

Statement by Professor Ilona Kickbusch, Director Global Health programme, The Graduate Institute of International and Development Studies Geneva on behalf of the UN Secretary General's Global Health Crisis Taskforce

Honourable ministers, ladies and gentlemen, dear friends and colleagues

the Global Health Crisis Taskforce was established by the UN Secretary General in June of this year 2016. The Task Force is co-led by Jan Eliasson, Deputy Secretary-General, Jim Yong Kim, President of the World Bank Group, and Margaret Chan, Director-General of the World Health Organization (WHO). The Deputy Secretary-General also serves as Chair of the Task Force. David Nabarro, the Secretary-General's Special Adviser on the 2030 Agenda for Sustainable Development and Climate Change, will support the Task Force Chair.

This composition of chairs is already a signal for the **new spirit of cooperation** that has followed from the tragic Ebola Crisis, as is the composition of the task force.

We are tasked to **support and monitor implementation of recommendations** developed by his High-level Panel on the Global Response to Health Crises, which issued its report, "Protecting humanity from future health crises", on 9 February 2016.

The Task Force will **produce regular updates** for the Secretary-General, describing progress on implementation of the Panel's recommendations. It will also bring to his attention issues relating to

emerging health crises and to gaps or weaknesses in the global health architecture. You can find these on the website of the taskforce.

The taskforce is determined not to work in a "health crisis" silo. Our discussions and recommendations - we have had 2 meetings so far - keep coming back to **the need to strengthen weak health systems, involve communities and to ensure the integration of key IHR capacities in all discussions of health systems strengthening and UHC.**

The expansion of UHC is seen by the taskforce is seen by the task force as contributing to the strengthening of IHR capacities and enhance emergency preparedness and must be included in planning and financing of UHC. **All functions of preparedness, detection and response require a well trained work force at all levels of health governance.** As the recently conducted joint evaluations JEE done in about 30 countries the context of the Global Health Security Agenda show, **this is a challenge to all countries.**

This clearly indicates that when we speak of the health workforce we **must not only concentrate on those who are working directly with patients** but must ensure health workers who - for example - are involved in surveillance and data collection, indeed on the very wide range of public health professionals (and institutions) that are required. **This must be considered in National Health Work Force Accounts.**

The task force also deliberated that while well trained staff must be available to respond to crisis - at all levels of governance - we must also ensure **that ALL health workers have an understanding how to**

respond in the face of a health crisis. Simulations are one way to do this.

Such simulations also include the key challenge that health workers must be experts **not only in their respective area of responsibility but also experts in cooperation and outreach.** Any health crisis means reaching out to many different actors in society, it requires inter-sectoral cooperation and in country coordination for whole of government and whole of society approaches.

These points relate strongly to the actions identified by the HEEG Commission on transformative education, skills and job creation.

The task force has especially **considered the need for health workers to work fully with the community** - at all stages of preparedness, detection and response. All analyses of the Ebola crisis have found this to be one of the key weaknesses. This also means **understanding and acknowledging the importance of non- medical health workers** - for example in health promotion and communication - who are the key link into the community. **Communities themselves must be involved in all health activities.** The task force has repeatedly highlighted that **the role and participation of women** must be better recognized. **Our discussion on health workers - also in crisis - frequently remains gender blind as the HEEG has also highlighted.**

The task force has also referred to the **critical role of the voluntary health workers who frequently are the first responders** and risk their lives, as well as the humanitarian work force and non-governmental organisations.

The taskforce has also expressed its concern **about the attacks on health workers and facilities** and requested the SG to continue ensure that data are systematically collected and to take this issue to the Security Council.

Investments for preparedness, detection and response are investments in reliable institutions and systems, in a well trained work force and in health literate citizens in the communities.

Countries need to make pandemic-sensitive investments in the health workforce. The task force agrees that the global community together needs to invest in Emergency Medical Teams and countries are encouraged to join the **WHO Global EMT Classification Process**.

The taskforce has not shied away from the issue of financing. **It states clearly that countries cannot compete in the economy of the future without investments in health, nutrition and education.** Without these investments countries will face the pathway of fragility, violence and conflict. Official development assistance will not be sufficient to address the issues at stake.

The taskforce has considered concessional financing mechanisms, the need for private sector investments to ensure fiscal space and new mechanisms to finance global public goods, including global institutions. It has raised the issues of illicit financial flows, tax evasion and corruption that stand in the way of development.

Finally the taskforce repeatedly stresses the importance of engaging with political processes to maintain that **preparedness, detection and**

response to health crisis remain on the political agenda at national and global level. The resolution on Global Health and Foreign Policy at the UNGA which focused on the health work force is one example of this. Another unique political opportunity are the G20 deliberations in Germany this year where health is one of the priority issues for the very first time.

Dr. Chan, the DG of the WHO has said repeatedly that health is a political choice. The Taskforce recognizes the political dimensions that need to be addressed and hopes that it works will support such essential commitment.

Thank you very much.