

Statement by  
Hon. Nimal Siripala de Silva  
Minister of Transport and Aviation of the Democratic Socialist Republic of Sri Lanka  
Special Session on Global Health  
World Humanitarian Summit  
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Mr. Chairman,

At the outset, I wish to thank you for inviting Sri Lanka to participate at the first-ever World Humanitarian Summit, and in particular, at this Special Session on Global Health and express our gratitude for the warm hospitality.

Health is undoubtedly one of the most fundamental needs of mankind, upon which the existence and continuation of humanity hinges. Providing universal health coverage for all, especially for vulnerable and needy people, has been one of the main objectives of the Millennium Development Goals, a principle that has been deservedly reinforced in the Sustainable Development Goals. While ensuring basic health conditions for all remains a fundamental principle, we also recognize the interconnectivity and synergies that exist among the SDG goals. Therefore, we believe, our long-term approach both at national and international levels to address health issues should be through dealing with the SDG goals in tandem, and in a holistic manner.

Mr. Chairman,

We are aware that despite the paramount importance attached to basic health, preserving and protecting the health of all people continues to face increasing threats and challenges today, raising serious concerns regarding the adequacy of national and international capabilities to respond to urgent health needs.

The relationship between health and humanitarian crises can be considered two-fold. On the one hand, diseases that progress into epidemics and pandemics could generate humanitarian crises that transcend national boundaries, as witnessed in the recent outbreaks of the Ebola virus disease and the Zika virus infection.

On the other hand, people who are already affected by humanitarian crises caused by non-health factors such as natural disasters and armed conflict, face increased risks and vulnerabilities pertaining to health, that are aggravated by mass displacement and environmental changes.

The frequency and the scale of these types of humanitarian crises occurred in the world in recent years, have caught national healthcare sectors under-prepared and under-resourced to respond to them effectively, and has highlighted the urgent need for a review of the existing international health care support structures.

We recognize the limitations of national capacities and capabilities in addressing health issues in the face humanitarian crises, which require the development of national, regional and global preparedness through policy actions. In this respect, we welcome the Secretary General's High Level Panel Report on Protecting Humanity from Future Health Crises that lays out a clear strategic framework as a possible response.

In this backdrop, we commend the timely initiative taken by the United Nations to convene this important forum, and thank the Republic of Turkey for graciously hosting the event. It is our view that this global discourse on health, with special emphasis on health in the context of humanitarian crisis, is being held at a time when the world is in acute need of a more collaborative and focused response towards addressing the worsening health risks and crises.

Mr. Chairman,

Goal 3 of the Sustainable Development Goals (SDGs), which the Community of Nations unanimously adopted last year, seeks 'to ensure healthy lives and promote wellbeing for all at all ages'. This mandates, amongst others, that we preserve and protect the health of the large number of people who are affected by humanitarian crises in different parts of the world.

In this respect, it is our considered view that efforts to address crisis-related health issues must shift their focus from providing short-term, immediate relief, to more long term and sustained programs aimed at strengthening and developing health support systems to achieve crisis-preparedness.

At the national level, this would require assisting national healthcare systems to be better equipped to monitor, prevent and prepare for health crises, by increasing their resources and building capacities. At the international level, urgent measures are required to strengthen international coordination and cooperation in respect to information and knowledge sharing, providing technical assistance, and putting in place solid financing arrangements to assist national health systems and to promote medical research.

Mr. Chairman,

My country has, within a short span of time, experienced two large-scale humanitarian situations in the form of the 2004 Tsunami and the armed conflict that lasted nearly 30 years. These crises left thousands maimed, sick, and displaced, demanding immediate and concerted responses from the national healthcare system.

It was the high standards of healthcare that Sri Lanka had already achieved through its government-funded, free healthcare system, consisting of a comprehensive network of health institutions, referral mechanisms and trained community health personnel, that enabled us to successfully withstand the health threats posed by these crises.

Thus, when the Tsunami struck in 2004, Sri Lanka's health sector could, due to our investment in the health sector, help us to cope with the massive crisis. Sri Lanka, whilst catering to the needs of the affected communities, was able to rebuild 97 health institutions in 11 districts. The crisis also highlighted the deficiency in the national coordination among various services, as health issues cannot be viewed in isolation during humanitarian crises.

Our experience has led to the creation of a Disaster Management Ministry and the strengthening of the function of the National Disaster Management Center so as to coordinate among various agencies and actors on all aspects of disaster. The Tsunami humanitarian crisis also highlighted the deficiency in administrative and logistical areas, especially in emergency preparedness, forensic laboratory facilities, storage network, psychosocial support, and international coordination. I am glad to state that the lesson learnt from the post Tsunami period has helped to improve most of these deficiencies.

Similarly, throughout the armed conflict until its end in 2009, the national healthcare system stood ready and resilient, providing comprehensive health services to displaced populations.

Mr. Chairman,

The reasons for our successful handling of both disaster scenarios, especially in the context of the health sector, could be attributed to Sri Lanka's investment in the health care system, which showed strong resilience in serving people during times of crisis.

Further, the government institutions forged effective partnerships with UN bodies, the corporate sector, non-government organizations and the community, and worked together in addressing victim's need as the priority.

We also found that cooperation and coordination at regional and international levels is essential to face such calamities and to manage crises, since national level systems could not cope with these crises alone. I believe that we need to exploit existing regional frameworks positively, as they could come together to assist national structures to deal with humanitarian crisis.

Learning from these disasters, Sri Lanka has also developed a small contingent of search and rescue and a medical contingent that could be deployed at short notice within the region. Recently, this contingent was deployed in Japan and in Nepal after the earthquake disasters that occurred in these countries.

Finally, Mr. Chairman, it is our firm belief that developing and strengthening national healthcare systems in times of normalcy is essential, if we are to respond swiftly and effectively to health challenges relating to humanitarian crises. Such systems should have the flexibility and the robustness to draw support from a wide range of actors including the civil society, the media and international organizations.

Thank you Mr. Chairman.