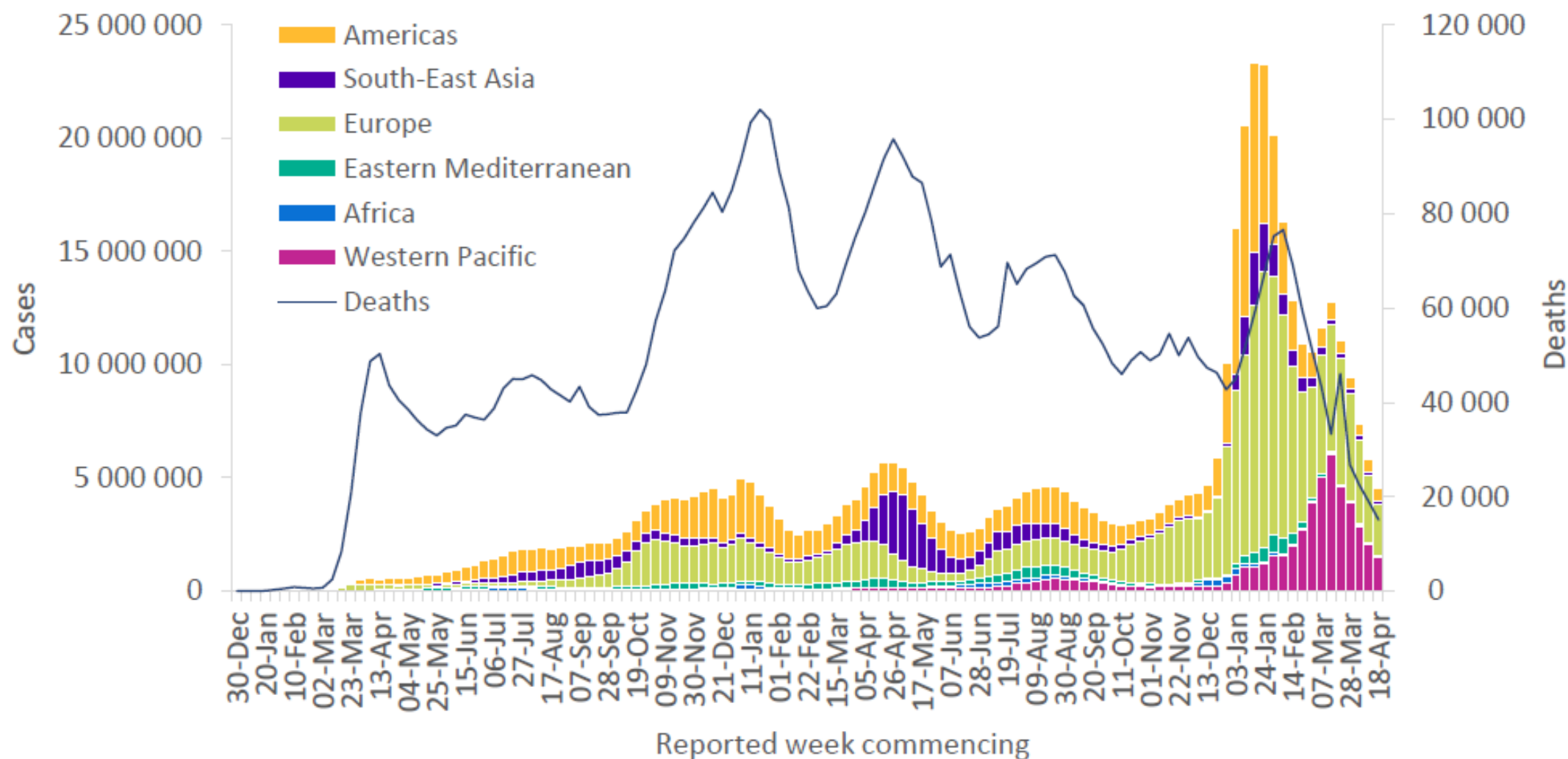
Global hälsa i ljuset av Covid-19 pandemin

7 maj 2022

Anders Nordström
Utrikesdepartementet



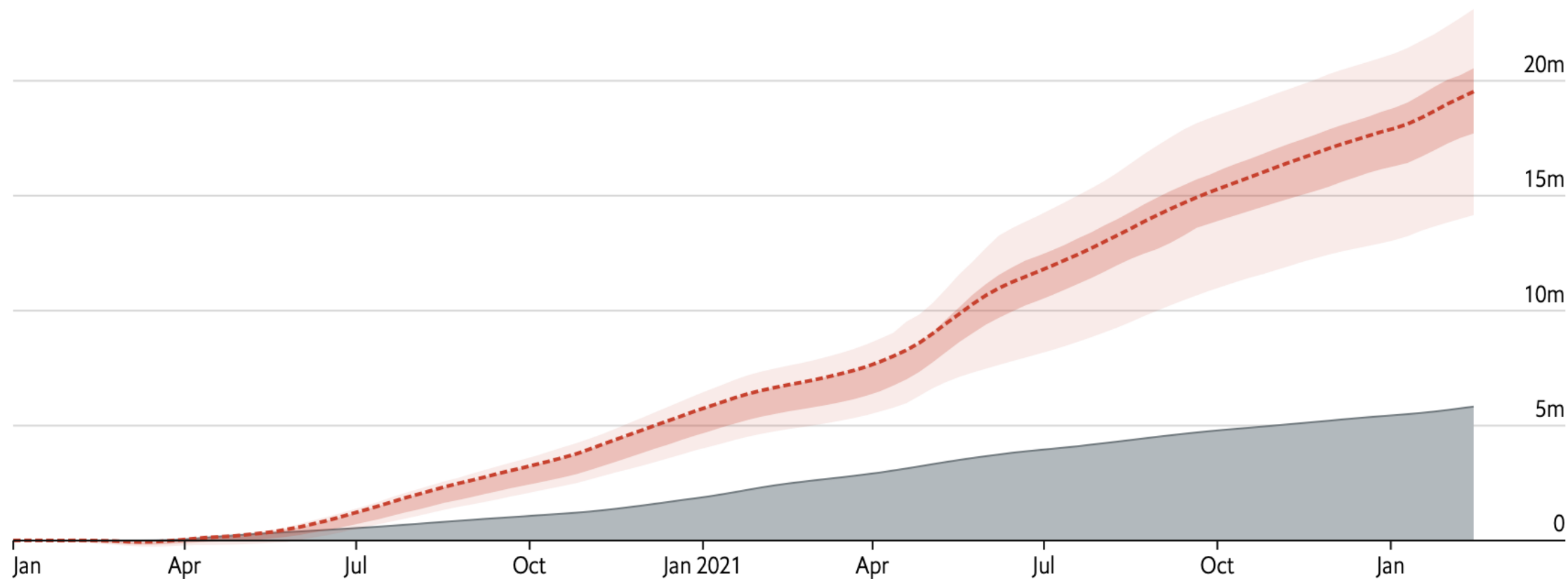
Figure 1. COVID-19 cases reported weekly by WHO Region, and global deaths, as of 24 April 2022**

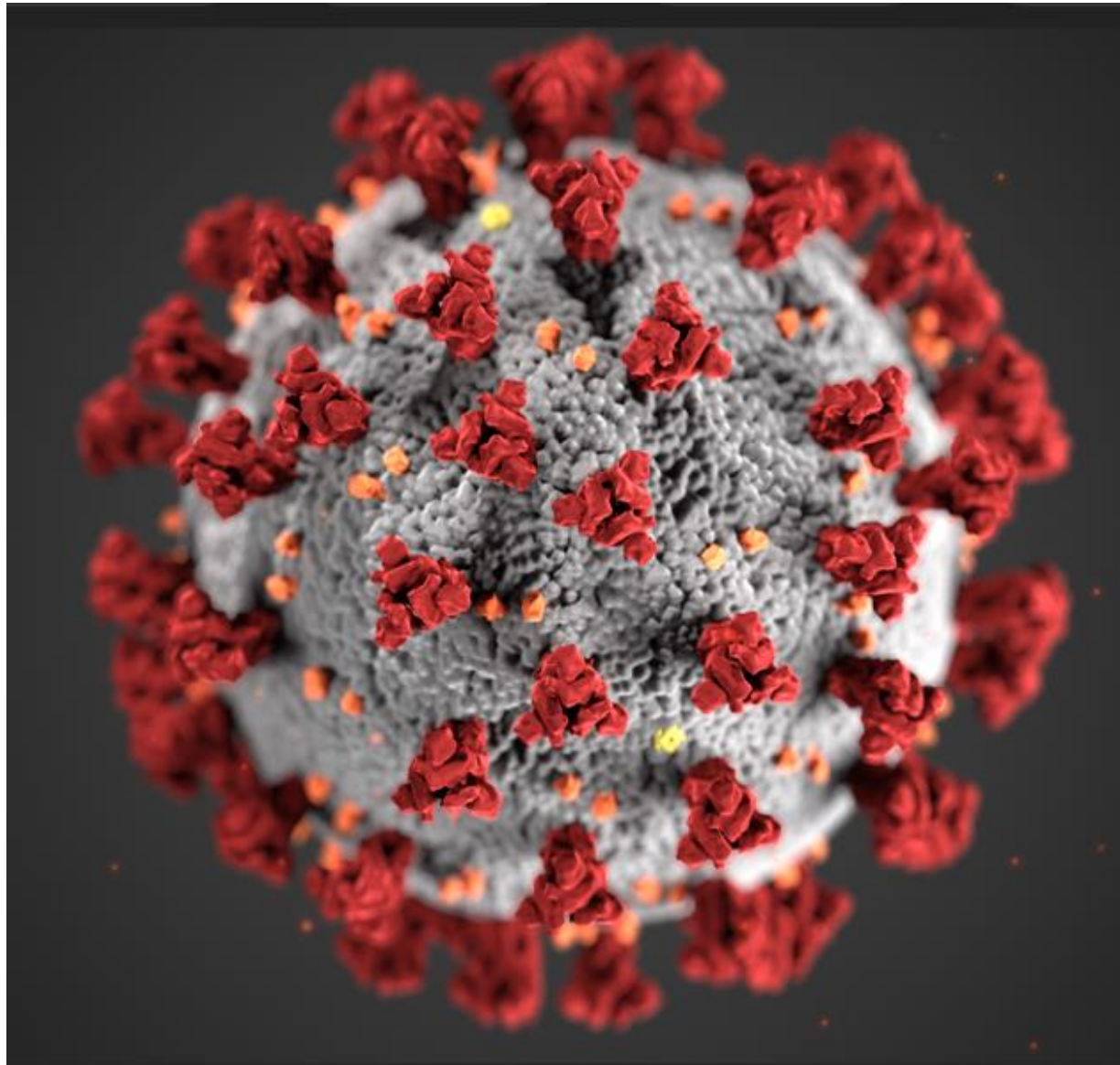


**See [Annex 1: Data, table, and figure notes](#)



Excess deaths potentially far higher







HEALTH IN THE SDG ERA



World Health Organization

www.who.int/sdgs







The Independent Panel

**COVID-19:
Make it the
Last Pandemic**



Co-Chair
The Rt Hon. Helen Clark



Co-Chair
H.E. Ellen Johnson Sirleaf



Mauricio Cárdenas



Aya Chebbi



Mark Dybul



Michel Kazatchkine



Joanne Liu



Precious Matsoso



David Miliband



Thoraya Obaid



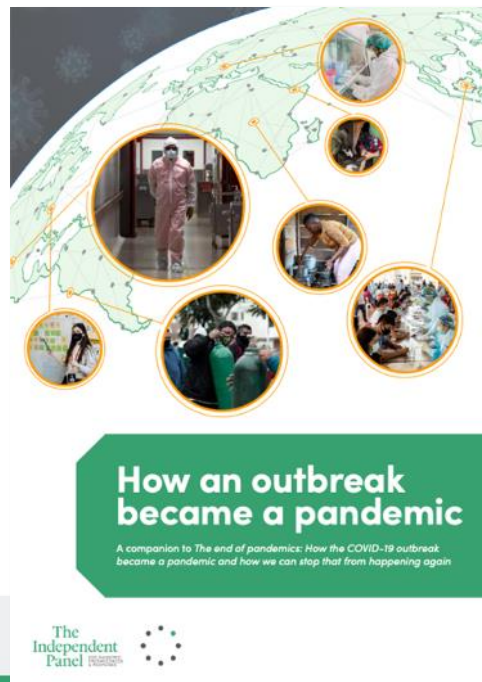
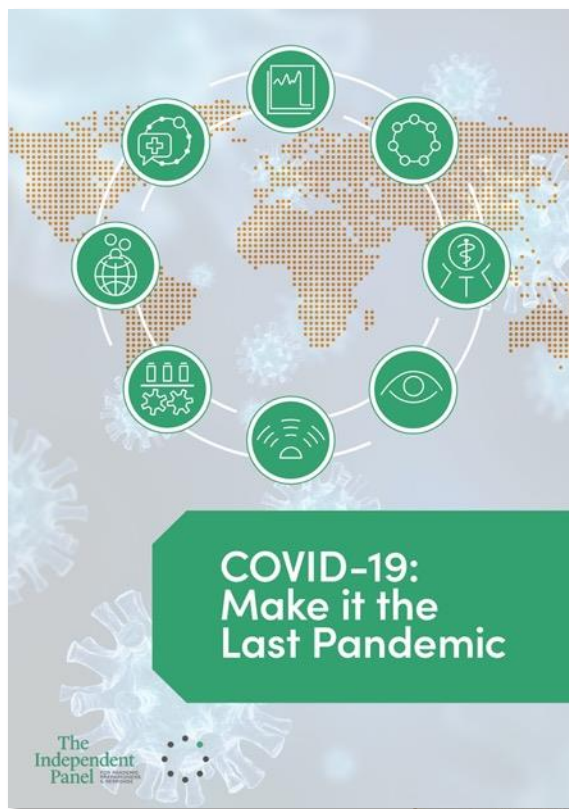
Ernesto Zedillo



