INCREASING ACCESSIBILITY TO HEALTH CARE IN EMERGENCY CONTEXTS

Introduction

In 1969, the International Health Regulations (IHR) were first adopted by the World Health Assembly (WHA). However, with the expansion of international travel and trade, disease outbreaks and other acute public health risks became increasingly unpredictable and required substantial revisions to IHR. The revised IHR (2005) were adopted at the Fifty-eighth WHA in 2005 and entered into force in 2007, serving as an instrument of international law that was legally-binding in 196 countries, including the 194 WHO Member States. The IHR require that all countries have the ability to detect, assess, report and respond to potential public health emergencies of international concern (PHEIC) for limiting the spread of health risks to neighboring countries.

The resolution on strengthening of the coordination of emergency humanitarian assistance of the United Nations by the Seventy-Fourth WHA (2021) recognized WHO's role in the international humanitarian system, including through leadership and coordination of the Inter-Agency Standing Committee Global Health Cluster and as provider of last resort in health emergencies, acknowledged the role of other humanitarian actors including nongovernmental organizations and the Red Cross Red Crescent Movement therein and reaffirmed the principles of neutrality, humanity, impartiality and independence in the provision of humanitarian assistance.

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Since 2020, natural catastrophes, pandemics, wars and crises seem to be appearing everywhere, most notably with the ongoing COVID pandemic, which was declared by WHO as PHEIC according to IHR (2005), and the war crisis happening between Ukraine and Russia. All these events have inevitably increased emergency health needs, and thereby, the issue of health equity, as the most vulnerable people often have no access to basic health services. Therefore, how to increase accessibility to healthcare in emergency contexts and detect, assess, report and respond to these emergency health events are things that need to be addressed.

Universal health coverage has been proposed and promoted globally to address health equity. However, the aforementioned events have hindered the progress of UHC, so we now need new strategies or tools to move forward and improve health equity in emergency contexts.

Moreover, access to medical care is a fundamental right for everyone. When a public health emergency occurs, there is limited or no access to medicines, health facilities, and healthcare worker services in affected areas. Lack of real-time information is another issue that impedes health authorities in matching the demand and supply for medical services. To bridge the gap, mHealth (mobile health), based on digital technology has been introduced to facilitate data collection of personal medical information for further improving case management and medical resource allocation. The aforementioned emergency events also reveal the need for emergency response capacity building. Therefore, strengthening the emergency response capability of medical institutions and medical health personnel is another gap that must be filled, to achieve the goal of UHC and "leave no one behind" in emergency contexts.

Objective

To share knowledge and experience of how we could assist vulnerable groups by increasing accessibility to health care in emergency contexts.

Desired Outcome

Participants gain new insights or inspiration on how to improve the different aspects of health equity in emergency contexts.

Date: May 23rd , 2022
Time: 18:00 - 19:30 Geneva Time
Venue: Parquet Meeting Room, Hotel D'Angleterre
Registration: https://reurl.cc/n1nE1n

Registration

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Time: 18:00 - 19:30 Geneva Time
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AGENDA

18:00
Registration

18:10-18:20
Welcome and introduction
Ms. Cecilia Roselli,
Director of Humanitarian Policy and
Representative Office in Geneva
Norwegian Refugee Council (NRC)

18:20-18:25
Opening remarks
Ms. Li-Feng Lee,
Deputy Minister
Ministry of Health and Welfare, Taiwan

18:25-18:40
Keynote:
Universal health coverage during the
pandemic/war crisis – Old topic with new
strategies
Dr. Manuel Claros,
UNICEF & WHO Team Lead
Bureau for Humanitarian Assistance
United States Agency for International Development
(USAID)

18:40-18:50
1. Protection:
Activation of temporary protection
directive in EU: How to relieve health
needs in Ukraine crisis
Dr. Wojtek Wilk,
CEO
Polish Center for International Aid (PCPM)

18:50-19:00
2. mHealth:
How digital health innovations could be
applied to address health equity?
Dr. Riccardo Lampariello,
Head of Health Program
Terre des hommes (Tdh)

19:00-19:10
3. Health emergency response:
How TaiwanICDF responds to health
emergency needs?
Ms. Cathy Wang,
Director of Humanitarian Assistance Department
TaiwanICDF

19:10-19:25
Q & A
Ms. Cecilia Roselli,
Director of Humanitarian Policy and
Representative Office in Geneva
Norwegian Refugee Council (NRC)

19:25-19:30
Closing remarks
H.E. Timothy T. Y. Hsiang,
Secretary General
TaiwanICDF

Refreshments shall be served

Registration