

STG Policy Papers
POLICY POINT

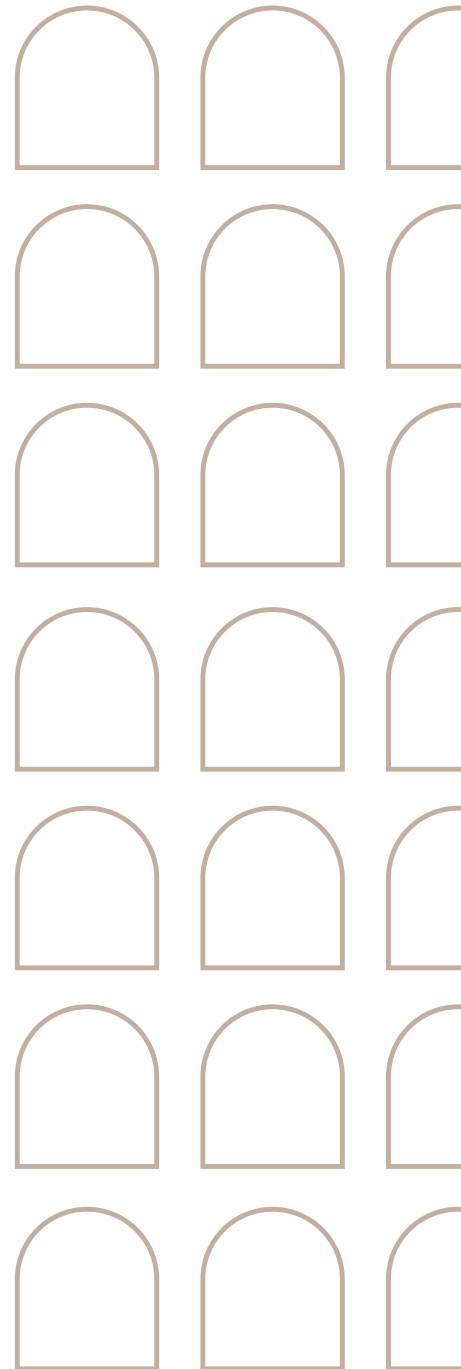
**CONNECTING GLOBAL
HEALTH POLICY 'STREAMS',
UNIVERSAL HEALTH COVERAGE,
PREPAREDNESS AND THE FUTURE
OF HEALTH SECURITY**

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Global health policy emerges when a *window of opportunity* opens and global health problems align the interests of actors during crises toward coordinating their efforts and explore future cooperation (Smith & Schiffman, 2020; Stone, 2020). Such global health policies include international and transnational agreements, decisions, and resolutions, as well as the strategies of international organisations and other transnational actors such as GAVI, the Vaccine Alliance and the Global Fund (Stone, 2020).

During the 77th session of the UN general assembly in September 2023, [three high-level meetings on health](#) will provide opportunities for heads of state to recommit to ending tuberculosis (TB), delivering universal health coverage (UHC) and [strengthening pandemic prevention, preparedness, and response](#). Global health policymaking, such as in the examples above, benefit from contemporary research and evidence, with scientific research processes considered as the most objective ‘evidence’ for global policy (Cairney, 2020; Head, 2022; Smith & Schiffman, 2020; Stone, 2020; UNESCO, 2017). The important relationship between global health policy and research is evidenced in the epistemic communities, global task forces and committees, public-private knowledge partnerships, and global health networks that surround global health policymaking (Smith & Schiffman, 2020; Stone, 2020).

A key challenge for global health researchers is understanding *how* research influences policy. Of relevance here is Kingdon’s ‘three streams’ theory (Kingdon 1984; Cairney, 2020), which proposes that policies emerge when ‘windows of opportunity’ open and three ‘streams’—problems, policies, and politics – converge. The UHC2030 Action Agenda (UHC2030, 2023) embraces this approach, connecting research with global health policymaking and shaping political change. During the review of this global action agenda in 2022, collaborators identified the pandemic-induced ‘window of opportunity’ for better connecting policies for universal health coverage (UHC) and health security; building upon contemporary research showing that countries that had connected approaches to UHC and health security were more resilient in their pandemic response (Cuevas Barron et al., 2023; IPPPR, 2021; Kamradt-Scott et al., 2022; Lal et al., 2020).

