Presentation by His Excellency Archbishop Silvano Tomasi, Permanent Observer of the Holy See
to the United Nations and Other International Organizations in Geneva
at the 68th Assembly of the World Health Organization
Geneva, 20 May 2015

Mr. President,

The Holy See delegation wishes to note the importance and the timeliness of the theme for the general discussion. The recent Ebola outbreak was a human and public health tragedy, which, among others, showed that the need to build resilient health systems cannot be over emphasized, as they are essential for the provision of universal health coverage and for a prompt response to outbreaks of disease.

There is an established awareness that the smooth and effective operation of health systems is critical to achieving both national and international health goals.[1] Unfortunately, most low income countries, which are still afflicted by infectious disease and epidemics, have very poor health systems that need urgent intervention, if they are to respond to the health needs of the whole population.

In fact, many health centers are unable to provide safely the services needed, as they lack staff, medicines, equipment and health information. This is aggravated by the chronic low public expenditure on health. We therefore need to re-prioritize investment in healthcare for the good of public health. This requires long-term commitment from national governments and international donors to support resilient health systems and to ensure universal coverage of health services, thus strengthening the capacity of national health systems to deliver equitable and quality health-care services, and also stepping up their ability to respond to outbreaks and to improve community ownership and participation.

This means short and long-term investment in a number of key elements of the health system; particularly, improved primary health care, an adequate number of trained health workers, availability of medicine, appropriate infrastructure, update statistical data, sufficient public financing, public-private partnership and scaling up the number of well-equipped health posts and district hospitals. It is also a challenge to donors to make a shift from short-term program funding to long-term comprehensive health service financing.

The recent report on Global evidence on inequities in rural health protection, by the International Labor Office, revealed that more than half of the population in rural areas worldwide do not have access to basic healthcare, with many of them at risk of impoverishment or deepened poverty due to out of pocket payment for services.[2] This is clear evidence that, in 2015, we are still a long way from universal coverage. For various reasons, there are strong inequalities in access to

[1] Cf. A64/13 Health System Strengthening: Current Trends and Challenges.
[2] Cf. International Labor Organization, *Global Evidence on Inequities in Rural Health Protection: New Data on Rural Deficits in Health Coverage for 174 Countries*, Geneva 2015, pp. 6-12.

healthcare between the rural and urban areas, with the latter often more advantaged than the former which are most deprived. Embracing the recommendation of the report, my delegation wishes to note the urgent need to address this rural urban divide in the post-2015 Development Agenda, bearing in mind that "human life is always sacred and always has 'quality'. (…) There is no human life qualitatively more significant than another, only by virtue of resources, rights, greater social and economic opportunities."[3] This means addressing the needs of the disadvantaged, marginalized and vulnerable rural populations. As Pope Francis reminds us "persons and peoples ask for justice to be put into practice: not only in a legal sense, but also in terms of contribution and distribution. Therefore, development plans and the work of international organizations must take into consideration the wish, so frequent among ordinary people, for respect for fundamental human rights and, in this case, the right *to social protection and health*."[4]

In relation to this, the Holy See delegation wishes to emphasize the role of public-private partnership in promoting universal coverage, especially in many low-income countries where primary healthcare services are accessed by a majority of the population in the rural and hard to reach areas, mainly from private not-for profit health centers and hospitals, managed by the Church and other faith based institutions. In many countries, the Catholic Church is privileged to be one of the primary partners of the State in providing much needed health care services to populations in remote areas, through its over 110,000 health and social-welfare institutions around the world.[5] It is therefore important to offer them the necessary collaboration and support so as to enable them to bring the services close and to render them accessible to poor people in particular.[6] Indeed, in many low-income countries, the contribution of civil society and communities to health services delivery is fundamental.

Finally, Mr. President, while remembering the many victims of the Ebola virus in Guinea, Liberia and Sierra Leone, as well as the many dedicated healthcare workers, both from public and private Church owned health institutions, who lost their lives while assisting those affected, and aware of the impact of the outbreak on the already fragile health systems of the affected countries, whose capacity to provide essential health services has been greatly compromised, my delegation welcomes the recommendations of the Resolution on Ebola (EBSS3.R1) and supports its review and approval by this august assembly (WHA68).

May I wish all the distinguished delegates a fruitful discussion and deliberation during this Assembly.

Thank you, Mr. President.

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[3] Pope Francis, address to participants in the commemorative Conference of the Italian Catholic Physicians' Association on the occasion of its 70th anniversary of foundation, 15 November 2014.

[4] Pope Francis, *Address to FAO Nutrition Conference*, 21 November 2014, n. 2.

[5] The Catholic Church has a total of 116,185 health and social-welfare institutions world-wide, of which 5,034 hospitals, 16,627 dispensaries, 611 leprosaria, 15,518 homes for the aged, chronically ill, invalids and disabled, 9,770 orphanages, 3,896 special centers for social re-education and other social-welfare institutions. Cf. Secretaria Status, *Statistical Yearbook of the Church 2013*, Libreria Editrice Vaticana, Vatican City 2013, pp. 355-365.

[6] Cf. Pope Benedict XVI, Encyclical letter *Deus Caritas est*, n. 28b.