

Power of humanity

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**33rd INTERNATIONAL CONFERENCE
OF THE RED CROSS AND RED CRESCENT**

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Time to Act: Tackling Epidemics and Pandemics Together

BACKGROUND DOCUMENT

**Document prepared by
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EXECUTIVE SUMMARY

More than ten years on from the commitment included in Resolution 1 of the 30th International Conference of the Red Cross and Red Crescent in 2007 “to strengthen health systems and develop national health plans with the involvement of National Societies, and to include the empowerment of volunteers and affected groups”, the 33rd International Conference provides an opportunity to strengthen the role of the components of the International Red Cross and Red Crescent Movement (Movement) in response to the ongoing risk posed by both old and emerging infectious diseases.

The resolution will therefore propose concrete actions for the Movement to work with governments and communities to improve national preparedness and response to epidemics and pandemics and support States’ efforts to strengthen core capacities in accordance with the International Health Regulations, where relevant.

1) INTRODUCTION

Recent outbreaks of Ebola in various African countries – including the current year-old outbreak in the Democratic Republic of the Congo (DRC), which is now the second largest in history – are just some of the epidemics experienced so far in the 21st century that have had catastrophic potential. These include the four major outbreaks of Middle East respiratory syndrome (MERS) in Saudi Arabia and the Republic of Korea and the pandemics of H1N1 and H5N1 influenza and severe acute respiratory syndrome (SARS). In addition to these emerging threats, we have seen regional outbreaks of yellow fever, the ongoing cholera pandemic, continued polio transmission despite global control efforts, and significant increases in the incidence of dengue and measles. These all serve as a stark reminder of the threat to humanity posed by both old and emerging communicable diseases.

2) BACKGROUND

Epidemics are often a symptom of underlying weaknesses in the health system and water and sanitation infrastructure and of poverty and inequity. They not only cause illness and death but can also impact the stability and economy of affected communities. The overarching direction of improved epidemic response is, therefore, grounded in strengthening resilience and building capacity at all levels, including in communities, National Societies and governments and within the humanitarian architecture. The resolution is purposefully focused on activities and actions where the Movement creates specific added value to existing capacities and therefore has a strong focus on community approaches and localized responses. Within the Movement there is enormous potential to contribute to individual, community, national, regional and global health and stability through effective epidemic prevention and control.

3) ANALYSIS / PROGRESS

The Movement has a long and extensive history in the prevention and control of epidemics. Every year, National Societies around the globe are involved in mobilizing communities, caring for the sick and protecting the vulnerable from a wide variety of infectious agents. Often, National Society volunteers are at the core of multilateral response, working and coordinating with government and UN agencies to ensure local engagement and acceptance. This is exemplified in the ongoing outbreak of Ebola virus disease in DRC, where more than 1,000 volunteers are engaged in frontline lifesaving activities in the most affected communities, with many more working in neighbouring at-risk countries. Their efforts have been widely acknowledged as crucial to reaching communities with critical lifesaving approaches – such as safe and dignified burials – in a way that allows them to meaningfully contribute to the epidemic response. However, outbreaks of diseases like Ebola also demonstrate weaknesses in health and humanitarian systems, both internally and externally, and in the ability to detect, respond

to and control infectious disease outbreaks, highlighting the particular challenges of doing so in complex operating environments such as protracted crises. The Ebola crisis is a call to action to improve our preparedness and response to the increasing threat of large-scale outbreaks.

In response to the Ebola crisis in 2015, a High-Level Panel on the Global Response to Health Crises was convened by the United Nations Secretary-General. This Panel notes that “the high risk of major health crises is widely underestimated, and that the world’s preparedness and capacity to respond is woefully insufficient. Future epidemics could far exceed the scale and devastation of the West Africa Ebola outbreak.” It goes on to acknowledge that “[d]espite the significant threat, global efforts to prepare for epidemics have been woefully insufficient”. The global instrument negotiated in 2005 to ensure early warning and pandemic response, the International Health Regulations (IHR), requires all World Health Organization (WHO) Member States to develop 13 core capacities deemed the minimum needed to effectively implement the IHR. While there has been progress reported globally across all 13 IHR core capacities, in 2018 the 189 reporting States Parties collectively averaged 60% achievement of the minimum competencies, indicating the need for sustained investment and commitment to improving the capacity to prevent, detect, respond to and recover from epidemics.ⁱ

Drawing on these findings and lessons learnt at an organizational level, many agencies, including WHO and a number of government public health agencies, have undergone significant change to ensure they are “fit for purpose” and able to detect and respond to outbreaks more effectively. Despite these important changes and investment, a significant gap in prevention and response capacities remains at the community level.

Empowered and engaged communities can be at the forefront of preparing for, detecting and responding to outbreaks. This requires immediate and long-term commitment to investing in capacities at the community level, while also building trust and understanding among community-level frontline workers, such as Red Cross and Red Crescent volunteers. Communities must be meaningfully involved in all aspects of epidemic preparedness and response because they are the first to suffer from epidemics and also because they bring unique perspectives and capacities that are critical to preventing and responding to epidemics where they happen – between individuals and families within communities. Meaningful and sustained community engagement creates the foundation for rapid, effective and acceptable responses by health systems and global epidemic response mechanisms.

Acknowledgment of the risk posed by disease outbreaks is a significant step forward that now needs to be matched by sustained progress towards improved capacity. The Movement is in a unique position to support this improved capacity through strengthened detection of and responsiveness to local threats and increased surge capacity to meet regional and global crises, following core humanitarian principles and the imperative to save lives and improve health and resilience.

4) CONCLUSION AND RECOMMENDATIONS (THE WAY FORWARD)

The purpose of the resolution is to support Movement components to implement a structured, comprehensive, predictable and coordinated approach to epidemic prevention, detection, response and recovery in close cooperation with States and other partners. The resolution will facilitate the development of a common vision, approach and commitment to working together within countries and across borders to ensure maximum impact of all epidemic control investments and successful detection, control and response activities, ultimately saving lives and building health resilience with and in the most vulnerable communities.

ⁱ <https://www.who.int/gho/ihr/en/>