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Draft Concept Note
2021 ECOSOC Humanitarian Affairs Segment
High-Level Panel
"Health care in times of COVID-19: a global protection agenda"
Wednesday 23 June, 15:00-17:00 (Geneva time)/ 09:00am-12:00pm (New York time)
Hybrid: in-person (Room XX, Palais des Nations, Geneva) and virtual
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Objectives

The COVID-19 pandemic poses major challenges and has had profound impacts on people caught in humanitarian crises, including a disproportionate impact on women and girls and other vulnerable groups, as well as mental health and psycho-social impacts. The pandemic has also required health and humanitarian workers to quickly adapt their methods for reaching and caring for the most vulnerable. Covid-19 has shown how much the protection of and access to health care is a global concern and has illustrated vulnerabilities in the capacities of health systems to respond. It underscored the essential work of health and humanitarian personnel and the imperative for full respect for IHL in situations of armed conflict. Serving the most vulnerable people in humanitarian settings and protecting humanitarian and medical personnel and facilities are crucial. The pandemic demonstrated the critical role of local actors in the health and humanitarian response in reaching people in the face of movement restrictions, including the critical role of women as first responders. The disproportionate secondary impacts on women and girls, including the scourge of gender-based violence, and how Covid-19 has exacerbated existing vulnerabilities also reinforced the importance of ensuring the centrality of protection to humanitarian assessment and response.

The panel will examine some of the most urgent health challenges for people in humanitarian crises, including underlying social and health inequities, vaccine equity for the most vulnerable people on the planet, as well as general access to basic health services, including routine immunization in times of pandemic. It will also examine the challenges facing the healthcare and humanitarian workers who serve them. Discussions will include ways to work more effectively with local actors, best practices in community engagement and risk communication, and partnering in vaccinating vulnerable communities. The panel will be an opportunity to focus on how to foster greater collective efforts to address these challenges while learning lessons from this response that may inform preparedness for any future large-scale outbreaks or pandemics.

Background

The COVID-19 pandemic has compounded dire needs in some of the worst and most complex emergencies, requiring more resources and making humanitarian responses more complex. Children, especially girls and children with disabilities, IDPs, refugees and migrants are severely affected. Children's vulnerability to recruitment and use by armed forces or groups, to sexual exploitation and abuse, child labour, trafficking, and early and child marriage has increased. School closures have increased protection risks and reversed gains in education globally, particularly for millions of girls at risk of not returning to school. Disruption to health, water and sanitation, nutrition services and postponement of immunization left millions of children at risk of preventable disease and acute malnutrition.

Attacks directed against or indiscriminate harm to civilians and civilian infrastructure, including humanitarian and medical staff, hospitals, schools, and water and sanitation systems, have led to death,

injury, illness, hunger, and displacement, and have reverberating effects and increase suffering over the long-term. Impediments to humanitarian action have left millions without the assistance and protection needed to survive. Often absent is accountability for serious violations, perpetuating a climate of impunity and violence.

Rising insecurity is a serious concern. Parties to armed conflict have continued to impede access to medical care, including through attacks against medical personnel and facilities, threats, and intimidation. The WHO Surveillance System of Attacks on Healthcare recorded 322 incidents that affected the provision of medical care across 16 countries and territories in a conflict in 2020, causing 505 casualties among healthcare workers and patients. The continued lack of monitoring resources for verification and access in some countries means numbers could be higher. The scope/breadth and level of attacks, subsequent harm to civilians and secondary impacts, and continued impunity demand a recommitment to international humanitarian law and implementing Security Council resolution 2286, including to develop effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel.

The Access to COVID-19 Tools Accelerator and COVAX Facility was established to enable speedy, fair and equitable access to COVID-19 diagnostics, treatments and vaccines. A COVAX humanitarian 'buffer' will ensure that up to 5 per cent of the COVID-19 vaccine doses procured through the COVAX Facility serve as a last resort for at-risk populations and should not be seen by national authorities as an alternative to the inclusion of vulnerable groups in their national plans. In line with the Secretary-General's call, vaccine equity is essential and urgent. Governments have a responsibility to include in their national vaccination plans all high-risk populations within their territories, including refugees, IDPs, migrants and people living in areas under the control of non-state armed groups. Alongside COVID-19 response efforts, essential healthcare services, including routine immunizations, mental healthcare, sexual and reproductive health care, and other lifesaving assistance funds and activities must not be diverted.

Guiding Questions:

- What are the most important lessons learned from the humanitarian response to the Covid-19 pandemic? What factors are constraining humanitarian operations and what can be done? What more needs to change?

- What more can be done to ensure access for and protect frontline health workers? What effective measures to prevent and address violence against health and humanitarian workers and facilitate access are most relevant in the context of the pandemic?

- How can humanitarians better anticipate and respond to protection concerns in the context of pandemics? How can the humanitarian system mobilize and/or work/enhance synergies with human rights and development actors to tackle social and health inequities that have exacerbated humanitarian and protection needs?

- How can humanitarians prepare better for health emergencies and pandemics? How might anticipatory action be used to greater effect in limiting the impact of disease outbreaks?

- How can local communities best be involved in ensuring the effectiveness of future responses? What are good examples of women as frontline responders and how will this be factored into future responses?

- What exactly were the disproportionate impacts on women and girls and what more can be done to reverse them?

- How best can we ensure a recommitment to international humanitarian law and implementing Security Council resolution 2286, including to develop effective measures to prevent and address acts of violence, attacks and threats against medical personnel and humanitarian personnel.

- What are good examples to follow in ensuring vaccine equity? What more must be done?

Panel

Chair:

H.E. Ambassador Pascale Baeriswyl, Permanent Representative of Switzerland to the United Nations and Vice-President of ECOSOC

Moderator:

OCHA

Speakers:

- ● H.E. Ms Angeles Moreno Bau, Deputy Minister for International Cooperation, Spain.
- ● Dr. Ibrahima Soce Fall, Assistant Director-General, Emergency Response, WHO
- ● Mr. Robert Mardini, Director-General, International Red Cross and Red Crescent (ICRC)
- ● Ms. Aine Markham, Vice President, Médecins Sans Frontières (TBC)
- ● Dr. Jennifer Leaning, Senior Research Fellow, FXB Center for Health and Human Rights, Harvard University, and GAAMAC Steering Group (TBC)
- ● Ms Florence Bua, Secretary for Woman's Affairs, Refugee Welfare Commission, Uganda