Preeti Sudan



Zhong Nanshan



REAL-TIME EVIDENCE	INTERNATIONAL ACTIONS	COUNTRY ACTIONS
<p>29 JANUARY 2020</p> <p>Science Bat coronavirus likely ancestor of SARS-CoV-2 A bat coronavirus is found to share 96.3% of its genome with SARS-CoV-2. Author(s): J. Peñalver, E. G. Kozlov, G. Hargrett, et al. Source: <i>Infection, Genetics and Evolution: Nature</i></p> <p>Cases China reaches 6,000 cases, spread to 15 countries 6,065 cases globally, of which 5,997 are from China. 68 cases outside China, in 15 countries. Source: <i>WHO Situation Report</i></p> <p>Cases United Arab Emirates: First cases detected Four cases reported in the United Arab Emirates in air travelers arriving from Wuhan. Author(s): WHO Source: <i>WHO</i></p> <p>Cases South of East Asia: 1st case in Singapore</p>	<p>Meeting Third meeting of the STAG-IH STAG-IH discusses briefings on Strategic Response Plan, and R&D Update-Global Research and Innovation meeting. Author(s): WHO STAG-IH Source: <i>WHO</i></p> <p>Announcement WHO DG praises China on return to Geneva "China's efforts to contain the outbreak at the epicentre have been essential for preventing the further spread of the virus." Author(s): WHO DG Source: <i>WHO</i></p> <p>Interim Guidance Interim guidance on the use of masks Wearing a medical mask is one of the prevention measures to limit spread of certain respiratory diseases, including 2019-nCoV, during home care and in health care settings. Author(s): WHO HQ Source: <i>WHO</i></p>	<p>Border Control Measures Three countries implement border restrictions Cases per million: Japan 0.06, Viet Nam 0.02, Singapore 1.05 Japan, Viet Nam and Singapore implement various levels of border closures and travel restrictions during this week. Source: <i>Japan, Viet Nam, Singapore</i></p>

Make it the Last Pandemic A Summary



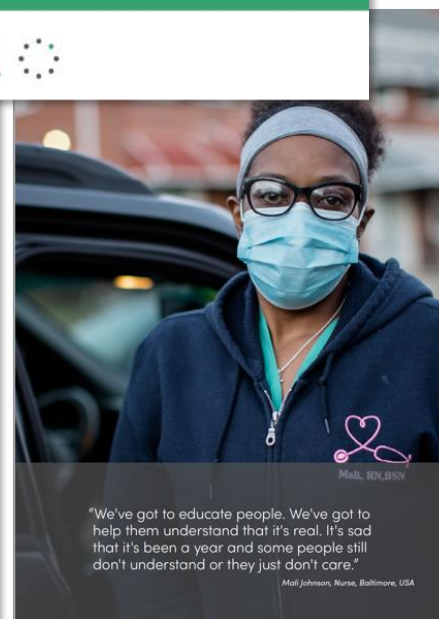
COVID-19 remains a global disaster. Worse, it was a preventable disaster. That is why the recommendations of the Independent Panel for Pandemic Preparedness and Response are urgent and vital. The world needs a new international system for pandemic preparedness and response, and it needs one fast, to stop future infectious disease outbreaks from becoming catastrophic pandemics.

The Independent Panel has found weak links at every point in the chain of preparedness and response. Preparation was inconsistent and underfunded. The alert system was too slow – and too weak. The World Health Organization was under-powered. The response has exacerbated inequalities. Global political leadership was absent.

Now, a priority is to end illness and deaths from COVID-19. Current national waves of transmission are causing the same human traumas as those witnessed last year – especially tragic when we know that public health measures could prevent them. Vaccine distribution is blatantly unjust and not strategic. Vaccine variants are emerging as SARS-CoV-2 spreads, and ever new ones are possible. The burden on people and nations is intolerable. That is why the Panel calls for essential short-term measures.

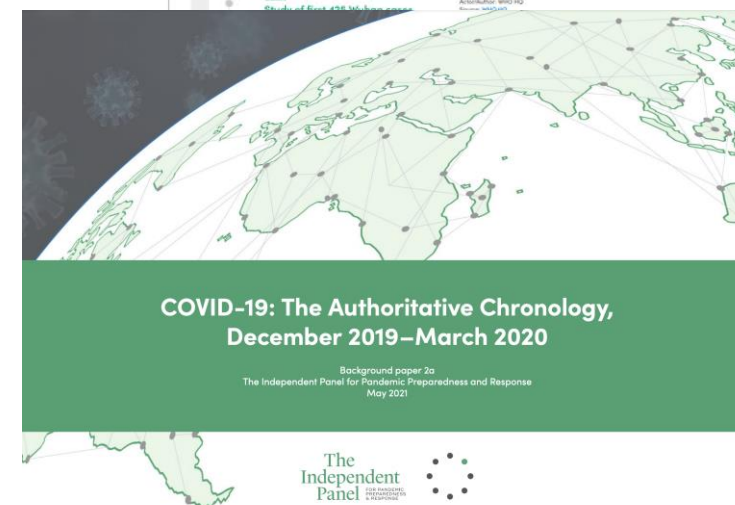
But the world cannot afford to focus only on COVID-19. It must learn from this crisis, and plan for the next one. Otherwise, precious time and momentum will be lost. That is why our recommendations focus on the future. COVID-19 has been a terrible wake-up call. So now the world needs to wake up, and commit to clear targets, additional resources, new measures and strong leadership to prepare for the future.

We have been warned.



"We've got to educate people. We've got to help them understand that it's real. It's sad that it's been a year and some people still don't understand or they just don't care."

Mali Johnson, Nurse, Baltimore, USA



COVID-19: The Authoritative Chronology, December 2019–March 2020

Background paper 2a
The Independent Panel for Pandemic Preparedness and Response
May 2021

Despite warnings and past lessons, the world was not prepared



Missing: 21st Century Speed



Valuable time was lost as the formal notification and emergency declaration procedures under the **International Health Regulations were much too slow** to generate the rapid and precautionary response required





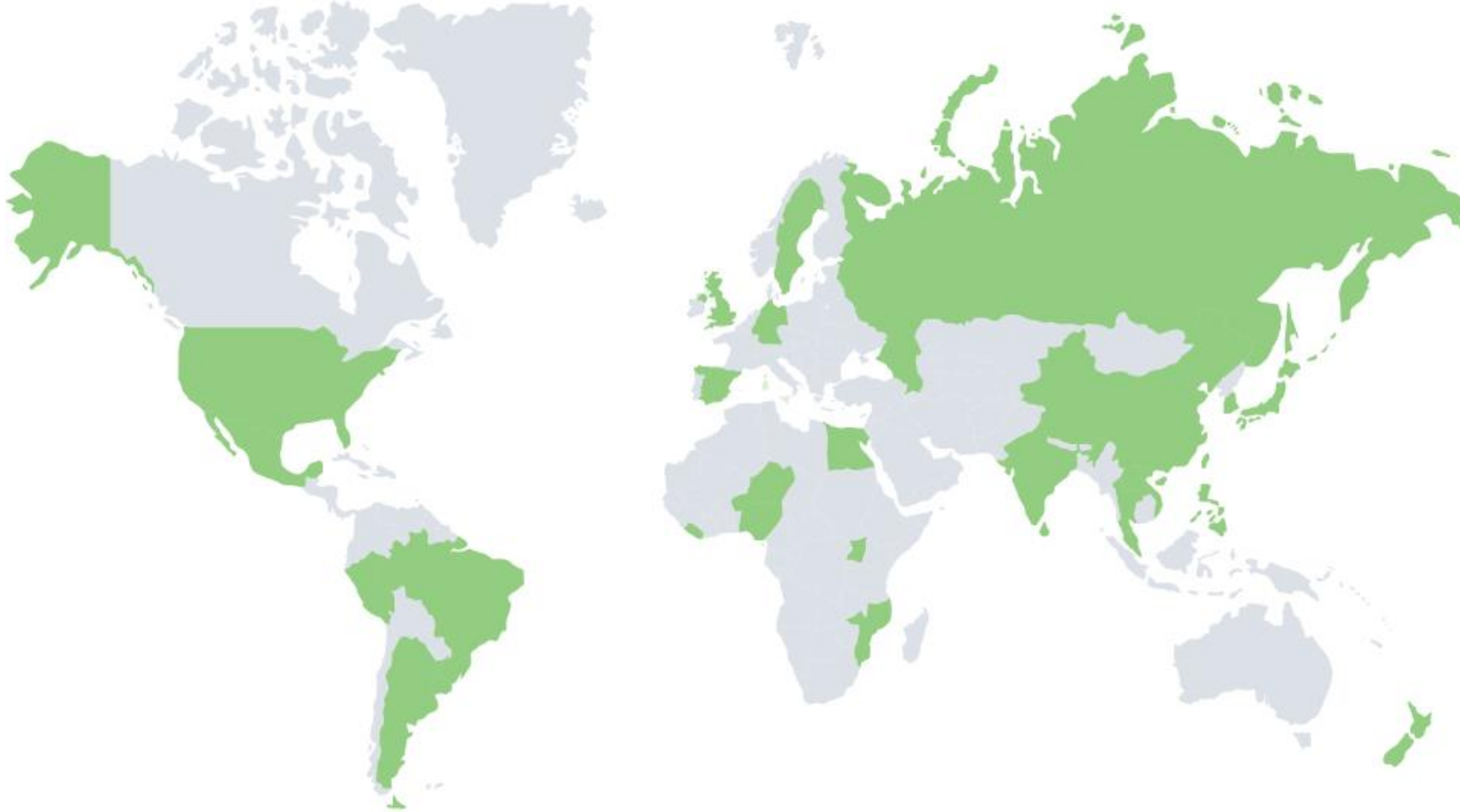
Tuane Fernandes Silva

Too many countries took a **‘wait and see’ approach** rather than enacting an **aggressive containment strategy** following the declaration of the Public Health Emergency of International Concern.