Specifically, Action Area 8 of the UHC2030 Action Agenda focused on connecting UHC to health security policies within a health-systems framing, identifying three ‘priority actions’ focused on political, policy and problem-solving activities that jointly served the interests of UHC and health security (Box 1).

Box 1: Action Area 8: Connect universal health coverage and health security.

Universal health coverage and global health security are intertwined goals anchored in health systems in every country. Leaders must act now to design and resource integrated approaches to support both universal health coverage and prevention, preparedness and response capacities for health emergencies within wider efforts to build equitable, resilient health systems.

Priority Actions:

(Political) ... connect universal health coverage to health security in order to ensure capacity to prepare for, prevent, detect and respond to disease outbreaks and other health emergencies.

(Policy) ...build community trust in science, vaccines and public health institutions.

(Problem solving) ...protect people against interruptions in essential health services during emergencies.

The UHC2030 action agenda was successfully adopted into the [“G7 Global Plan for UHC Action Agenda”](#), along with the acknowledgement of the interconnectedness of the [UHC and global health security](#). Drawing insights from this process, we present two key recommendations for policymakers as well as researchers in leveraging the upcoming ‘window of opportunity’ presented at the UNGA 2023 toward securing the future of health systems.

First, for policymakers, examine future health services, integral to universal health coverage, from the perspective of incorporating aspects of preparedness and response. A promising case, in this regard is the establishment of the EU Health Emergency Preparedness and Response Authority (HERA) to respond to, in part, medical supply chain issues during pandemics and large-scale crises.

Second, more broadly for researchers, expand the research focus on identifying health problems during ‘windows of opportunity’ to examining the social, policy, and economic aspects of health problems. This will enhance policy translations while simultaneously making policies more responsive to contemporary political realities. Such research findings may particularly benefit through trans-disciplinary and multi-stakeholder collaborations to better define viable solutions.

Ultimately, we acknowledge that for political change that allows for robust global health policies to emerge, the dialogue must happen when the problems, policies and politics converge. For decisions on how health systems with universal coverage can be made more resilient against pandemics and health crises, that time is now.

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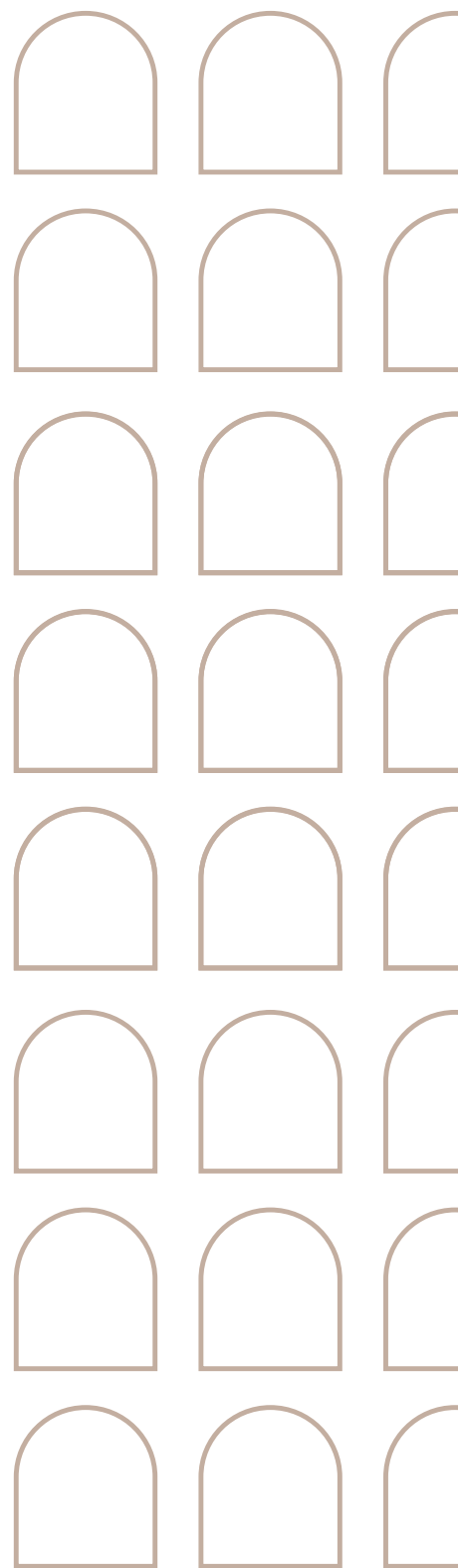
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