



WORLD HUMANITARIAN SUMMIT

ISTANBUL • 23-24 May 2016

Global Health

SPECIAL SESSION SUMMARY

Core Responsibility Three of the Agenda for Humanity

“Healthy communities are resilient communities. Healthy communities can survive disasters and healthy communities can recover that much more rapidly.”

**Bruce Aylward,
Assistant Director
General, WHO**

I. Overview

A special session on global health addressed crisis-related health challenges. These include the emerging and re-emerging infectious diseases that cause public health emergencies; the acute health needs of people forcibly displaced by conflicts or trying to cope with disasters; and the increasing violence against health workers, facilities, and patients.

A shifting global landscape is escalating the risks to global health security. The risk drivers include demographic and climatic/ environmental factors, as well as urbanization and forced population movements.

Respect for health workers, facilities, and patients is central to the ongoing provision of life-saving health services to crisis-affected populations. The distinctive nature of health action during emergencies must be upheld in accord with established humanitarian principles and medical ethics. It is of grave concern that attacks on healthcare and denial of access have become such a frequent feature of today’s armed conflicts.

II. Key outcomes/themes

Panel members emphasised that health is a basic and fundamental human right that is always a top concern expressed by crisis-affected people. But it is also often the most unmet need. The consequences are devastating, and particularly evident in protracted crises: unhealthy communities cannot cope with or recover from crises effectively or become resilient to further crises.



Current response modalities do not always meet the health needs of people during both acute and protracted crises in a consistent and predictable manner. Recognising that threats to health are at an all-time high, do not respect national boundaries, and can create serious and wider humanitarian consequences, as shown by the experiences with avian influenza, Ebola, and Zika, the session urged that health should be put at the centre of collective humanitarian action through concrete individual and joint actions. Accordingly, five key areas are identified for a [global undertaking on health in crisis settings](#).

1. We must use all our extensive knowledge and capacities to enable **all crisis-affected people to gain access to an essential health package**. This must be based on known norms, standards, and guidelines, and be adaptable to local needs and circumstances. The gaps in provision for children and in the reproductive and sexual health needs of women must be corrected; and, psychosocial support as well as services for the elderly, chronically ill and those with non-communicable diseases and disabilities should not be overlooked.
2. We must **ensure better health outcomes and accountability in emergencies**. This requires strong emergency health response capabilities at community and national levels, supported by predictable co-operation arrangements at regional and global levels to deploy surge assistance when local capacities are overwhelmed. Building up strong national health systems is imperative, and emergency responses should not undermine them. The multisector response to health crises must include improved collaboration among health, humanitarian, and development partners, and enable the greater inclusion of local actors. Human resource gaps need to be plugged through scaled up quality training and leadership development. Accountability for health outcomes needs standardized indicators and context-specific targets, applied with consistency, and the greater use of independent needs assessments and evaluations.
3. We must **better prepare for, and respond more effectively to infectious hazards and outbreaks**. This calls for long-term investment in the core capacities required under the International Health Regulations, and their underpinning national public health systems. Engaging with communities to promote healthy behaviors and boosting their resilience, as well as correcting misinformation and misconceptions is vital. Our global health security depends on the timely, transparent and efficient coordination with which we tackle public health emergencies of national and international importance.
4. We must **do much more to prevent attacks and protect healthcare delivery**. Attacks on healthcare and the denial of access are violations of international



humanitarian law. They must be better documented and impunity ended by developing and implementing robust national legislation and policies, as well as recourse to international mechanisms when necessary. Continuous advocacy is warranted with all parties engaged in armed conflict. Communities and their leaders could also help with designing best practices that prevent and halt violence against or denial of healthcare.

5. **Flexible and equitable multi-year resourcing is essential to secure health in crises.** This includes enhanced national budgetary and donor contributions alongside mechanisms such as health insurance schemes, pandemic insurance, and expanded social safety nets. A greater proportion of funding should flow directly to local actors where feasible. There must be equity in service provision between refugees/internally displaced and affected host/national populations. A multi-hazard approach, longer term investments in basic public health and service delivery functions, and private sector collaborations can all help to plug critical gaps on a sustainable basis.

The full Outcome Statement from the Special Session on Global Health elaborates on these five key action areas, recognizing the special role of emergency health work. The panel concluded that if we fail in health, we fail in the overall humanitarian endeavor. And without addressing the health needs of crisis-affected people, the health targets of the Sustainable Development Goals cannot be fully realized.

III. Way Forward

Some 55 entities – representing a wider group of approximately 350 stakeholders – governments, international bodies, NGOs, civil society, and private sector – have indicated their alignment to the global undertaking on health in crisis settings, through some 72 commitments. Active follow-up will be needed to ensure that this ‘global undertaking’ transforms health by reducing the burden of avoidable and preventable death, disease, and disability that adds to the burdens on the tens of millions of people caught up in new, recurrent, or unending crises.

IV. Speakers

Moderators:

- His Excellency Mr. Jakaya Kikwete, Fourth President of Tanzania, Chair of the UN Secretary General’s High-Level Panel on Global Response to Health Crises

**Speakers:**

- Action Africa Help International
- Association of Southeast Asian Nations (ASEAN)
- European Commission
- 'Every Woman, Every Child, Everywhere'
- Finland
- Global Fund to Fight AIDS, Tuberculosis and Malaria
- Haiti
- HelpAge International
- Henry Schein, Inc
- IASC Global Health Cluster
- International Committee of the Red Cross (ICRC)
- International Federation of Red Cross and Red Crescent Societies (IFRC)
- Japan
- Mercy Malaysia
- Parliamentary Assembly of the Mediterranean (PAM)
- Sri Lanka
- United Nations Children's Fund (UNICEF)
- UN High Commissioner for Refugees (UNHCR)
- United Nations Population Fund (UNFPA)
- University of Manchester, UK
- World Bank Group
- World Health Organization (WHO)