#LastPandemic



The lessons from 28 countries

**Africa:**

Liberia, Mozambique, Niger,
Nigeria, Uganda

Asia Pacific:

China, Fiji, India, Japan,
New Zealand, Pakistan,
Singapore, South Korea, Sri
Lanka, Thailand, Vietnam

Europe:

Germany, Russia, Spain,
Sweden, United Kingdom

Middle east:

Egypt

North America:

United States of America

South/Latin America:

Argentina, Brazil, Mexico,
Peru, Uruguay

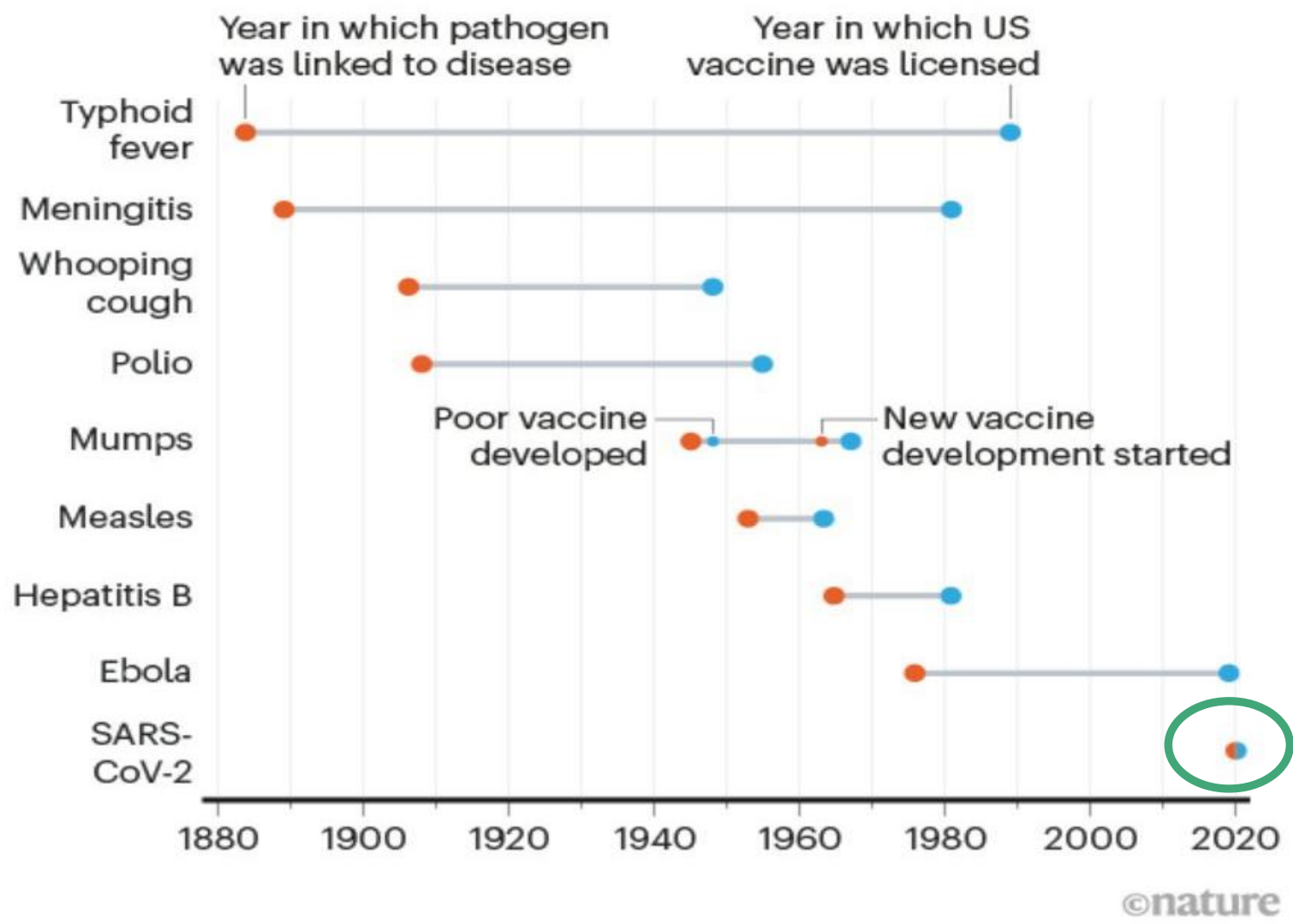
Low performing national responses – devalue, denial, delays, distrust

	DEVALUE	DENIAL	DELAYS	DISTRUST
<i>Prior experiences & preparedness</i>	✓ Pandemic preparedness plans did not have adequate infrastructure to rapidly mobilize	✓ Not taking emerging infectious disease threats seriously	✓ Wait and see approach in launching response mechanisms	✓ Failure to acknowledge prior warnings of impacts of pandemics
<i>Scientific advice</i>	✓ Influence of scientific committees waned over time	✓ Scientific evidence was not translated into actionable policies by leadership	✓ Lack of coordination between scientific committees and leadership to quickly inform policy change	✓ Leadership appeared sceptical or dismissive of emerging scientific evidence eroding public trust
<i>Governance & leadership</i>	✓ Lack of co-ordination between national and subnational responses	✓ Refusal to take action or responsibility for the response	✓ Wait and see approach to decisions or changing course based on evidence	✓ Politicising the pandemic
<i>Health service delivery</i>	✓ Historically fragmented and/or resource-constrained health systems	✓ COVID-19 testing and care not universally covered	<ul style="list-style-type: none"> ✓ Reactionary measures to increase health system capacity ✓ Fewer mechanisms to link patients to primary care for routine care 	✓ Hesitancy to seek care given overcrowding and high case numbers/fatalities
<i>Public health functions</i>	✓ Historically underfunded public health systems and infrastructure	✓ Prioritizing single interventions over comprehensive measures	✓ Delays in widespread testing and contact tracing before community transmission	✓ Lack of consistent public support for public health measures
<i>Social & economic supports</i>	✓ Supports were not enough to make up for lost wages or other needs	✓ Supports were not maintained over time or excluded groups	✓ Lack of mechanisms to ensure widespread access	✓ Unclear eligibility or misappropriated supports

High performing national responses—Partner, co-ordinate, develop, strengthen

	PARTNER	CO-ORDINATE	DEVELOP	STRENGTHEN
<i>Prior experiences & preparedness</i>	✓ Previous partnerships with communities leveraged for outbreak response and risk communications	✓ Experience co-ordinating across sectors to mobilize a response	✓ Previous investment in public health and outbreak response infrastructure	✓ Ongoing strengthening of outbreak surveillance networks
<i>Scientific advice</i>	✓ Worked with experts to form multidisciplinary committees to advise leadership on the response	✓ Efforts to translate evidence into action by working across sectors and with communities	✓ Effort to create new technologies (e.g. test kits) and contribute to COVID-19 knowledge generation	✓ Trust in scientific advice
<i>Governance & leadership</i>	✓ Whole of government approaches across sectors ✓ Public-private approaches that are cost-effective, accountable and transparent	✓ Multi-ministry task forces or committees	✓ Financing mechanisms to provide relief for businesses, individuals, and families	✓ Policies to reduce financial barriers to COVID-19 testing and treatment
<i>Health service delivery</i>	✓ Engage the community in the planning of services	✓ Triage and referral processes with primary and community care	✓ Capacity in medical facilities through temporary facilities and postponing elective procedures ✓ Networks of laboratories	✓ Primary and community care ✓ Access and use of digital technologies
<i>Public health functions</i>	✓ Community health workers or other community leaders in high-risk areas or settings	✓ Proactive testing and contact tracing strategies	✓ Quarantine and isolation facilities	✓ Active surveillance mechanisms
<i>Social & economic supports</i>	✓ Multi-sectoral action to ensure protection against food, housing, and income insecurity	✓ Involve community groups and local organizations to deliver social supports	✓ Financial mechanisms to ensure free COVID-19 testing and treatment	✓ Social and financial protections for communities and small businesses

Historical achievements



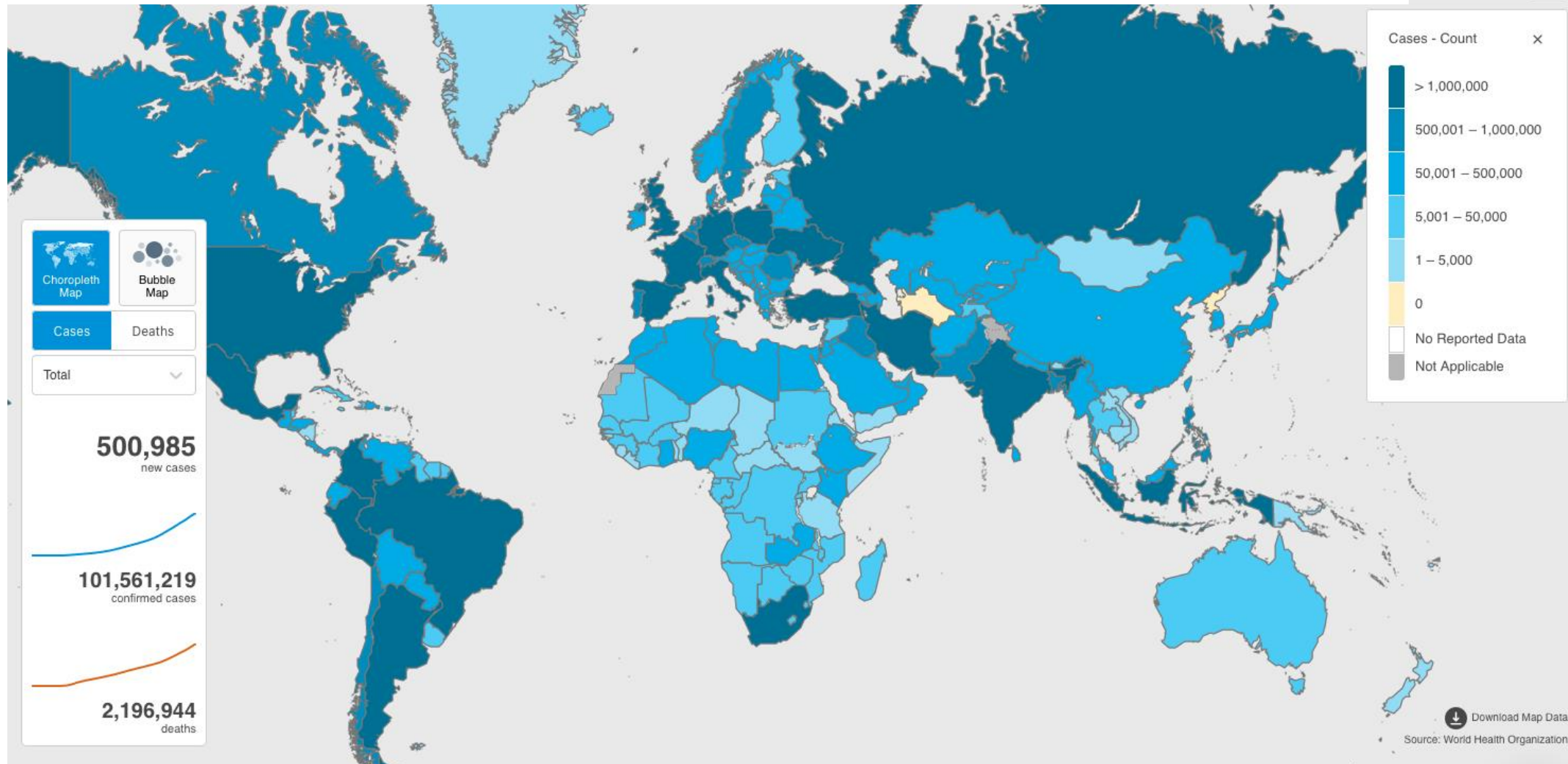
Sources: Our World in Data; *Nature* analysis



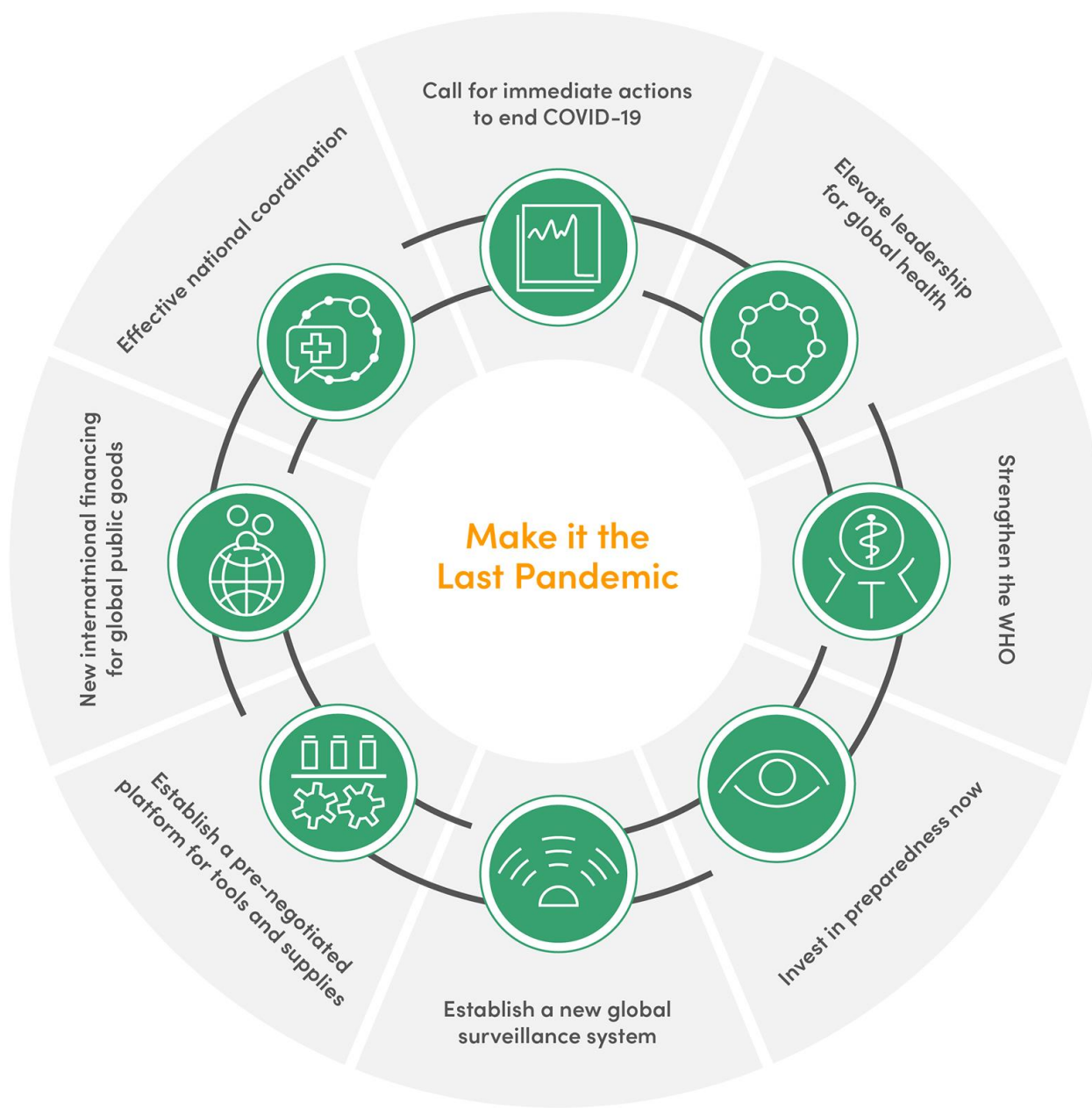
The pandemic response has **deepened inequalities**, and the inequitable access to vaccines is one of the most glaring examples.



