

Acting Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, Ramesh Rajasingham, remarks at ECOSOC HAS High-Level Panel on Health care in times of COVID-19: a global protection agenda

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As delivered

Excellencies, Ladies and Gentlemen, I am pleased to be here with you today. We are fortunate to be joined by leaders in the humanitarian health response to COVID-19.

The pandemic has underscored just how crucial good health care is for everyone on this planet. It has also shown us the importance of international humanitarian law in ensuring people who are sick receive care, and that humanitarian and medical personnel and facilities are protected in conflict situations.

For people living in humanitarian crises, COVID-19 has exacerbated existing challenges. This is especially true for women and girls, people on the move, the elderly and people with disabilities.

Many of these people have not been able to access care or have stayed away from health facilities for fear of infection.

Last year, 22 countries reported that disability support services decreased by more than one quarter, according to the World Health Organization.

Children have suffered from disruptions to ongoing nutrition, health, and water and sanitation services, and from interruptions to routine immunization programmes.

A recent survey by the WHO shows that more than one third of countries are still experiencing disruptions to immunization services. And most of them are in crisis situations.

COVID-19 has revealed the fragility of all global health systems, but conflict-affected countries with fragile health systems have been the most affected.

Afghanistan, the Democratic Republic of the Congo, Libya and Yemen are just a few of the many countries whose health services have struggled to care for infected people, control the spread of the virus and sustain ongoing health care.

Pandemic-related restrictions, including border closures, disruption to transport and travel, and quarantine measures have made it more difficult for humanitarian agencies to respond, creating delays in humanitarian services and higher operating costs.

In places where there is armed conflict, access to health care has been even more compromised because of a lack of respect for international humanitarian law, which has put patients and health-care workers in extreme danger.

Some 182 health-care workers were killed last year in 22 conflict countries monitored. The highest numbers were in Burkina Faso, the Democratic Republic of the Congo, Somalia and Syria.

This is up from 160 health workers killed in 18 countries in 2019.

Every day, medical workers are threatened, abducted or killed, their facilities and transport destroyed or damaged.

From February to December 2020 in 42 States, the ICRC recorded nearly 850 incidents of violence, harassment or stigmatization against health-care workers, patients, and medical facilities in relation to COVID-19.

In a recent attack, missiles and shelling hit Al-Shifa's Hospital in northern Syria on 12 June, killing 19 people, including three children, two health-care staff and two humanitarian workers. The hospital has had to suspend its critical operations.

Attacks like this have catastrophic consequences, as facilities close and workers flee and communities are deprived of basic health care in the long term.

So, how can we ensure people's access to health care, and better protect health care and humanitarian workers and facilities?

First, as a priority, we must achieve vaccine equity.

Some 160 million people living in fragile and conflict-affected areas risk being excluded from receiving COVID-19 vaccinations. At the same time countries including Afghanistan, the Democratic Republic of the Congo and Haiti are experiencing a surge of cases. We urgently need a global plan to vaccinate the world.

Governments must include everyone in their COVID-19 vaccination plans, including people who are on the move, are in detention or living under the control of non-State armed groups, as outlined in Security Council resolution 2565.

At the same time, we must ensure that support for ongoing essential health-care services is not diverted.

Second, and fundamentally, parties to armed conflict and all Member States must take practical steps to respect and ensure respect for international humanitarian law.

There is a growing body of good practice on facilitating and protecting humanitarian action and health care in situations of armed conflict. Let's build on these examples.

This includes expediting access of humanitarian relief to all in need.

States should refrain from criminalizing or otherwise prohibiting medical care and impartial humanitarian activities carried out in accordance with IHL.

Member States can also do more to protect health and humanitarian workers and their facilities and assets in military operations.

This should include avoiding the use of explosive weapons with wide-area effects in populated areas and strengthening the identification of humanitarian and medical facilities.

States must also investigate allegations of serious violations and punish perpetrators to ensure accountability.

In a pandemic, preserving essential health care and humanitarian action is arguably our most important global mission. It has repercussions not only for society's most vulnerable, but for all of us.

Thank you.