



Statement by His Excellency Archbishop Ivan Jurkovič, Permanent Observer of the Holy See
to the United Nations and Other International Organizations in Geneva
at the 72nd World Health Assembly
22 May 2019, Geneva

Mr. President,

The Holy See welcomes the sustained emphasis on universal health coverage, primary health care and health workforce as key components of the global drive to deliver better health for all. Since the Alma-Ata Declaration, the world has for over 40 years strived to achieve needed access to quality and affordable health care. Pope Francis has, on several occasions, urged that efforts “be made within the appropriate international forums to facilitate, in the first place, ready access to medical care and treatment on the part of all.”¹ Safeguarding the right of all to have access to health care is in fact a means of fostering the value of social justice, health equity and the common good: hence leaving no-one behind.

We have come a long way Mr. President, and many countries have made remarkable improvements in access to quality health care. However, as indicated by the recent health statistics² and the report of the Director General (A72/14), this progress is far from equal, since half of the world’s population still lacks access to essential health services, whereas close to 100 million people are pushed into extreme poverty each year due to health expenses.

My delegation wishes to note with concern that despite best efforts by many governments to reach the global goal of universal health coverage, there still are many people whose startling situation remains overlooked and that lack such access, especially migrants, refugees, internally displaced persons, and stateless persons, since some States do not include these persons in their health coverage programs. Also, to be considered are those persons who lack official documentation and cannot access such documentation because they come from conflict zones or do not have the financial resources to obtain such documentation, or because in some countries, women are not allowed to obtain such documentation without the permission/signature of male spouse or male relatives. These and other situations of deprivation, affecting the most vulnerable populations, make universal coverage particularly challenging.

¹ Pope Francis, Address to the Members of the Diplomatic Corps Accredited to the Holy See, 8 January 2018.

² Cf. World Bank Group/WHO: Tracking Universal Health Coverage: 2017 Global Monitoring Report.

The Holy See reiterates its support and continued contribution to action towards achieving universal health coverage, especially through the many Catholic inspired health care institutions, which provide primary health care worldwide. The Astana declaration rightly calls on all partners and stakeholders in health, faith-based organizations included, “to take joint actions to build stronger and sustainable primary health care towards achieving universal health care.”³ Indeed, in many countries the private sector, and especially not-for-profit organizations, provides a significant part of health care programs. It is therefore important that partnership and collaboration with the private sector be an integral element in the efforts to promote primary health care and universal health coverage, including through national or faith-based health insurance schemes.

Mr. President, the support and collaboration of faith-based organizations, in particular, will be rendered effective and sustainable, through working together in a spirit of partnership, mutual respect and dialogue, without obliging them to participate in activities they find morally objectionable.

The efforts and contribution of such organizations and institutions towards universal access to health care merit the recognition and support of both the State and the International Community, while “respecting their specific character and acting in a spirit of collaboration.”⁴

Finally, Mr. President, ensuring affordable and quality health care to people and communities, also requires a strong, motivated and well-trained health workforce. We need therefore a resolve to address the shortage and uneven distribution of health workers. This requires, among other things, the education and deployment of community health workers within a primary health care team. It is therefore important, as indicated by the WHO guideline,⁵ that investments in universal health coverage include a substantial portion towards developing the workforce. Church institutions also pledge their support to the efforts of training the health workforce. This will ensure the development of an interdisciplinary team, capable of providing a comprehensive range of affordable services, prioritizing health promotion and disease prevention, as well as educating individuals and communities to be involved in maintaining and enhancing their health.

Thank you Mr. President.

³ Declaration of Astana, Global Conference on Primary Health Care: From Alma-Ata towards universal health coverage and the Sustainable Development Goals, Astana, Kazakhstan, 25-26 October 2018.

⁴ Benedict XVI, Post-Synodal Apostolic Exhortation *Africae Munus*, n. 73.

⁵ Cf. A HEALTHIER HUMANITY - The WHO Investment Case for 2019-2023; WHO guideline on health policy and system support to optimize community health worker programmes. Available at <https://www.who.int/hrh/community/en/> (accessed 3 May 2019).