Geopolitical tensions have impacted the response to this pandemic.
The pandemic is a clear argument for **multilateralism**.



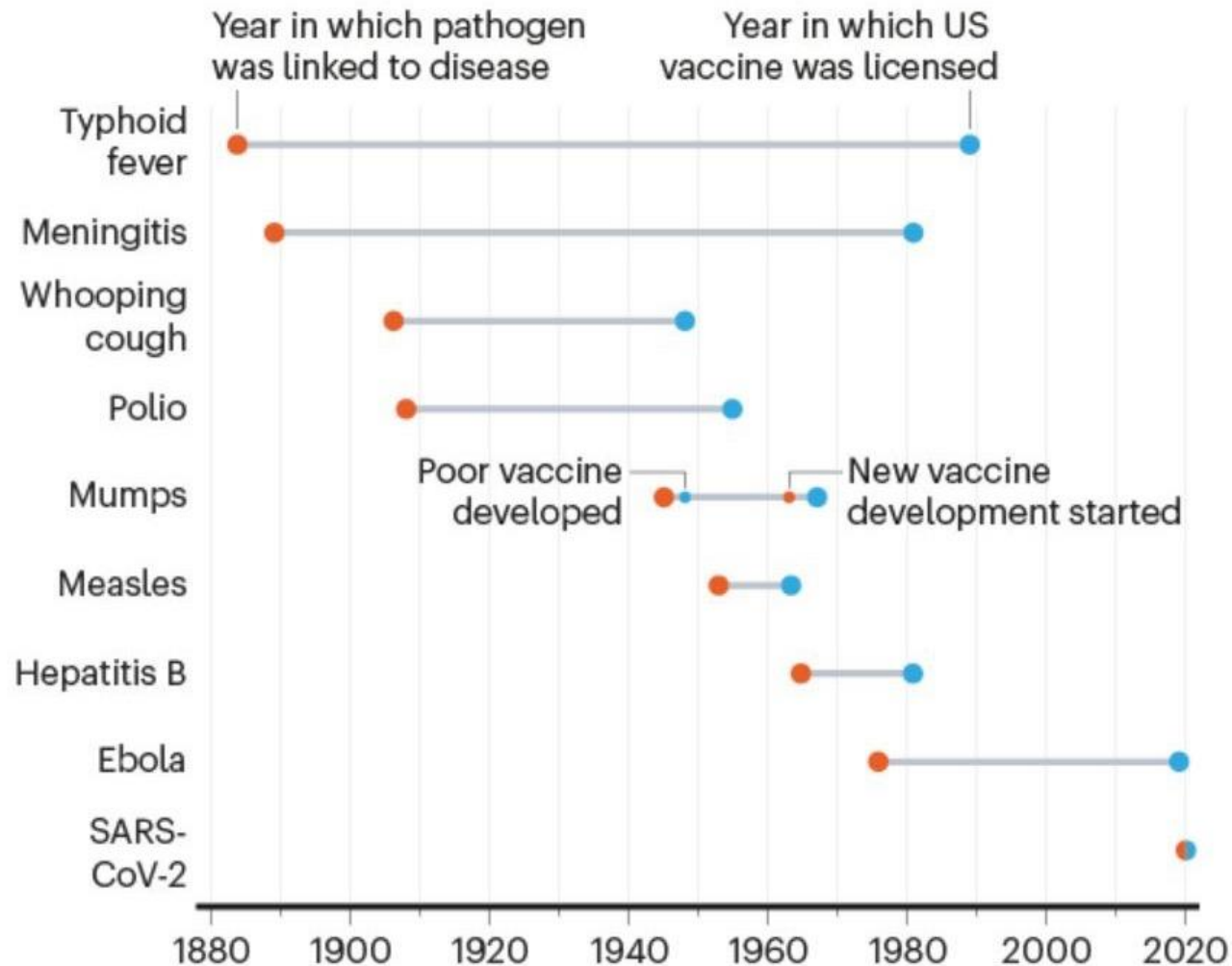
Globally, as of 7:49pm CET, 30 January 2021, there have been 101.561.219 confirmed cases of COVID-19, including 2.196.944 deaths, reported to WHO.



