MS. President,

Thank you for giving me the opportunity to address you on behalf of the International Federation of Red Cross and Red Crescent Societies (IFRC) and its 192 National Red Cross and Red Crescent Societies.

In this ECOSOC Humanitarian Affairs Segment, we hear the alarm bells ring loudly about the combined impacts of the COVID-19 pandemic, the climate crisis, and other humanitarian emergencies and their wide and long-term socio-economic impacts. Our Red Cross and Red Crescent staff and 14 million volunteers, many of whom work on the frontlines, are painfully aware of how certain communities are disproportionately affected by and made more vulnerable to the pandemic and its secondary impacts. Migrants, refugees, and persons living in countries with under-resourced health systems or in fragile settings, recovering from disasters, or experiencing the impacts of climate change are among the least likely to receive the medical, financial, and social support they need. Even in higher income countries, people are often excluded from healthcare services, including persons with disabilities, older persons, indigenous communities, members of the LGBTQI community, migrants, certain ethnic or national groups, and many others. The COVID-19 response has been hugely impaired by inequalities affecting some of the most vulnerable of our societies. And we are called upon to design and deliver systems and services that are accessible to all. No one should be left behind in this crisis.

Ensuring equitable access to COVID-19 vaccines and essential health services to those most at risk is not only a humanitarian imperative but is also the only way to end the pandemic. Traditionally marginalized groups, such as undocumented migrants and refugees, must be given equitable access in national vaccination plans. Equitable vaccination is a moral imperative, and we must work together in our shared humanity to ensure that everyone gets a vaccine, and that high risk and vulnerable people are prioritized.
Thus, we welcome the emphasis in this year’s ECOSOC HAS resolution on their inclusion in national vaccination plans and the call for a global, unified response to the COVID-19 pandemic. However, achieving vaccine equity will require that States with access to vaccines and the companies producing them address the vaccine gap, urgency in addressing the regulatory barriers to vaccine production, knowledge sharing, and increased support of the COVAX facility. In addition, ending the pandemic is not just about delivering more vaccines, it is about ensuring countries have the infrastructure and human resources to get the vaccines into the arms of people with their full acceptance.

Ms. President,

Disease outbreaks begin and end in communities. From our responses to HIV, Ebola, H1N1, and COVID-19, we know that trust and community mobilization are critical in the times of global crisis and that we must involve local communities as co-developers from the start and throughout the response.

To understand and address context-specific barriers and opportunities for meeting the needs of hard-to-reach communities, we must work with local organizations, including National Red Cross and Red Crescent Societies with their unique reach into communities, who should be included in all phases of national vaccination rollout plans, leveraging their community engagement to effectively reach communities in the last mile. Rolling-out the vaccine in an inclusive and community-centred manner will help to enable access and promote acceptance by the most at-risk populations.

COVID-19 has been a global test on how local responders act in the absence of extensive international deployments – impossible not only because of lockdowns but also because of the global scope of the crisis. Establishing meaningful partnerships with local actors is critical to building and implementing humanitarian responses that meet the needs of the communities affected. COVID-19 further reinforced the distinct advantage of National Red Cross and Red Crescent Societies and other local organizations that can respond quickly to the unprecedented challenges of a crisis that at once encapsulates health, economic, human rights, and social crises and requires a sustained response. Our shared responsibility should be to enhance their capacities so that they can reach last-mile communities and those most affected by this pandemic.

Ms. President,

Disasters do not stop because of the pandemic. While dealing with COVID-19, many communities around the world continue to suffer from the impacts of climate change. The IFRC estimates that of the 132 unique extreme weather events that have occurred in 2020, 92 have overlapped with the COVID-19 pandemic. These overlapping crises disproportionately affect people in the most
vulnerable situations, who suffer the brunt of the climate crisis while dealing with the direct health impacts of COVID-19 or coping with measures to curb its spread.

The combination of COVID-19 and the climate crisis has created an untenable situation for many people, particularly in low- and middle-income countries and small island states. The compounding impacts of these crises highlights the urgent need to address the lack of global climate ambition and action and makes more urgent the push for systems that are adaptable and resilient. To this end, we are committed to expanding disaster risk reduction efforts, with a strong focus on small island developing states and least developed countries, and to scaling up anticipatory actions to protect communities in vulnerable situations, prevent damage, and safeguard finite resources. The IFRC and our National Red Cross and Red Crescent Societies are steadfast in our dedication to work alongside governments and communities to enhance our capacities to resist further shocks, improve our daily lives, build resilient social protection systems, and implement local, adaptable, and effective humanitarian responses.

As the dual crises of COVID-19 and climate change continue to exacerbate mental health needs and strain health systems, we appreciate the strong language in this resolution calling for the provision and funding of cross-sectoral mental health and psychosocial support services as a critical component of humanitarian response. Since the beginning of the COVID-19 pandemic, 136 National Red Cross and Red Crescent Societies have reached over 8.7 million people with mental health and psychosocial support services. From our operational experience, we know that early and sustained access to mental health and psychosocial support services for people affected by overlapping crises is essential. To provide these services, we need flexible funding and sustainable investments in public, local, and community-based mental health and psychosocial support, which meet a range of mental health needs.

Mr. President, I thank you for the opportunity to contribute to this important debate.