and the role of international organizations in future pandemic preparedness including examples from UNDP
Myth #1: We're done with COVID-19

COVID is estimated to be the 3rd leading cause of death globally since the beginning of 2020

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Estimated deaths since the start of 2020</th>
<th>Estimated percent of all deaths since start of 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ischemic heart disease</td>
<td>27,444,000</td>
<td>14.6%</td>
</tr>
<tr>
<td>2</td>
<td>Stroke</td>
<td>19,680,000</td>
<td>10.5%</td>
</tr>
<tr>
<td>3</td>
<td>COVID-19</td>
<td>17,910,000</td>
<td>9.5%</td>
</tr>
<tr>
<td>4</td>
<td>Chronic obstructive pulmonary disease</td>
<td>7,490,000</td>
<td>5.2%</td>
</tr>
<tr>
<td>5</td>
<td>Lower respiratory disease</td>
<td>7,270,000</td>
<td>4.0%</td>
</tr>
</tbody>
</table>
Myth #1: We're done with COVID-19

1 in 3 people in LMICs have received at least one dose of a COVID-19 vaccine, while those in high-income countries are accessing multiple boosters.
Myth #1: We're done with COVID-19

The COVID-19 death toll has been 4x in lower-income countries than in high-income ones.

People in low- and middle-income countries have been 31% more likely to die of COVID-19 than those in high-income countries.
Myth #2: Pandemic prevention and preparedness diverts resources away from other priorities

COVID-19 is expected to cost the global economy **US$12.5 trillion** through 2024, **hundreds of times more costly** than what it would have take to invest in preventative measures.

“IMF Managing Director Kristalina Georgieva told an event hosted by the Financial Times that supply chain disruptions, inflation and tighter monetary policy were ‘throwing cold water on the recovery everywhere.’”

January 2022
Myth #2: Pandemic prevention and preparedness diverts resources away from other priorities

The risk of another pandemic is increasing every year by 2% and this is being exacerbated by an accelerating climate emergency.
Myth #2: Pandemic prevention and preparedness diverts resources away from other priorities

Investments in pandemic prevention and preparedness are essential for increasing resilience against broader social, economic and environmental shocks.
Myth 3: The lessons we learned from COVID will be put into practice next time.

The pandemic has exposed the frailty of existing systems and their inability to adequately and equitably protect.
Myth 3: The lessons we learned from COVID will be put into practice next time

By 2027, just one-third of countries - a majority being high-income - is expected to increase health spending significantly over pre-COVID-19 levels.
Myth 3: The lessons we learned from COVID will be put into practice next time

With the upcoming UN high-level meetings on universal health coverage (UHC), pandemic preparedness and tuberculosis, plus the negotiations on the pandemic accord, we have a historic opportunity to connect the dots across UHC and pandemic preparedness and response.

Linking pandemic preparedness to the integrative power of universal health coverage is a crucial step, as is ensuring that all people everywhere have access to the health care they need, where and when they need it.
UNDP experience: Health systems support

UNDP support enables health care workers:

280,000 trained on COVID-19 response

32,408 newly hired health care workers

Enhanced health systems capacity

Functioning waste management

Medical supplies delivered

HIV/TB support provided
UNDP experience: Digital innovation and e-health

UNDP adopted >580 digital solutions including:

- 149 e-governance systems
- 96 data collection systems
- 71 e-commerce systems
- 61 e-learning platforms
- Digital data collection systems
- Digital e-service delivery
- South-South Cooperation for vaccine tracking systems
How can COVID refocus our attention on advancing universal health coverage?

- Human capacity in the health sector is recognized as a significant challenge. Missing qualified trained medical staff has been a universal bottleneck.

- There is growing demand for medical waste management as the volumes of hazardous COVID-19 medical waste increases, and overall better comprehension of the 'green' obligations and potential of the health sector.

- The need to develop and enable local capacity in developing countries for manufacturing of PPE, diagnostics, medical commodities and vaccines and other essential goods for UHC and pandemic preparedness

- COVID has forced rapid advances in e-health systems that the market alone would not have nurtured. Demands will remain high as cost efficiencies and coverage are yet to be optimized.
CONCLUSION

- COVID-19 exposed – and continues to expose – our dangerous lack of preparedness.

- Three years into COVID-19, and with other accumulating threats and risks, we must chart a different course by investing in and scaling innovative solutions that put equity and access first and leave no one behind.

- International organizations have critical roles in advocating for pandemic preparedness, prevention and response, while also building national service delivery capacities.

- Roles, mandates and funding must be settled among the leading international health organizations.

- Equity must be the guiding star of the international PPR architecture, and should be written into the new frameworks.