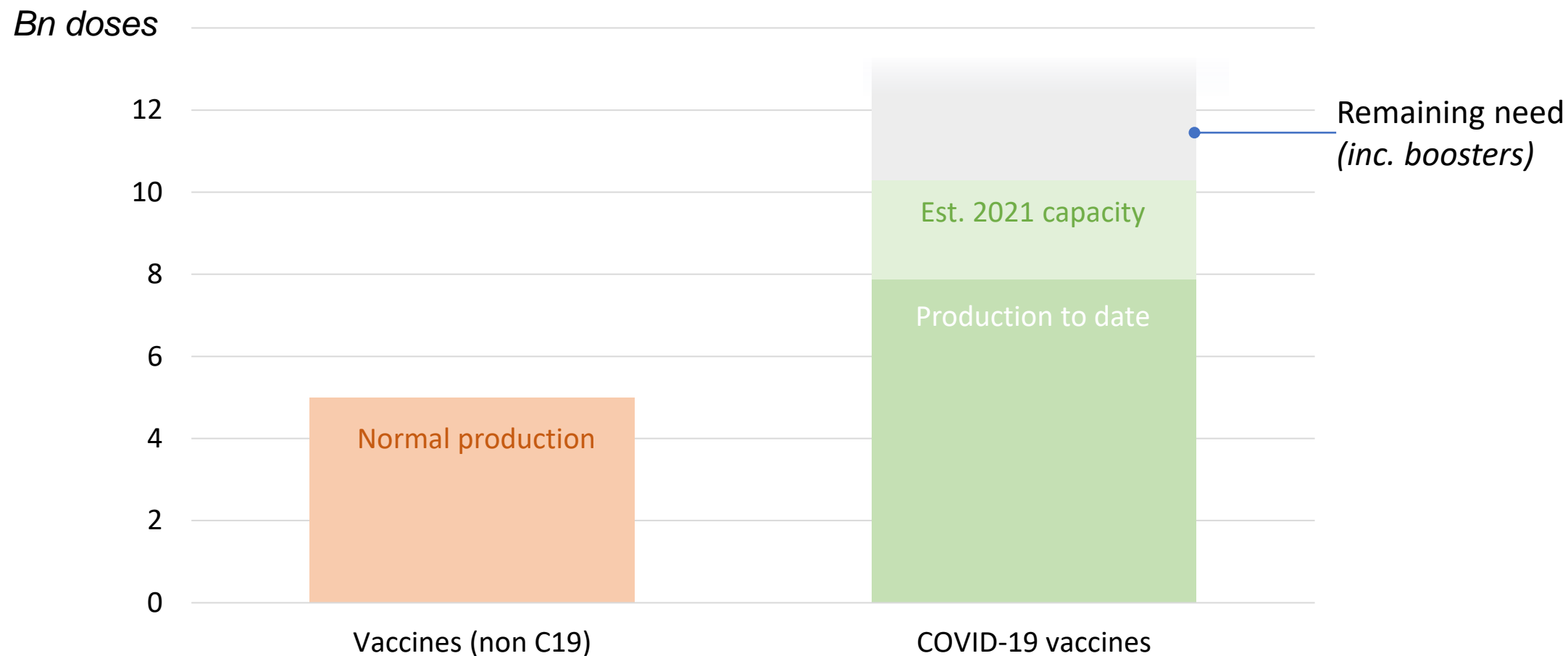
Global access to COVID-19 vaccines



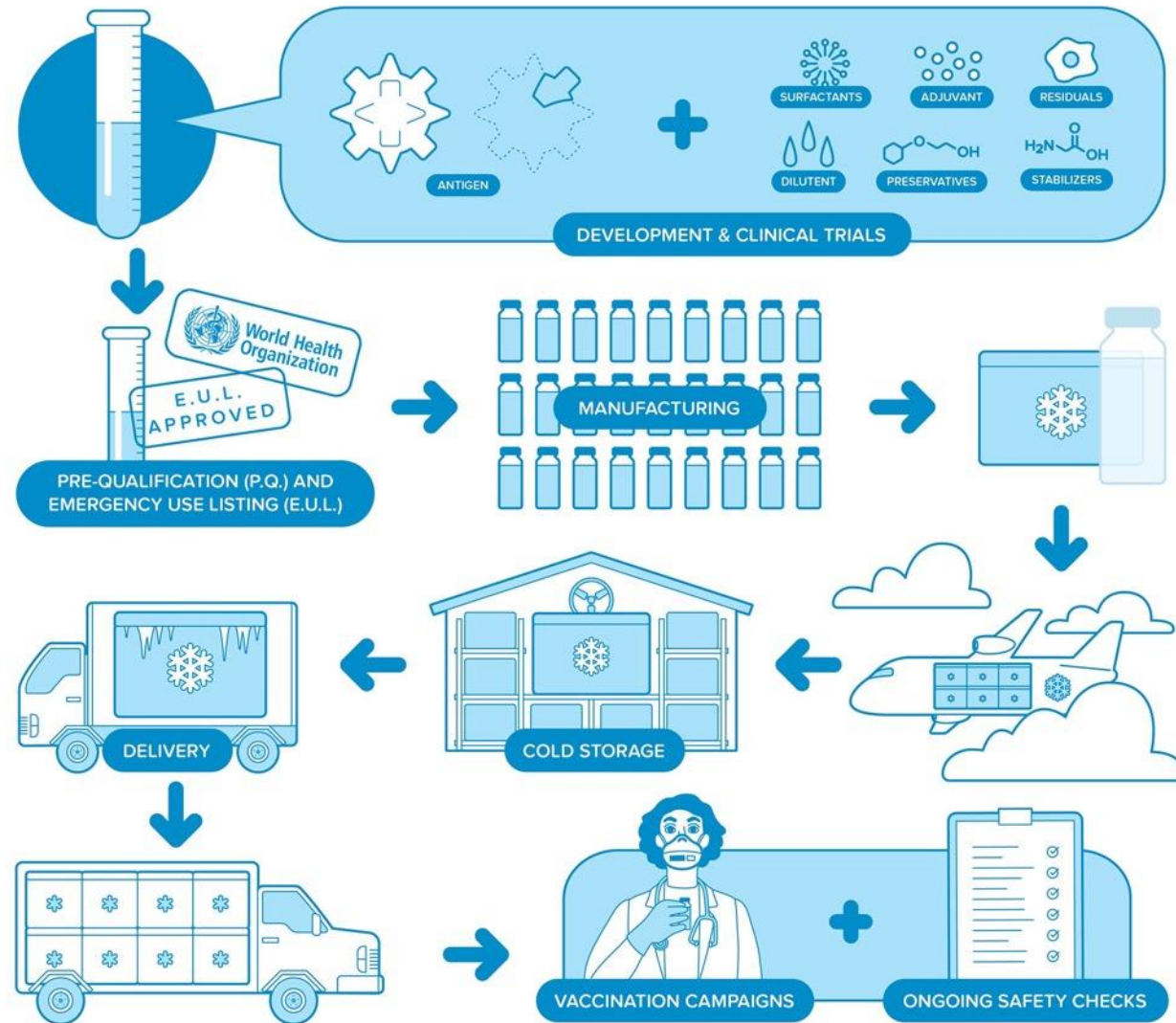
An historic scientific achievement



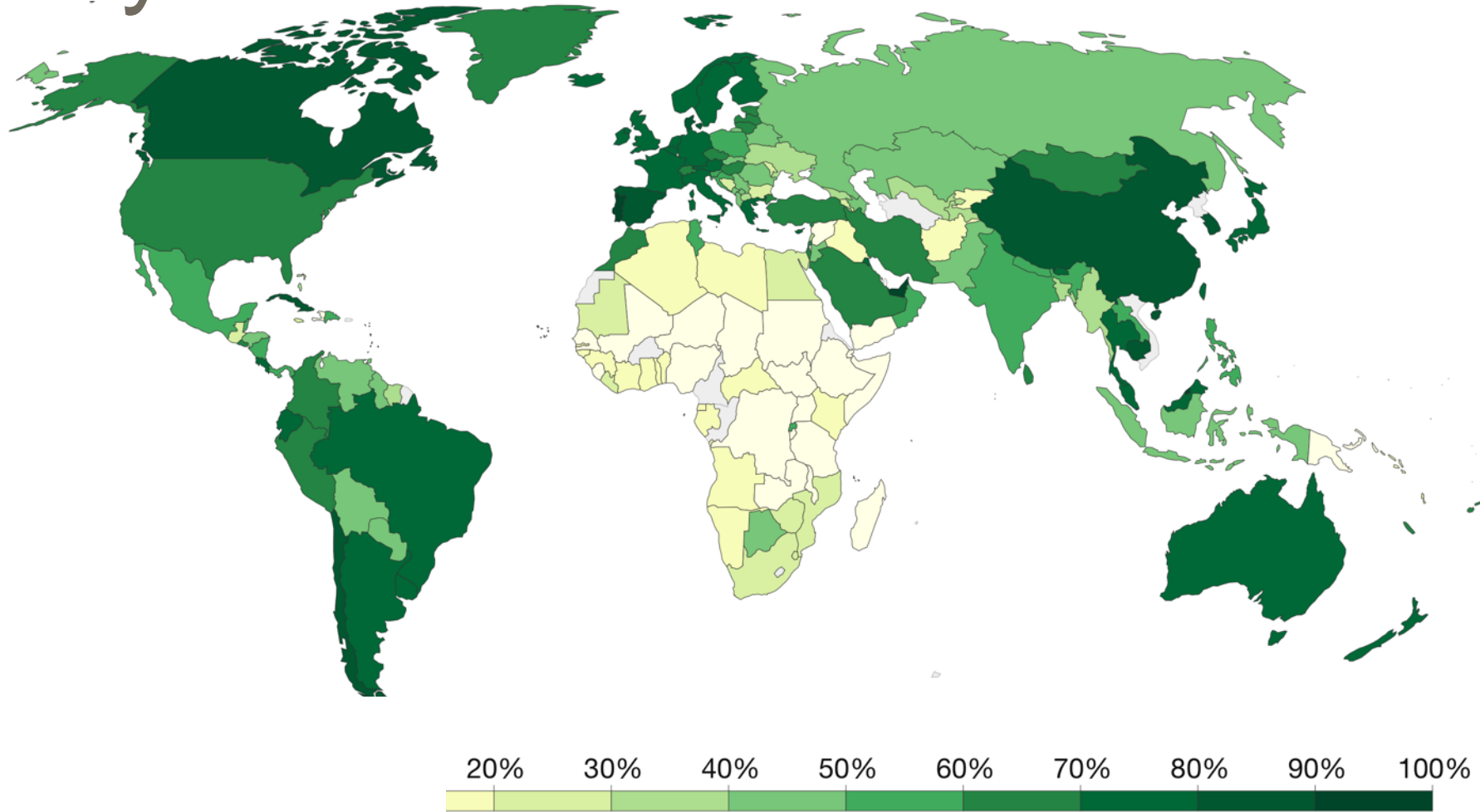
Major logistical challenge



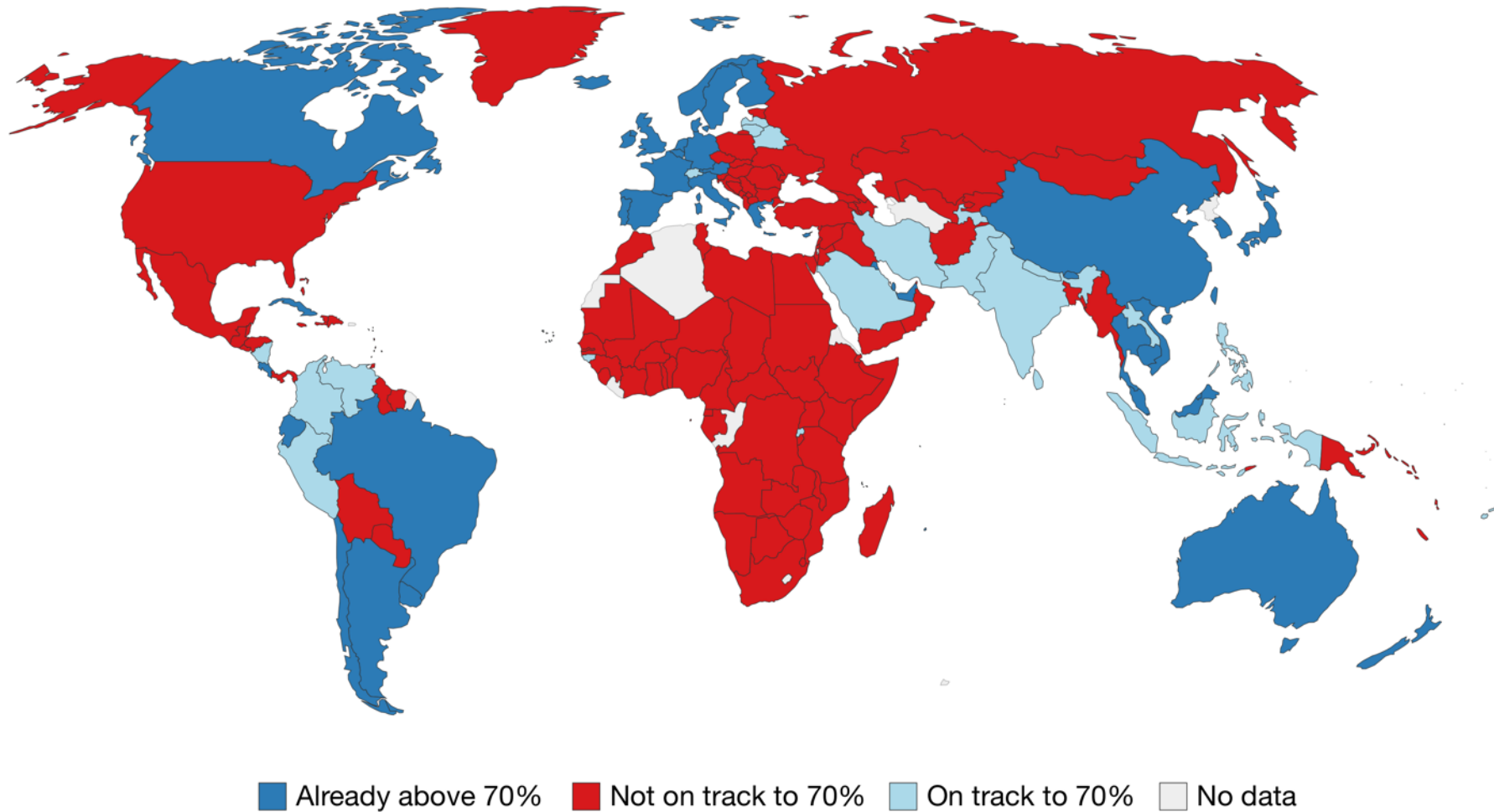
Complex process



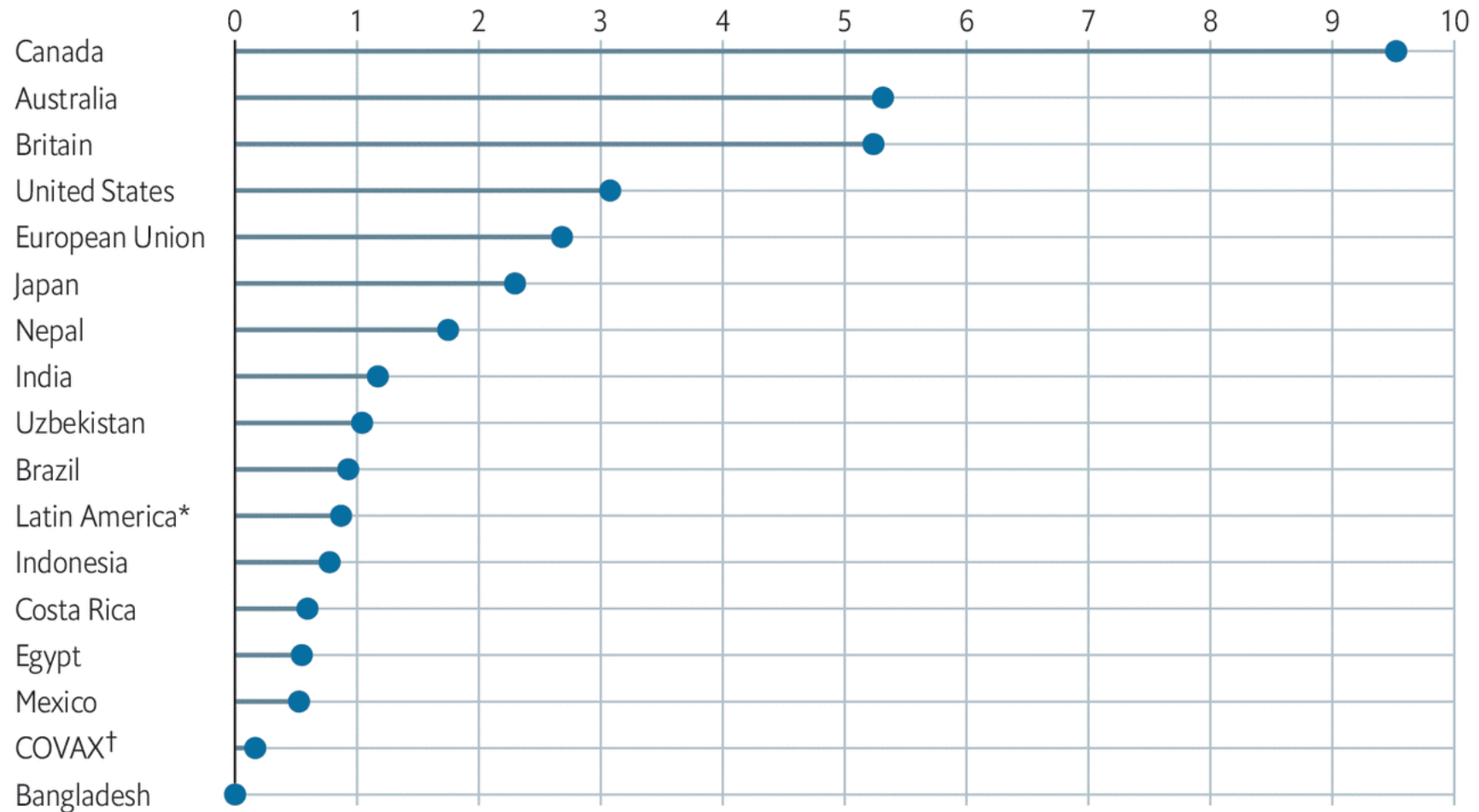
Result so far: Fully vaccinated by country



= a world divided



Doses ordered per person



Five leading producers of vaccine components (pre-pandemic)



Why is this a problem?



