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approved the first mRNA vaccine by Pfizer–BioNTech on Feb 14, 2021, which was the only available vaccine in the country as of April, 2021, there were several months of delay in approval compared with other high-income countries due to the regulatory requirement for a domestic clinical trial involving Japanese citizens and its own review process.<sup>1</sup> Because the number of patients with COVID-19 has been smaller in Japan than in other countries, Japan has been unable to register into international clinical trials to prove vaccine efficacy. As such, as of April, 2021, other vaccine products were still under review or investigation in ongoing clinical trials, and changes in regulations for vaccine approvals are being considered after criticism.

Second, there has been a delay in vaccine importation. Although Japan made contracts with Pfizer–BioNTech to import 194 million doses of vaccine by the end of 2021, it has encountered several obstacles, such as the temporary halt in production lines and EU approval for exports. Overall, only 28 million doses had been imported by the end of April, 2021.

Third, the vaccine roll-out system has been insufficient for achieving mass vaccination. Less than 15% of imported doses have been used so far. In Japan, only nurses and medical doctors can legally vaccinate citizens, so many local governments responsible for the vaccine roll-out have struggled to hire enough qualified personnel. Usually in medical institutions, primary care doctors deliver vaccinations individually; however, their capacity is limited because they also need to offer other medical care as usual. Given that converting large public spaces into vaccination sites and recruiting enough staff are crucial for mass vaccination,<sup>2</sup> the government has launched mass vaccination sites with the help of medical professionals belonging to the Self Defense Forces and other temporary staff.

According to the Prime Minister's Office of Japan, of the 3.85 million

vaccinations delivered in Japan by the end of April, 2021, 94% (3.62 million) were for health-care workers; however, only around 22% (1.04 million) of these workers have received the second dose. It should be noted that slow roll-out could cause an emergence of new mutants.<sup>3</sup> Although the government plans to complete the vaccination of 36 million older citizens (aged  $\geq 65$  years) by the end of July, 2021, it is necessary to devise innovative ways to solve these setbacks to achieve this ambitious goal as soon as possible.

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- 1 Pharmaceuticals and Medical Devices Agency. Principles for the evaluation of vaccines against the novel coronavirus SARS-CoV-2. Sept 2, 2020. [https://www.pmda.go.jp/files/000237021.pdf?fbclid=IwAR1h0MdmLXEToMdFrZxzYgZch2RnL3rugfGXl9-cS\\_rQY-11qV4cjR80jgE](https://www.pmda.go.jp/files/000237021.pdf?fbclid=IwAR1h0MdmLXEToMdFrZxzYgZch2RnL3rugfGXl9-cS_rQY-11qV4cjR80jgE) (accessed May 21, 2021).
- 2 Hasan T, Beardsley J, Marais BJ, Nguyen TA, Fox GJ. The implementation of mass-vaccination against SARS-CoV-2: a systematic review of existing strategies and guidelines. *Vaccines* 2021; **9**: 326.
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## A call to action on UHC commitments

Global health is at an extraordinary moment. The COVID-19 pandemic has exposed all the inequities that prevent achieving health for all. At the same time, the pandemic has given countries the opportunity to rebuild health systems differently, and the determination to ensure that bridges are built across geographies and sectors in

doing so. This task will only be successful if everyone—communities and civil society, governments, multilateral organisations, philanthropists, and the private sector—does their part.

To end this crisis and build a healthier future, the world should act urgently in three linked areas: equitable access to COVID-19 tools, preparedness for future emergencies, and universal health coverage (UHC). To this end, we call on global leaders to mobilise political will, commit additional financing, and take collective action, and we note several unprecedented opportunities for the G7, G20, and UN to show their resolve to secure political commitment and action for stronger global governance and investment in stronger health systems.<sup>1</sup>

Although it is quite clear that UHC is an urgent priority to end the current global health crisis, the question and reality is this: are countries stepping up to the challenge of taking action on their UHC commitments?

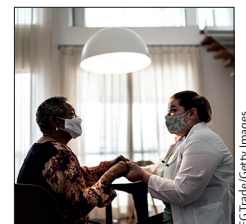
As newly elected co-chairs of UHC2030, we are committed in driving this global multistakeholder collaboration forwards to reach its maximum potential. However, we are strongly aware that global initiatives must be closely linked and engaged with both national and local circumstances in order to be effective. We will endeavour to work with all our partners to help to turn political commitments to UHC into action on the ground and focus on linkages and interaction with implementation processes at the national level, which involve review by the legislative and executive branches of government.

On Sept 23, 2019, world leaders endorsed the most ambitious and comprehensive political declaration on health in history.<sup>2</sup> Their commitment to UHC was loud and clear. But are governments taking action towards meeting these commitments?

