


EDITORIAL

Open Access



Evidence-based universal health coverage interventions delivery in infectious disease of poverty elimination and eradication

Ernest Tambo^{1,2,3*} , Chidiebere E. Ugwu⁵, Amberbir Alemayehu⁴, Anil Krishna¹ and Agnes Binagwaho¹

Abstract

The recent 78th United Nations General Assembly (UNGA) declaration relaunched a new health priority and political commitment in accelerating Universal Health Coverage (UHC), adopted by the United Nations (UN) in 2015 and are intended to be met by 2030. At mid-way point of UHC implementation, we advocate for the much needed programmatic implementation research, evidence-based interventions (EBIs) policies and strategies leadership and management capacity building to enable robust, resilient and sustainable multi-sectoral partnerships, integrated coordination and governance mechanisms capabilities in accelerating UHC package mainly infectious diseases of poverty elimination and eradication agenda.

The recent 78th United Nations General Assembly (UNGA) declaration re-established a new health priority and political commitment in accelerating Universal Health Coverage (UHC), adopted by the UN in 2015 and are intended to be met by 2030 [1]. The declaration highlights the urgent need to invest in UHC-health systems resilience, and the delivery of continuum access to and uptake of full range of quality and essential healthcare services to populations needs. This should be inclusive, equitable and sustainable without having financial hardship. Moreover, it is critical to strengthen health systems

resiliency, early preparedness and timely emergency response to global and local public health emergencies such as COVID-19 pandemic [1, 2].

At mid-way point of UHC implementation, we advocate for the much-needed implementation research, evidence-based interventions (EBIs) policies, strategic leadership and health systems management capacity building [3]. A robust, resilient, and sustainable multi-sectoral partnerships is urgently needed. Building a well-coordinated governance mechanisms capabilities is required in accelerating UHC package mainly in infectious diseases of poverty (malaria, tuberculosis, poliomyelitis, leprosy, rabies, leishmaniasis, and others neglected tropical diseases elimination and eradication agenda [2–4]. More so, in the global south where these diseases burden are disproportionately high and ambivalently managed this far [1, 2]. Concerted ample investment is paramount to improve the health financing mechanisms and resource allocation, and capacitating on local leadership and financing management resiliency know-how, through decentralized health system and accountability culture efforts. The capacities strengthening need cannot be overemphasized for scale and sustainable access to

*Correspondence:

Ernest Tambo
tambo0711@gmail.com

¹ Center for Leadership in Global Health Equity, University of Global Health Equity, Kigali, Rwanda

² Africa Disease Intelligence, Preparedness and Response (ADIPR), Yaoundé, Cameroon

³ Higher Institute of Health Sciences, Faculty of Medicine, Bangangte, Cameroon

⁴ Institute for Global Health Equity Research, University of Global Health Equity, Kigali, Rwanda

⁵ Department of Human Biochemistry, Nnamdi Azikiwe University, Nnewi, Anambra, Nigeria



© Crown 2024. **Open Access** This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>. The Creative Commons Public Domain Dedication waiver (<http://creativecommons.org/publicdomain/zero/1.0/>) applies to the data made available in this article, unless otherwise stated in a credit line to the data.

uptake of and satisfaction to quality and sustainable UHC packages and service delivery, and impact outcomes [2–4].

Prioritizing data-oriented culture to evidence-based policy and practice, and implementation research that produce the evidence needed in building resilient and sustainable primary healthcare system innovations premised on quality community-based UHC delivery, satisfaction and social protection policies [1, 2, 5]. Moreover, leveraging on proven efficacy and effectiveness lessons learned from EBIs, implementation research in fast-tracking infectious diseases elimination and eradication agenda, while addressing contextual challenges critical in monitoring national UHC attainment through advocacy and promotion of prevention, elimination and eradication EBIs implementation.

Investing in robust and sustainable global health security collaboration and coordinated response is core in strengthening public health surveillance and resilient health system performance and outcome at all levels, with partners' technical assistance and implementation support. Also, bolstering on digitalization and artificial intelligence, boosting community health insurance and other new technologies opportunities in optimizing evidence-based primary healthcare programs demand and need solutions, particularly in remote and marginalized populations.

Abbreviations

COVID-19	Coronavirus diseases 2019
EBIs	Evidence-based interventions
NTDs	Neglected Tropical Diseases
UNGA	United Nations General Assembly
UHC	Universal Health Coverage

Acknowledgements

Thanks UGHE for providing the enabling research and academic environment.

Author contributions

ET conceived the idea and drafted the editorial. CEU, AA, AK and AB provided additional insights. ET consolidated all inputs and proof-edited. All authors approved the final version.

Funding

Not applicable.

Data availability

All data are available and additional resources could be requested.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

All authors consented to the journal publication.

Competing interests

Ernest Tambo is an editorial board member of the journal *Infectious Diseases of Poverty*. He was not involved in the peer-review or handling of the manuscript. The authors have no other competing interests to disclose.

Received: 4 October 2023 Accepted: 15 December 2023

Published online: 02 January 2024

References

1. UN General Assembly High-Level Meetings on health. 2023. 20–22 September 2023, New York, United States of America. UN General Assembly High-Level Meetings on health 2023 (who.int). Accessed 2 Oct 2023.
2. Tambo E, Ngogang JY, Xiao N, Zhou XN. Strengthening community support, resilience programmes and interventions in infectious diseases of poverty. *East Mediterr Health J*. 2018;24(6):598.
3. Binagwaho A, Frisch MF, Udoh K, et al. Implementation research: an efficient and effective tool to accelerate universal health coverage. *Int J Health Policy Manag*. 2020;9(5):182–4.
4. Uneke CJ, Sombie I, Johnson E, et al. Promoting the use of evidence in health policymaking in the ECOWAS region: the development and contextualization of an evidence-based policymaking guidance. *Global Health*. 2020;16:73.
5. Sharma M, Teerawattananon Y, Luz, et al. Institutionalizing evidence-informed priority setting for universal health coverage: lessons from Indonesia. *Inquiry*. 2020;57:46958020924920.

Ready to submit your research? Choose BMC and benefit from:

- fast, convenient online submission
- thorough peer review by experienced researchers in your field
- rapid publication on acceptance
- support for research data, including large and complex data types
- gold Open Access which fosters wider collaboration and increased citations
- maximum visibility for your research: over 100M website views per year

At BMC, research is always in progress.

Learn more biomedcentral.com/submissions