MORAL



MARKETS



MUTATIONS

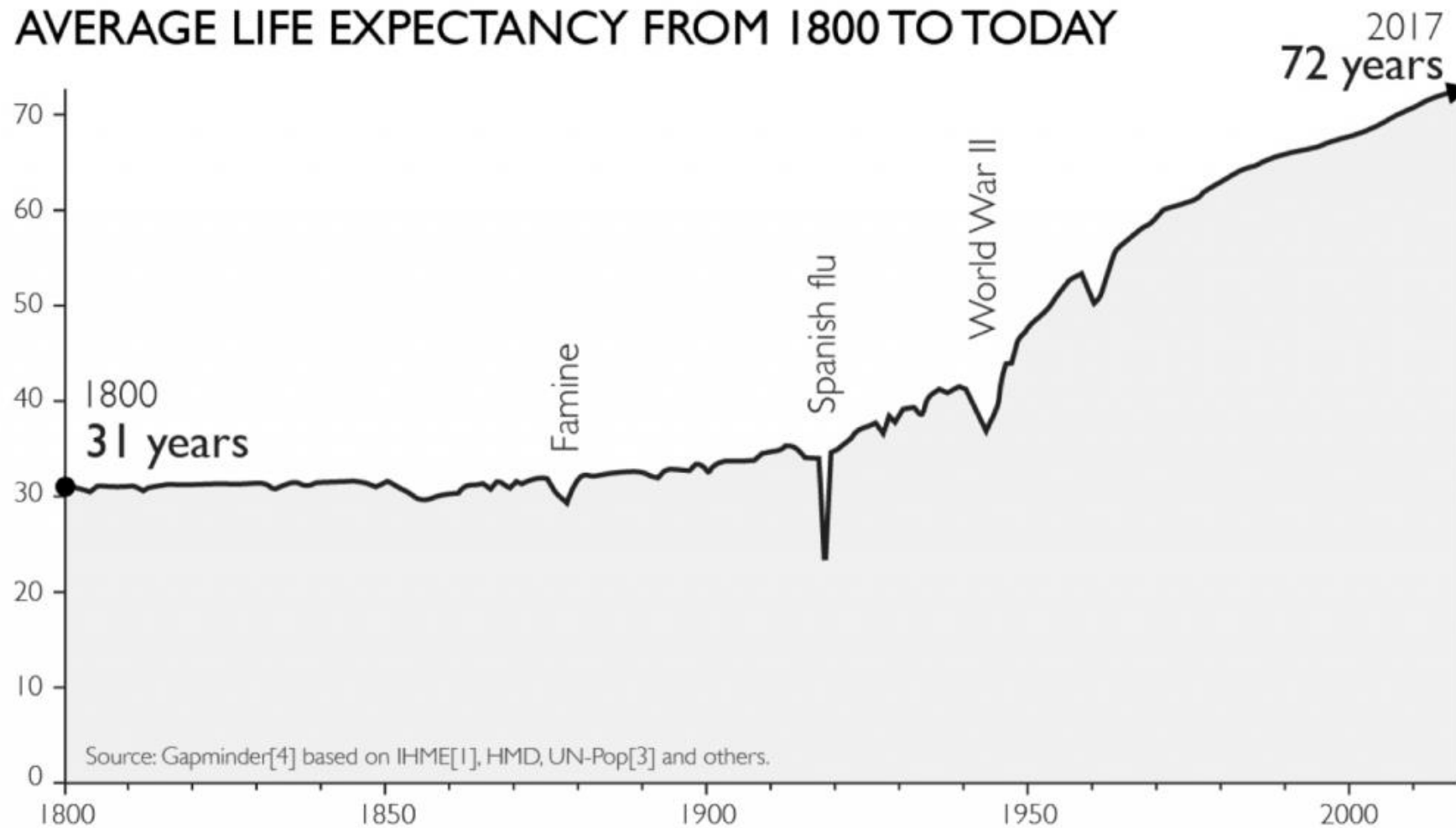


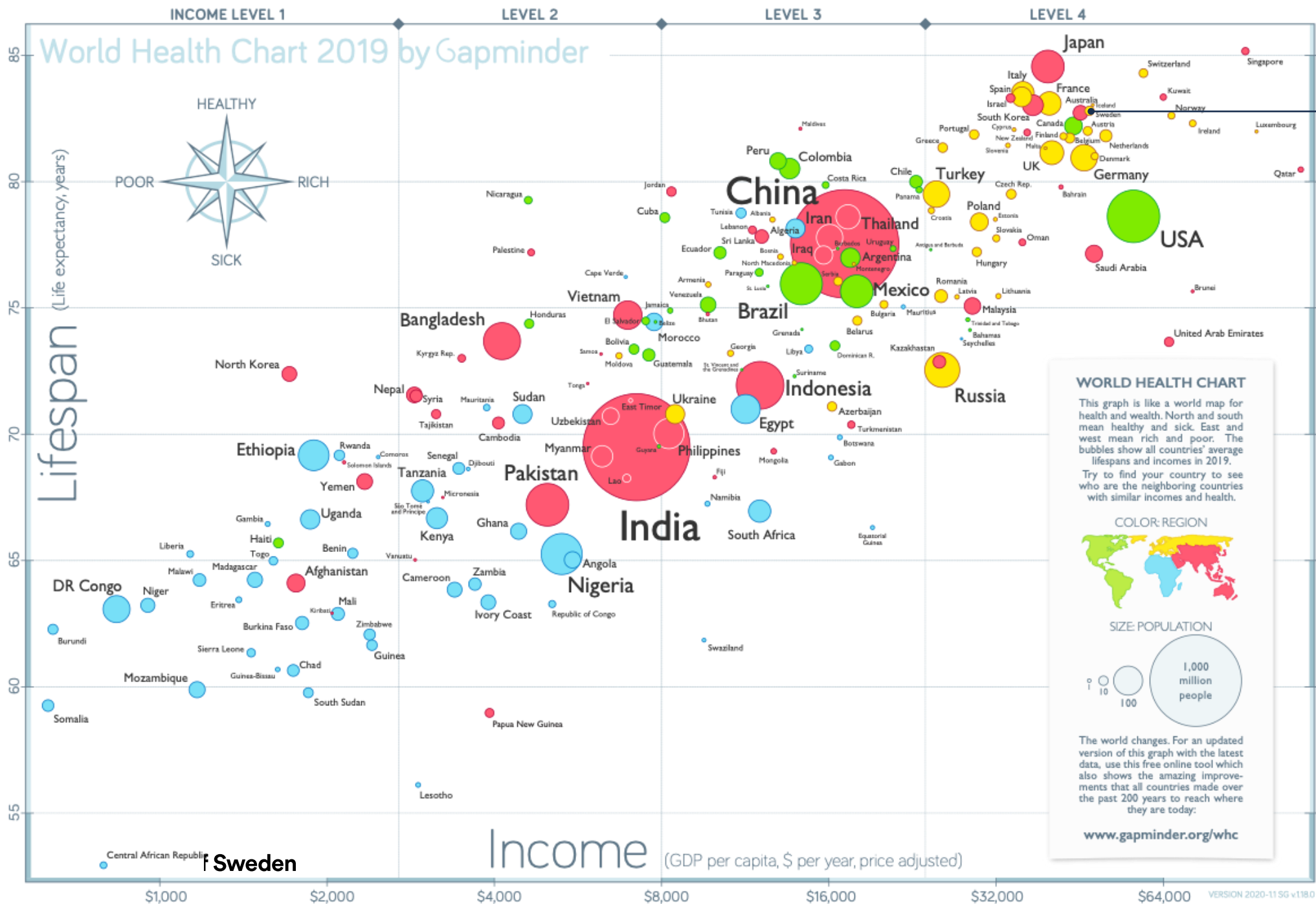
Trender och transitioner



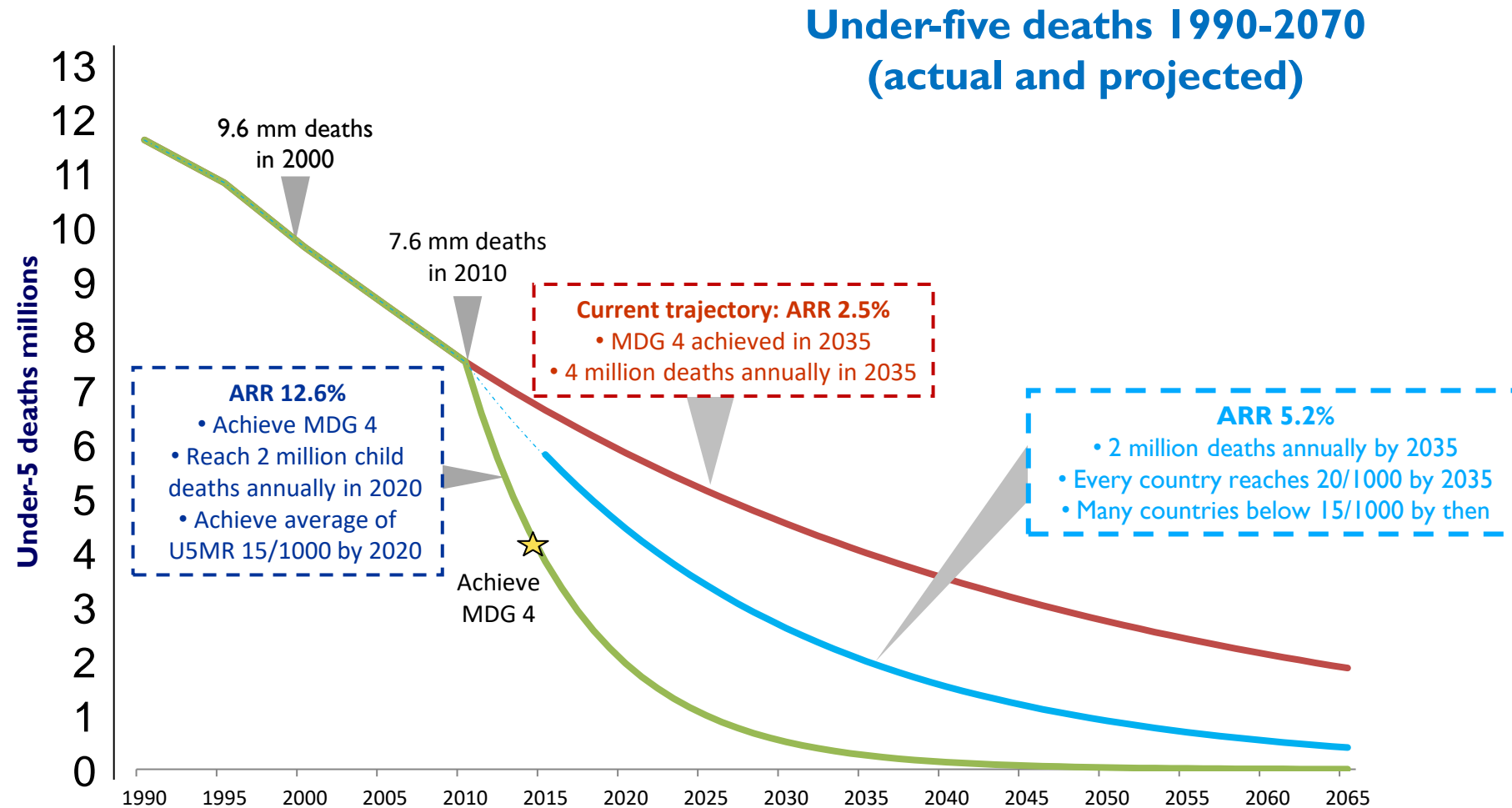


AVERAGE LIFE EXPECTANCY FROM 1800 TO TODAY

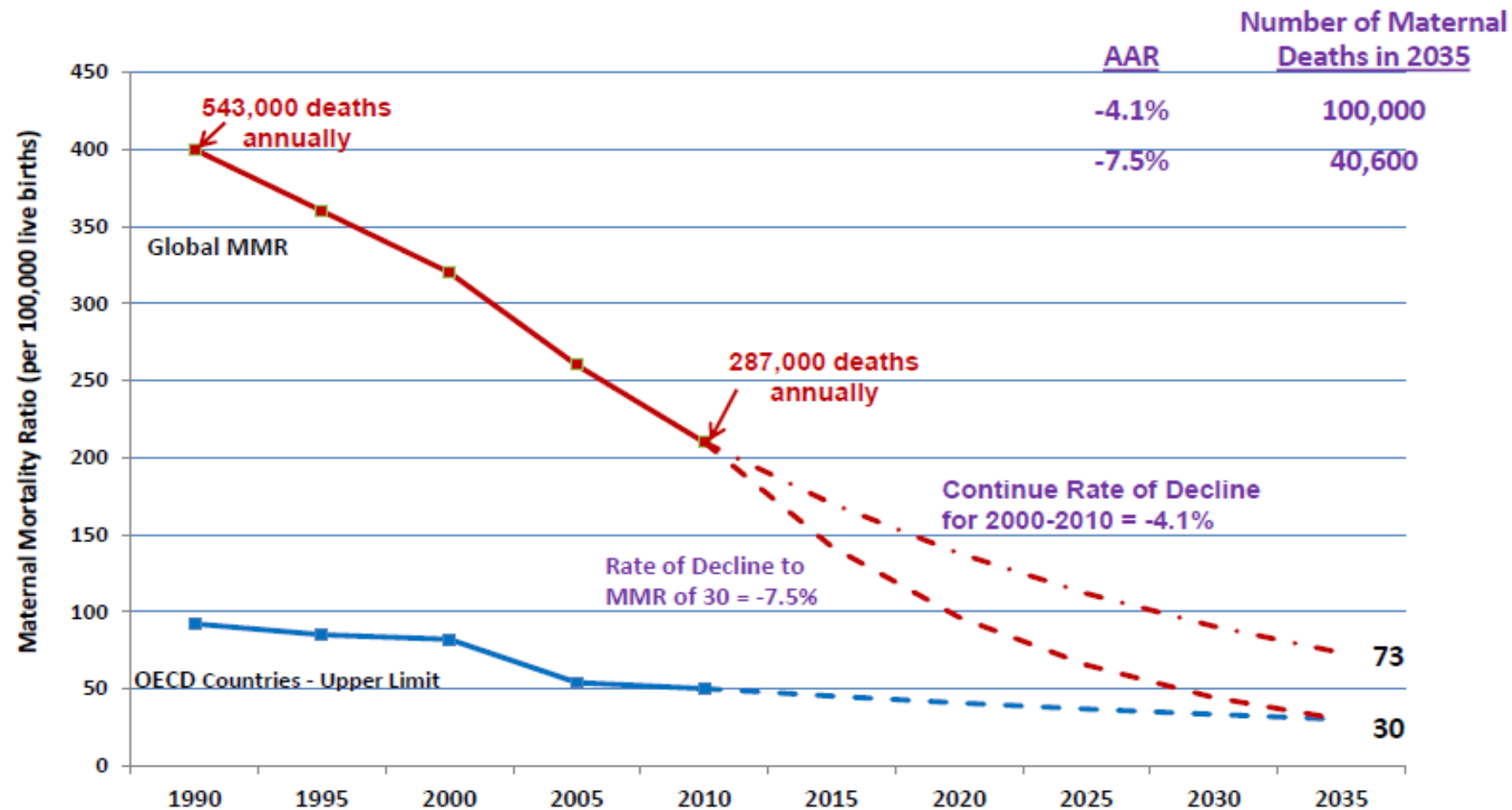




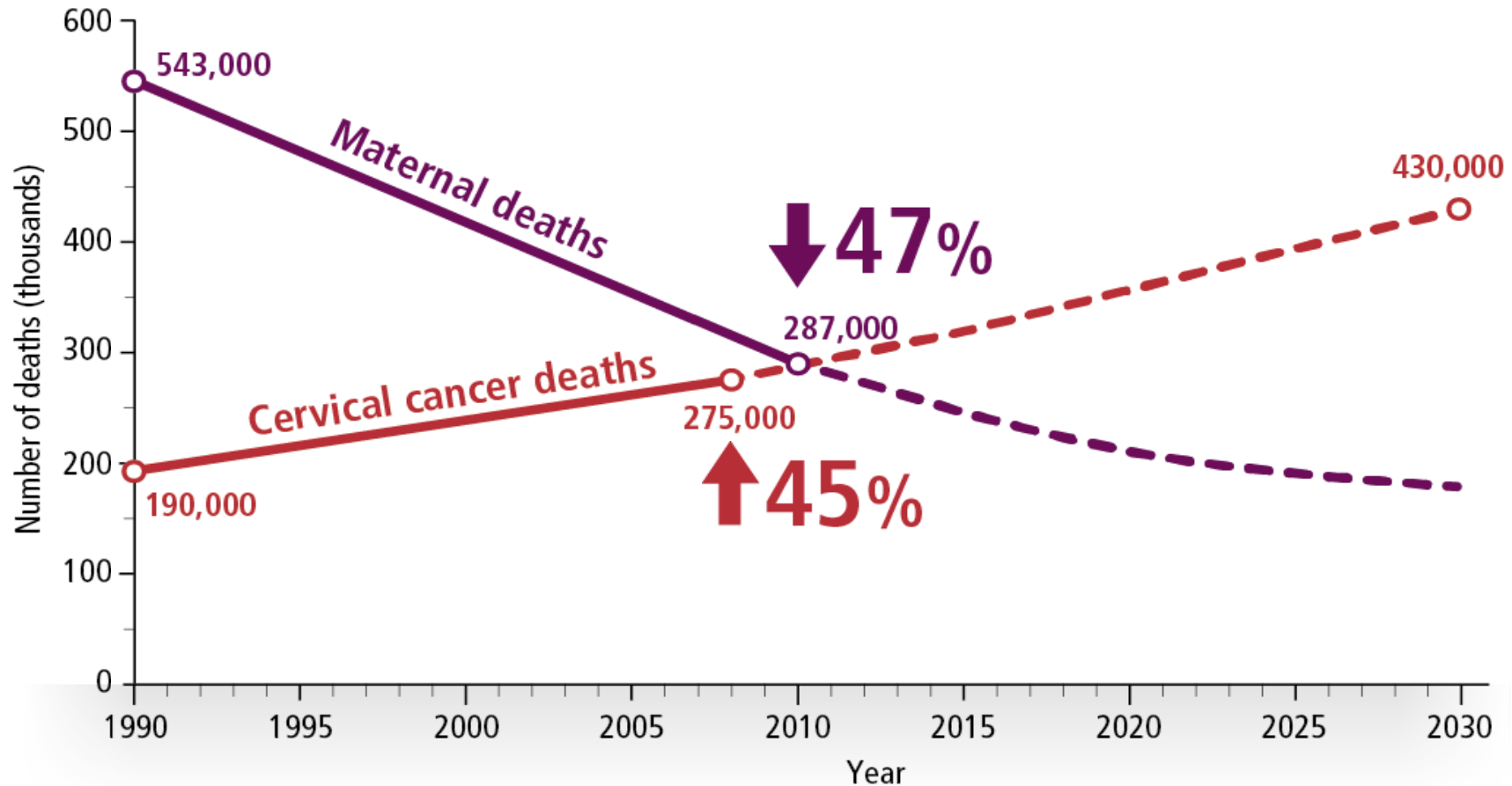
Bending the curve in child deaths



Ending preventable maternal deaths worldwide by 2035 – reaching MMR = 30



Global maternal and cervical cancer mortality



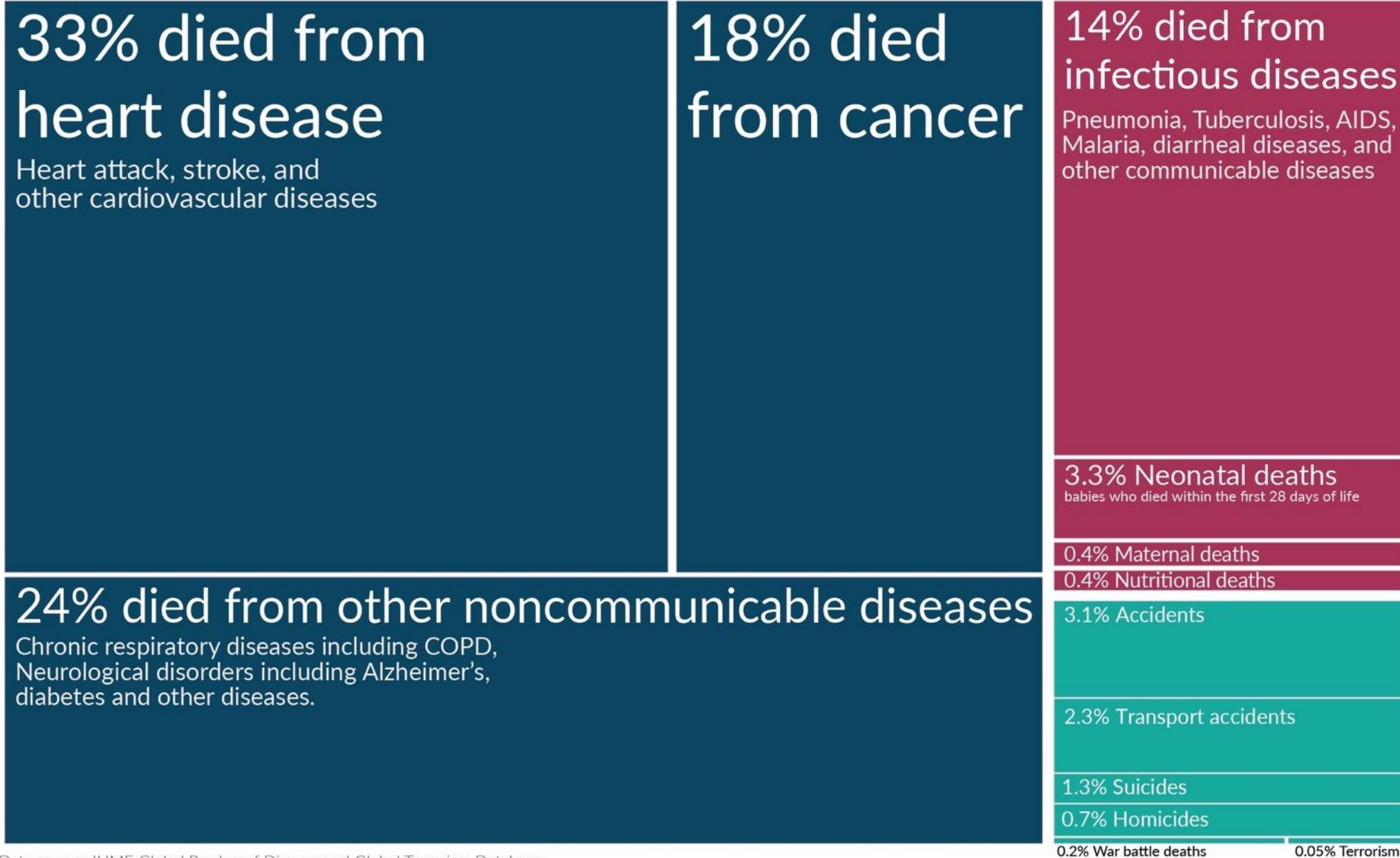
Sources: Globocan, 2008

Pistani et al, Estimates of worldwide mortality from 25 cancers in 1990. Int J Cancer 1999 83(1) 18-29

WHO UNICEF UNFPA and World Bank, Trends in maternal mortality: 1990-2010

What do people die from? Causes of death globally in 2019

The size of the entire rectangle is proportionate to the number of deaths in 2019: 55 million.
Each rectangle is proportionate to the share of deaths due to a particular cause.



What do people die from? Causes of death globally in 2019

