

Talking about poverty and coronavirus

Here are some tips for when you are talking to others about our work in the context of the current situation, including on social media. These were adapted from a [blog](#) by our colleagues at RESULTS in the US.

Do: Put marginalised communities at the centre

What this looks like: “With coronavirus or any pandemic, we know it’s the communities experiencing poverty and already pushed to the margins that face the greatest risks. Viruses don’t discriminate, but people and policies too often do.”

Do: Make connections between ongoing poverty issues and the pandemic

What this looks like: “Access to basic needs like nutrition are even more important – and even more at risk – in a crisis. And whether it’s coronavirus or other ongoing global health emergencies, we need strong global health systems.”

Do: Stand against xenophobia

What this looks like: “Alongside coronavirus, we see fear, prejudice, and xenophobia also spreading. Which means our response needs to not only focus on science, but on solidarity. Global health challenges aren’t solved through isolation: they’re solved through partnership.”

Don’t: Accidentally play into harmful frames

Avoid language that assigns blame to a person rather than a disease (e.g. saying someone is “infecting others” or “spreading the virus,” or calling them a “carrier”). Be exceptionally careful around any conversation related to borders or immigration in the context of the pandemic. Stigma and isolation are harmful to individuals and to the public health response.

Don’t: Use “our” safety as justification for global action

In global health, we see this argument a lot. We know that prioritizing health in low-income countries is good for security and business everywhere. But even if it *weren’t* good for the UK, we still know it’s needed (malnutrition isn’t contagious – but stopping malnutrition is still the right thing to do!).

Don’t: Exploit the outbreak as just a “hook”

There’s a huge difference between *connecting* coronavirus to the bigger picture of the fight against poverty, versus *using* coronavirus only as an excuse to talk about another issue. Let’s focus on the solutions that are important for this pandemic AND for ongoing crises like malnutrition or the global tuberculosis epidemic.

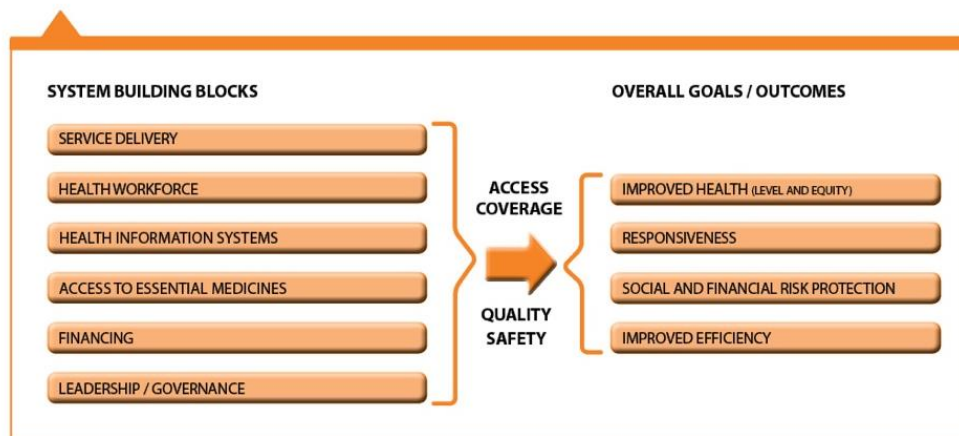
Talking points

Here are some more specific relating to this month's letter writing action:

- RESULTS has long been advocating for coordinated global responses to health crises.
- COVID-19 is putting additional pressure on already strained health systems globally.
- International collaboration is vital to beat this pandemic and the UK must contribute generously.
- Health systems need significant investment.
- The UK has a great track record on investing in global health (examples from the last year include pledges to the Global Fund, GPEI, increased investments in R&D).
- We want to welcome the Secretary of State to her role, and ask that she continues to lead the UK's contribution to global health.
- There are opportunities coming up to continue this good work, with Gavi's fifth replenishment and Nutrition for Growth in 2020.

What is a strong health system?

Figure 1. The WHO Health Systems Framework



A good health system should be able to deliver quality services to all people, when and where they need them. The [World Health Organisation](https://www.who.int/) (WHO) defines six building blocks of a health system:

- Service delivery (eg. running an ante-natal clinic.)
- Health workforce (doctors, nurses and many other skilled health workers.)
- Information (patient records systems and data on population health.)
- Medical products/technologies (such as vaccines.)
- Enough financing for the system to work properly.
- Strong leadership and governance to make sure the system runs effectively.

There is lots more comprehensive information out there. You may find [this blog from Health Systems Global](#) health useful, as well as a breakdown of what can be done to strengthen health systems from [UHC 2030](#).