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For the **online dashboard** see https://www.uhc2030.org/whatwe-do/knowledge-andnetworks/uhc-data-portal 2020.³ 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 counties, 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.⁴ 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, placebocontrolled 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
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Boum Y, Bebell LM, Zoung-Kanyi Bisseck 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.



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