The size of the entire rectangle is proportionate to the number of deaths in 2019: 55 million.
Each rectangle is proportionate to the share of deaths due to a particular cause.

33% died from heart disease

Heart attack, stroke, and other cardiovascular diseases

18% died from cancer

14% died from infectious diseases

Pneumonia, Tuberculosis, AIDS, Malaria, diarrheal diseases, and other communicable diseases

3-4%
covid-19
2020

24% died from other noncommunicable diseases

Chronic respiratory diseases including COPD, Neurological disorders including Alzheimer's, diabetes and other diseases.

3.3% Neonatal deaths

babies who died within the first 28 days of life

0.4% Maternal deaths

0.4% Nutritional deaths

3.1% Accidents

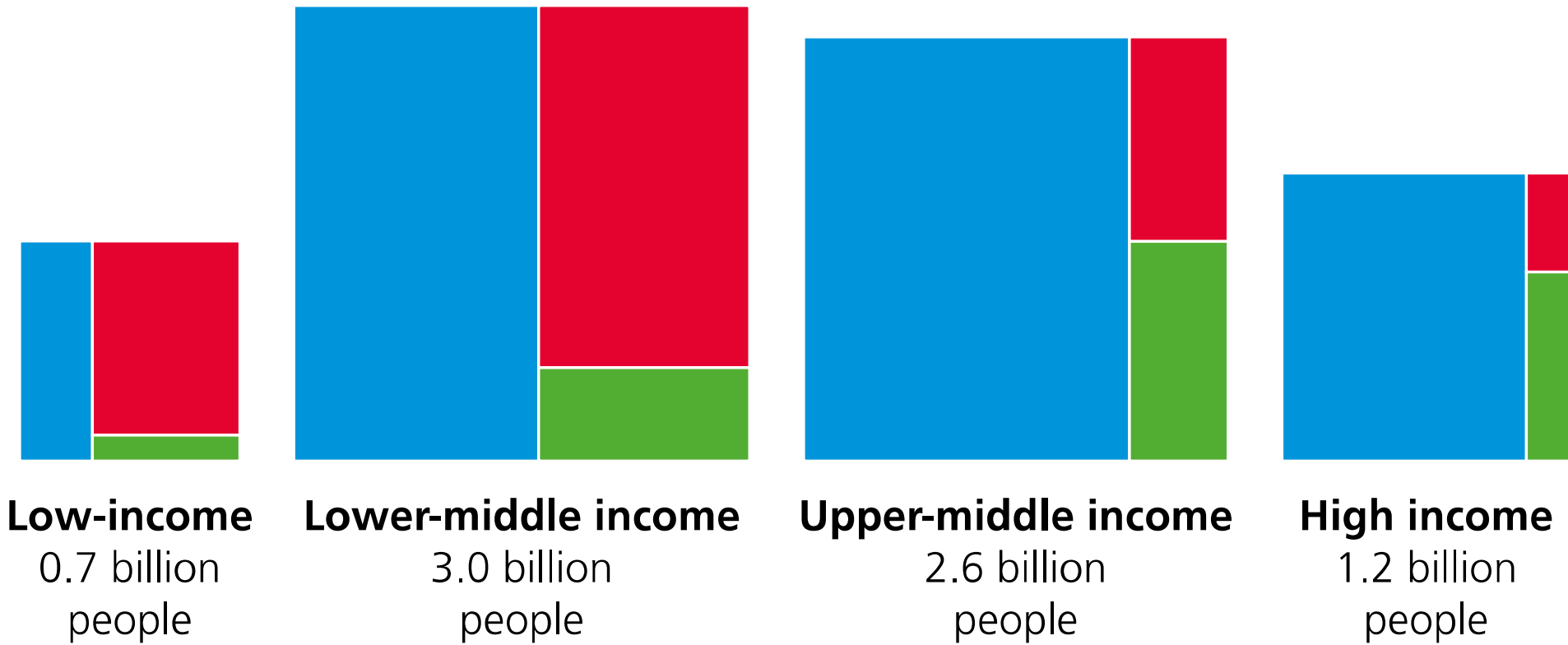
2.3% Transport accidents

1.3% Suicides

0.7% Homicides

0.2% War battle deaths

0.05% Terrorism



Non-communicable diseases



Communicable diseases



Injuries



We are living longer – but we are not getting healthier at the same rate

72 yrs

People are living longer:
72 years on average
compared with 62 years 40
years ago.

