

Call to Action Universal Health Coverage in Emergencies

27 September 2018

In light of the protracted nature of many persisting humanitarian crises, there is **urgent need** for more coherent and inclusive approaches to expand Universal Health Coverage in armed conflict, fragile settings and in other emergencies. To do this, we need to bring together humanitarian and development actors to help strengthen health systems, build resilience to scale, sustain core public health capacities and ensure equitable access to health care for all. We must also stop attacks on health care facilities and medical and humanitarian personnel that negatively impact the health system's capacity to deliver care, whilst supporting and delivering essential lifesaving interventions.

This **Call to Action** is a **commitment** to accelerate efforts to improve the coverage of quality essential health services without risk of financial hardship and to accelerate progress towards Universal Health Coverage for people affected by armed conflicts, fragile settings, health and other emergencies.

Recalling our collective commitment to achieve better health and well-being for all in the 2030 Agenda, we acknowledge that the highest attainable standard of health is a human right. We recognize that ensuring good health and well-being (SDG3) and promoting peace, justice and strong and inclusive institutions (SDG 16) are indivisible. The resilience of institutions and public services aimed at local communities is key to addressing post-conflict infrastructure and skills gaps, heightened vulnerability to disasters and to restore social trust. We adhere to the principle of Leaving No One Behind, which requires special effort to design and deliver quality and equitable health care services informed by the voices and needs of the most vulnerable and marginalized people. Our focus must be on identifying and extending health services to the most vulnerable groups and those in most need living in fragile situations, in hard to reach or insecure areas, based on the humanitarian principle of impartiality. Furthermore, we need to remember people with multiple and complex needs, such as elderly people, people with disabilities and people with mental health problems, who are less likely to access care.

The protection of and respect for the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities, is at the heart of International Humanitarian Law and has been reiterated by Security Council Resolution 2286 (2016). We call on all Member States and other relevant actors to respect these norms, to support programmes to prevent and mitigate attacks on health care, and to support WHO and other Organizations in their efforts to collect data on these attacks. Violence against the health system limits access to medical services for those who need them most, undermines the system's ability to identify and respond to outbreaks at an early stage and has grave and long-term public health consequences.

We must act on efforts to ensure unimpeded and sustainable access to quality health services in armed conflicts, fragile settings, health and other emergencies to successfully deliver on our commitment to Universal Health Coverage as embedded in the Sustainable Development Goals. This aim is in line with the WHO 13th General Programme of Work (GPW) and its triple billion goals¹, which WHO Member States have approved.

We reaffirm our commitment to achieve better health and well-being for all in the 2030 Agenda, and in particular for women, children and adolescents. Recognizing the lifesaving role that international assistance in health care in emergencies can play, we emphasize the crucial role of strong and sustainable national health systems.

¹ One billion more people benefitting from universal health coverage, one billion more people better protected from health emergencies and one billion more people enjoying better health and well-being.

We commit to working collectively with all relevant multi-sectoral partners to

- support, protect, build on and strengthen national health systems, which are fundamental to ensure Universal Health Coverage and respond to health emergencies;
- ensure a process of effective health sector coordination that brings together government, humanitarian and development partners, to do joint health system analyses and joint planning for the delivery and financing of quality essential health services for all in particular in protracted conflicts and fragile settings;
- support the integration of the work on the protection of health care in prevention, preparedness, response and health systems strengthening activities, including in primary health care services and with capacity building across all relevant sectors;
- support the strengthening of disease surveillance systems and early warning mechanisms in situations of high vulnerability, linked to reduced access to healthcare services, gaps in medical history and identity for people on the move;
- promote the continuum of care and provision of essential health services including primary and secondary preventive services and related medicines and technologies, in line with the humanitarian principles of humanity, neutrality, impartiality and independence as well as the Sphere standards and the Core Humanitarian Standards;
- promote humanitarian and development strategies and programmes that support or provide health services and work towards collective outcomes, consistent with the Agenda for Humanity's New Way of Working, ensure that girls' and women's needs and involvement are integrated into the design and execution of interventions to achieve UHC in emergencies;
- strengthen political support for the protection of health care during armed conflict and improve the safety and security of health workers, relief personnel and facilities by respecting and ensuring IHL and robust implementation of our obligations under UN Security Council resolution 2286;
- raise public awareness of the human and economic cost of attacks on health care in armed conflict and actively promote the Secretary General's recommendations on the protection of health care in armed conflicts;
- support efforts to collect reliable data on the wounded and sick, medical personnel and humanitarian personnel exclusively engaged in medical duties, their means of transport and equipment, as well as hospitals and other medical facilities on attacks and unlawful military use of medical facilities and their means of transport; including expanding the implementation of WHO's Surveillance System for Attacks on Health Care and the alignment with other existing monitoring and reporting mechanisms related to health care in emergencies and armed conflicts in the UN family;
- support efforts to research the short and long term impact of attacks on health care on the health of the population, leading to identification, promotion, and application of best practices to protect health care by integrating with existing programmes such as safe hospitals and emergency trainings;
- recognize and strengthen routine immunization programmes as a low-cost, high-impact preventative health measure to pave the way for stronger and more resilient healthcare systems to reach unprivileged, underserved and vulnerable populations, including host communities in need of life-saving health services, and mitigate the risks of disease outbreaks;
- recognize the importance of research and development for timely availability and development of new and improved quality medicines, vaccines, diagnostics and medical equipment for containing emergencies. This requires mobilization of national and international research efforts and facilities, and norms and commitments to share data and samples, in accordance with national legislation, and public health benefits in an inclusive, timely and transparent manner;
- recognize the role and contribution of the private sector, other humanitarian and development actors in health services provision in armed conflicts, fragile settings and in other emergencies, capitalizing on their complementarity with more traditional programming and support to public health systems, and supporting their improvement in order to maximize the sustainability and resilience of health care throughout the crisis cycle in contexts of protracted emergencies