To try to answer this question and support national accountability and advocacy processes, UHC2030 produced the first review documenting the state of commitment to UHC at the end of

For the vaccination rollout in Japan see <https://www.kantei.go.jp/jp/headline/kansensho/vaccine.html>

For more on UHC2030 see [www.uhc2030.org](http://www.uhc2030.org)



FC Trade/Getty Images

2020.<sup>3</sup> It provides a multistakeholder consolidated view on the state of progress being made towards UHC at country and global levels.

The review includes a set of political messages for national leaders as well as an online dashboard of country profiles, which show snapshots of the state of UHC commitment in 193 UN member states. The country profiles will be updated to help national stakeholders assess the latest status of UHC commitments in their countries and to track progress in translating them into action, so that they can hold their political leaders accountable for their UHC commitments. What does the review show? The current state of UHC presents huge challenges. Findings show that in many countries, poor and vulnerable groups are being further left behind, and inequities are widening due to the COVID-19 crisis. The COVID-19 pandemic is also exposing and exacerbating weaknesses in health systems, showing that many governments neglected to invest in health, social safety nets, and emergency preparedness when it really mattered: before a crisis struck.

Even countries with stronger health systems could have been better prepared for this emergency. There is still much to be done to ensure adequate support to front-line health workers, to meaningfully engage all stakeholders in decision making, and to ensure gender-equitable responses. Furthermore, many countries have not adopted measurable national targets, and public awareness of governments' commitments remains limited. This situation must change. We call on all leaders and stakeholders across society to take urgent action for health systems that protect everyone—now.

The COVID-19 pandemic shows the imperative for governments to step up investments in core health systems functions that are fundamental to protecting and promoting health and wellbeing, including common goods for health, such as surveillance and risk communication, and the need

to strengthen primary health care as the cornerstone of people centred integrated service delivery.<sup>4</sup> Hard won gains in essential service coverage must also be sustained and scaled up.

We urge all partners of UHC2030 to use our review's political messages and ask national political leaders in all 193 UN member states to take action on universal health coverage. Specifically, we call on all national political leaders to: prioritise UHC to tackle and recover from the COVID-19 pandemic, stop public anxiety, and rebuild trust in government and political leaders; address the systemic inequities that are widening with COVID-19 by creating stronger social and financial safety nets and prioritising equity; expand and strengthen UHC legislation and regulations, set clear targets, and communicate better; support, protect, and care for health workers, and innovate to improve and maintain quality during emergencies; invest in public health and primary health care as a joint effort of health and finance ministers, and local governments; build partnerships through genuine civil society engagement; empower women, who are proving to be highly effective leaders in health emergencies; and give UHC principles more weight in every crisis response and build emergency preparedness into all health system reforms. Now more than ever everyone needs to come together to ensure coherent action and to build trust and accountability by widening participation in health governance at all levels.

We are co-chairs of UHC2030. We declare no competing interests.

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1 Cuevas Barron G, Koonin J, As Sy E, et al. Joint statement by UHC2030 co-chairs and the UHC Movement Political Advisory Panel. May 21, 2021. <https://www.uhc2030.org/blog-news-events/uhc2030-news/dear-global-leaders-now-is-the-time-to-invest-in-better-global-governance-and-stronger-country-health-systems-for-everyone-555482> (accessed May 21, 2021).

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## Department of Error

Younossi ZM, Ratziu V, Loomba R, et al. *Obeticholic acid for the treatment of non-alcoholic steatohepatitis: interim analysis from a multicentre, randomised, placebo-controlled phase 3 trial*. *Lancet* 2019; **394**: 2184–96—For this Article, the REGENERATE Study Investigators list and the Acknowledgments section have been updated. These corrections have been made to the online version as of June 17, 2021.

Boum Y, Bebell LM, Zoung-Kanyi Bissek A-C. *Africa needs local solutions to face the COVID-19 pandemic*. *Lancet* 2021; **397**: 1238–40—This Comment should have been published with the copyright line "Published by Elsevier Ltd". This correction has been made to the online version as of June 17, 2021.

Reich K, Teixeira HD, de Bruin-Weller M, et al. *Safety and efficacy of upadacitinib in combination with topical corticosteroids in adolescents and adults with moderate-to-severe atopic dermatitis (AD Up): results from a randomised, double-blind, placebo-controlled, phase 3 trial*. *Lancet* 2021; **397**: 2169–81—In figure 1 of this Article, in the green boxes for medium and low potency topical corticosteroids, twice daily should have read once daily. These corrections have been made to the online version as of June 17, 2021.

GBD 2019 Tobacco Collaborators. *Spatial, temporal, and demographic patterns in prevalence of smoking tobacco use and attributable disease burden in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019*. *Lancet* 2021; **397**: 2337–60—In this Article, the GBD 2019 Tobacco Collaborators list and accompanying affiliations have been updated. These corrections have been made to the online version as of June 2, 2021, and the printed version is correct.

For the online dashboard see  
<https://www.uhc2030.org/what-we-do/knowledge-and-networks/uhc-data-portal>



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