Large differences between and within countries

- The individual's health is affected by their **lifestyle and environment** they live in, ie the determinants of health.
- The **poorest billion** of the population does not have any real access to health care if all barriers are considered, including the risk of catastrophic health expenditures.
- Negative developments of health is seen most clearly in countries with **humanitarian disasters**.
- Within **SRHR** there are major deficiencies and inequalities regarding peoples' access to services and information.
- Clear link between **discrimination**, lack of respect for **human rights** and unequal access to health care.



Positive but uneven development in child and maternal mortality

- **Under five child mortality has decreased** globally, although large differences exist between countries:
 - In Sub-Saharan Africa 1 child in 13 dies before its 5th birthday while the corresponding figure in high-income countries is 1 child in 189.
 - Today **four countries account for almost 50% of child deaths** (under 5 mortality): India, Pakistan, Nigeria and the Democratic Republic of the Congo.
- The number of **maternal deaths decreased** from 532 000 to 295 000 between 1990 and 2017. 99 per cent of maternal mortality occurs in low- and middle-income countries.
- **Unsafe abortions are among the top 5** most common causes of maternal death globally with large regional differences.



5.2 m

The number of children that die before their fifth birthday decreased from 12.7 million to 5.2 million between 1990 och 2019.



NCDs are increasing – esp in LICs and MICs

16 million people are dying prematurely (<70 yrs) globally.

- **85%** of these premature deaths occur in **low and middle income countries**
- **Cardiovascular disease** is the largest cause of death globally and in Sweden. (54% of all deaths).
- The number of people living with **diabetes** is increasing globally but most rapidly in LICs and MICs
- **Mental illness** is a major global health problem. About 300 million people in the world have at some time in their life suffered from depression. More women than men are affected.
- Globally suicide is the second most common cause of death among young people (15- 29 years).

Incidence of communicable diseases is decreasing but sustained efforts are needed

- An est. of 37.7 million people in the world live with **HIV**. 75% are aware of their disease and 27.5 million are on ART, which is why AIDS mortality has decreased considerably (680 000).
- The no. of new HIV cases in the sexually active population has stabilised at around 1.5 million per year. There has been no marked increase in the last 5 years.
- A total of 1.5 million people died from **TB** in 2020. Worldwide, TB is the 13th leading cause of death and the second leading infectious killer after COVID-19 (above HIV/AIDS). In 2020, an estimated 10 million people fell ill with tuberculosis (TB) worldwide.
- The **malaria** incidence has declined slightly to 2019 around 229 million cases and 409 000 deaths. In some regions prevalence has risen. Only half of the population in endemic regions has access to mosquito nets



Risk factors:

Lifestyle, food, physical activity

- **Tobacco kills more than 7 million people each year.** About 80% of 1.1 billion smokers live in LICs and MICs, where the burden of tobacco-related diseases is highest.
- **Alcohol is the cause of 1/3 of the global ill health and 11 % of global deaths,** despite the fact the half of the world's population does not consume alcohol.
- **Traffic accidents** are the 10th most common cause of death and a major societal problem in many countries.
- In 2016, more than **1.9 billion adults, 18 years and older, were overweight.** Of these over 650 million were obese. Overweight and obesity are linked to more deaths worldwide than underweight.
- Once considered a high-income country problem, **overweight and obesity are now on the rise in low- and middle-income countries,** particularly in urban settings. **In Africa, the number of overweight children under 5 has increased by nearly 24% percent since 2000.** Almost **half of the children under 5** who were overweight or obese in 2019 lived **in Asia.**



25%

Physical inactivity contributes to one fourth of all breast and colon cancers, diabetes and cardiovascular diseases cases.



Leading risk factors



Unhealthy diet



Tobacco use



Air pollution

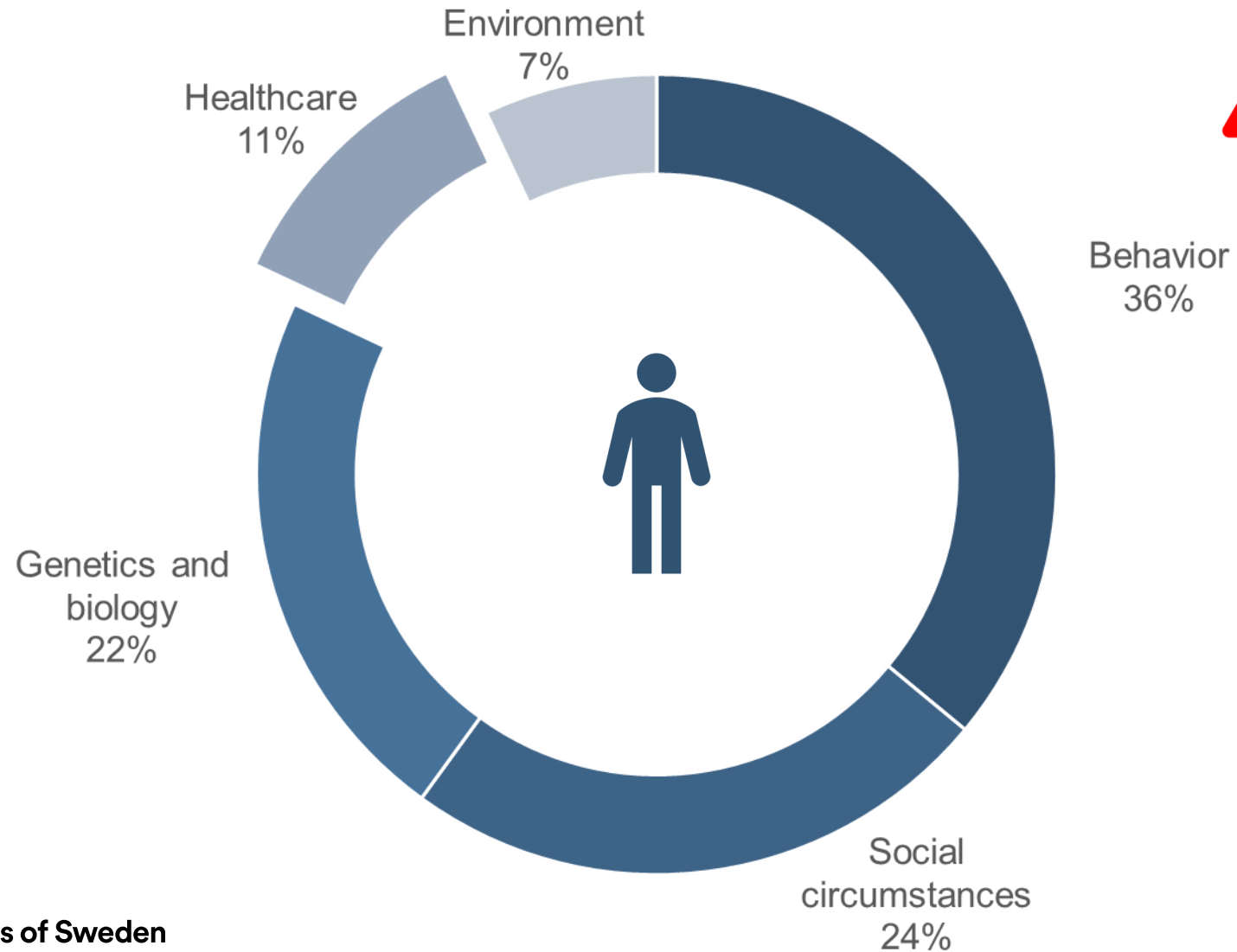


**Harmful
use of alcohol**



**Physical
inactivity**

What determines health?





Global health threats

- **Outbreaks of zoonoses** with pandemic potential
- **Antimicrobial resistance**, and esp. Antibiotic resistance, is a transboundary and multi-sectoral threat which is on the increase globally.
- **Weak and fragmented health systems** that lack the capacity to manage large epidemics and humanitarian crisis.

11 More than 5 million

The number of people that lost their lives in the Covid-19 pandemic.



Sveriges arbete med global hälsa

Sweden's work on **global health** – implementing the 2030 Agenda

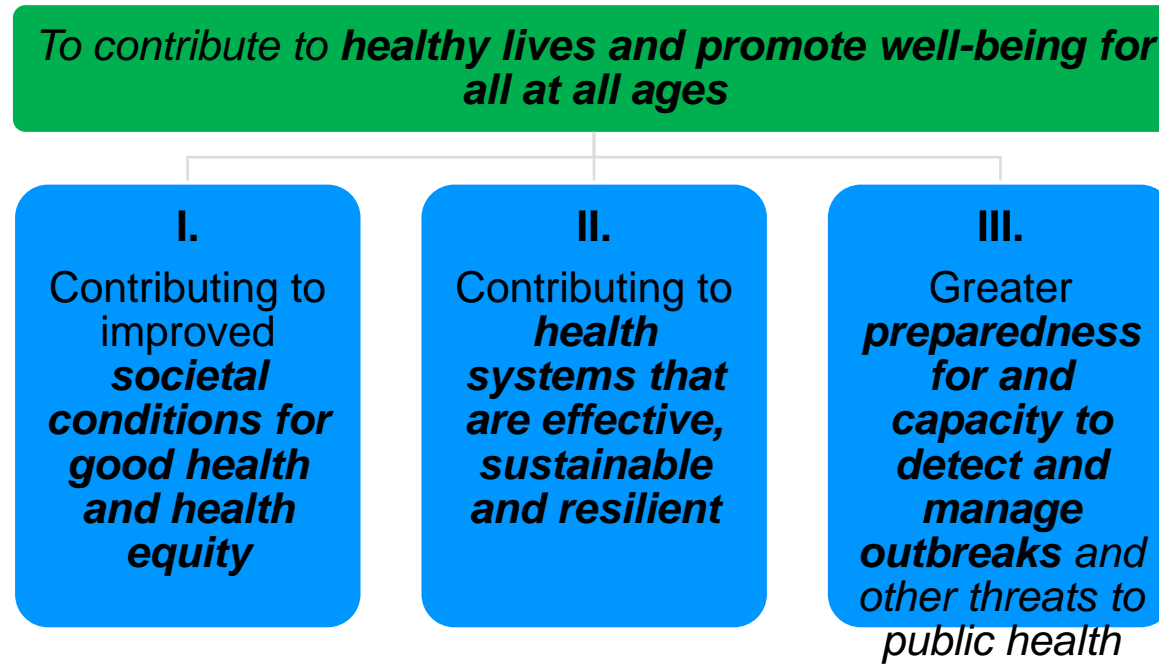


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*The **goal hierarchy** of Sweden's comprehensive work on global health*



Result area I.

Contributing to **improved societal conditions for good health** *and health equity*

Sweden will focus is on:

- social sustainability and **reduced health inequities** throughout the life cycle. Gender equality and non-discrimination work is central.
- Preventing ill health by **reducing the incidence of risk factors for ill health**, e.g. unhealthy diet and physical inactivity, tobacco use and harmful alcohol use, violence and unsafe sex, safe roads and.
- promoting health by **promoting more healthy communities** to strengthen people's physical, mental and social well-being as well as facilitate good living habits



Result area II.

Contributing to *health systems that are effective, sustainable and resilient*

Sweden will focus on:

- improve **access to basic health services** on equal terms for all. Of particular importance is the availability of high quality health personell, data and information, and availability of high quality drugs and vaccines at a reasonable price and that the prescription of drugs is effective and rational.
- actions promoting and responding to the needs of girls, boys, women and men for **sexual and reproductive health and rights (SRHR)** as a fundamental part of an effective and well functioning health system;
- development and **strengthening of health systems that are effective, sustainable and resilient**, both economically, environmentally and socially, and where funding is effective and fair.



Result area III. Greater *preparedness for and capacity to detect and manage outbreaks and other threats to public health*

Sweden will focus on

- strengthen resilient health systems that have **preparedness and ability to prevent and manage health threats**
- work with **antimicrobial resistance**, through cross sector efforts in a number of areas, such as human and animal health, environment, research, education, trade and international development cooperation,
- **health in humanitarian efforts** and especially basic health care, vaccines, clean water and sanitation, SRHR and efforts to combat gender-based violence.

