

Under-Secretary-General for Humanitarian Affairs Mark Lowcock remarks to the High-level Panel on Health “Addressing the increasing complexity of health challenges in humanitarian contexts” at ECOSOC-Humanitarian Affairs Segment

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As delivered

Excellencies, Ladies and Gentlemen, I am pleased to be here with you today to moderate this high-level panel.

We are fortunate to be joined today by leaders in the humanitarian health response to COVID-19.

Together we will discuss how humanitarian agencies are stepping up to respond to COVID-19, while sustaining ongoing humanitarian operations. We'll look at how humanitarians are overcoming the access challenges we face, to make sure we're getting humanitarian and medical supplies where they're needed.

We'll consider how to address the mental health and psychosocial impact of the pandemic, and what more needs to be done. And we will take a collective look at how the humanitarian system can anticipate and manage the risks we face, in a context of great uncertainty.

As of 8 June, there are roughly around 7 million confirmed cases of COVID-19 worldwide – which is one in roughly every 1,000 people.

There are now 1.3 million cases in Latin America and the Caribbean and more than 190,000 confirmed cases in Africa, including in countries where people already struggle to cope with conflict and displacement, such as Burkina Faso, Sudan, Mali, CAR, Cameroon, Niger and DRC, which is still fighting Ebola.

Cases are rising swiftly elsewhere, including in Afghanistan, Colombia, Nigeria, Pakistan, the Philippines and Ukraine. In Yemen, people are dying alone in their homes or shelters, as the crippled health-care system struggles to respond.

The most fragile places on earth are set to see the peak of the disease in the next three to six months.

People in these countries will suffer not only from the direct effects of the virus, but also from disruptions to ongoing life-saving health services. UNICEF warns that the pandemic could cause an additional 6,000 children to die every day from preventable causes this year. We can expect to see cases of measles, cholera and other diseases rise as vaccinations are put on hold, medical supply chains are disrupted, and health systems buckle under the strain.

Women and children are particularly vulnerable to the impact of cuts on ongoing health services. COVID-19 is already increasing levels of acute and chronic malnutrition in infants and diverting funds to health services of this sort to COVID-19 response could reverse years of cuts in infant mortality rates.

In the current pandemic, women and girls are also at particular risk of gender-based violence as well as exploitation and abuse. It is crucial we maintain access to counselling and treatment.

We face many uncertainties. We do not know when we will see a vaccine, or how effective containment measures will be.

Nevertheless, we are tracking available data – including epidemiological statistics, market prices, satellite mapping and other sources – to try to model and anticipate humanitarian needs so that we are prepared with the most effective response possible.

In the face of the unprecedented challenges brought on by COVID-19, humanitarian organizations and governments adaptation and creativity ensured that they can stay and deliver ongoing services and scale up new ones wherever feasible.

The World Health Organisation and other humanitarian health response organizations are scaling up preparedness, planning, and response to COVID-19 in dozens of countries, while adapting their pre-COVID-19 humanitarian responses to the new reality. This involves working with over hundreds of – mostly national – health partners and community workers.

Humanitarian agencies are doing all they can to keep up with ongoing operations, to adapt them to the new reality.

In Afghanistan, Bangladesh, Djibouti and Sudan partners are providing larger food rations at less frequent intervals and are pre-positioning supplies closer to camps.

In Niger, partners are collaborating to provide assistance on all fronts at once – health, food, nutrition and protection – to reduce the risk of contamination.

In Ukraine, aid is provided door-to-door where possible, including delivery of prescription medications. And all over the world, aid agencies are increasing their use of cash over in-kind assistance, to limit human contact.

We will now turn to our panellists to hear more about how humanitarian agencies are rising to the unprecedented challenges posed by COVID-19. As the Secretary-General has said: we are in this fight together. So now it is our job as humanitarian agencies to ensure that no one is left behind.

Thank you.

ENDS