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Time to act: Tackling epidemics and pandemics together (Resolution 3 of the 33rd International Conference)

PROGRESS REPORT

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PROGRESS REPORT

“Time to act: Tackling epidemics and pandemics together” (Resolution 3 of the 33rd International Conference)

EXECUTIVE SUMMARY

This report provides a comprehensive update on the implementation of Resolution 3 “Time to act: Tackling epidemics and pandemics together” since its adoption at the 33rd International Conference of the Red Cross and Red Crescent (International Conference) in 2019. It offers crucial insights and recommendations.

Resolution 3 is designed to support the International Red Cross and Red Crescent Movement (Movement) in implementing a structured, comprehensive, predictable and coordinated approach to epidemic prevention, detection, response and recovery in collaboration with States and other partners. It emphasizes activities where the Movement adds value to existing capacities, focusing strongly on community approaches and localized responses. The resolution also aims to foster a common vision, approach and commitment to working together within countries and across borders to maximize the impact of epidemic control investments and ensure effective detection, control and response activities.

The COVID-19 pandemic, declared by the World Health Organization (WHO) shortly after the adoption of Resolution 3, has had a profound global impact, resulting in approximately 7 million confirmed deaths (WHO) and widespread socio-economic effects. The report highlights the Movement’s robust response to the pandemic, in which it leveraged its global network and expertise to address the multifaceted challenges posed by the crisis. Through a comprehensive local and global strategy, the Movement has made significant strides in mitigating the spread of the virus, supporting health systems and addressing the socio-economic after-effects of the pandemic.

Moreover, the report draws on lessons learned from the COVID-19 pandemic and other recent disease outbreaks, legal preparedness for public health emergencies and the auxiliary role of National Red Cross and Red Crescent Societies (National Societies) in health and care. It provides assertive recommendations to the 34th International Conference based on these insights.

1) INTRODUCTION

Epidemics and pandemics are some of the biggest threats to a safe and healthy world. They are on the rise, and in today’s connected world, they are spreading further and faster than ever before. Between 2011 and 2021, WHO recorded 2,377 infectious disease events – an average of more than 200 per year ([WHO](https://www.who.int)). The COVID-19 pandemic has taken a staggering toll on lives, health and social and economic well-being worldwide and has been a major setback to achieving the UN Sustainable Development Goals. **Epidemics of known diseases** – such as cholera, measles, Ebola and malaria – continue to threaten large parts of the world’s population. Furthermore, 60% of existing **infectious diseases** and 75% of **emerging ones** jumped from animals to humans, such as Ebola, Middle East respiratory syndrome (MERS), Zika and COVID-19.¹ According to recent research, climate change could aggravate over half of all infectious diseases.² Antimicrobial resistance, largely due to the misuse and overuse of antimicrobials in humans, animals and plants, is also a major global public health and development

¹ See, for example, <https://unsdg.un.org/resources/preventing-next-pandemic-zoonotic-diseases-and-how-break-chain-transmission>

² See, for example, <https://www.nature.com/articles/s41558-022-01426-1>, <https://climate.health/cop28-report/>

threat.³ We know from experience that with effective preparedness and response measures, it is possible to minimize the impacts of epidemics and pandemics or prevent them altogether. Communities can be the first line of defence against epidemics and pandemics when equipped with the right knowledge, behaviours, skills and tools.

National Societies are best placed to support community-level epidemic and pandemic preparedness and response due to their unique role as auxiliaries to governments and because they are local, well known and trusted. Their staff and volunteers are part of the communities they serve and are present before, during and after health emergencies. They support communities in staying safe from diseases, prevent and control outbreaks and report unusual health events to authorities quickly to stop epidemics in their tracks. A National Society's regular health and care services create a bridge between communities and local health systems. **The 191 National Societies reach millions of people every year with a wide range of health and care services, improving health and well-being for all.** For many National Societies, long-term health and water, sanitation and hygiene (WASH) programmes often form the foundation for their sustained presence in communities and their ability to respond promptly and effectively during emergencies. It is this long-term presence that builds trust and a deep understanding of communities' health risks, vulnerabilities and inequities.

The International Federation of Red Cross and Red Crescent Societies (IFRC) was founded in the aftermath of the 1918 influenza pandemic and, since then, the IFRC network has worked with governments and key partners, such as WHO, to help people prepare for, respond to and recover from health emergencies. The IFRC works to strengthen National Societies' ability to prepare for and respond to epidemics through training, technical assistance, advocacy support, coordination and financial resource mobilization to ensure access to health and care for the most vulnerable. The IFRC network strives to reach **"last-mile" communities**, advocate for an **all-hazard and whole-of-society approach** to global health security and increase coordination between disaster management and public health. The IFRC Secretariat coordinates international response to epidemics and provides tools and guidance on epidemic risk management to the membership. It also influences the global health policy debate and **advocates for the role of National Societies** in epidemic risk management.

The International Committee of the Red Cross (ICRC) ensures that people affected by conflict and other situations of violence can access basic health care that meets universally recognized standards. This often involves supporting or temporarily replacing existing health services, which is crucial not only in responding to epidemics and pandemics, but also in sustaining medical service delivery during outbreaks in order to prevent them from becoming epidemics. To prepare for and respond to epidemics and pandemics specifically, the ICRC implements comprehensive strategies including: 1) legal and protective measures; 2) support for health systems; 3) community engagement and education; 4) assistance in detention facilities; and 5) broad humanitarian support. From experiences with diseases such as Ebola, cholera and tuberculosis, the ICRC has learned to adopt context-specific, evidence-driven approaches that balance infection control with the need to maintain other essential services.

Together as a Movement, we engage a wide range of stakeholders in epidemic and pandemic preparedness and response – such as governments, health facilities, detention centres, religious leaders, businesses and the media – because we know that all parts of society need to come together to keep people safe from epidemics and pandemics.

Since 2005, the [International Health Regulations](#) (IHR) have provided an **overarching legal framework** that defines countries' rights and obligations in handling public health events and emergencies with the potential to cross borders. Countries must assess their ability to prevent, detect and respond to epidemics using different approaches that provide unique insights into the

³ See, for example, <https://www.who.int/news-room/fact-sheets/detail/antimicrobial-resistance>

country's risk, vulnerability and capacity profile for infectious disease threats. The [WHO benchmarks](#) for strengthening health emergency capacities are available through a [digital platform](#) designed to facilitate planning and implementation for health security preparedness, IHR and [Health Emergency Preparedness, Response and Resilience](#) (HEPR). Under the [Global Health Security Agenda](#) (GHS), which started in 2014 and was extended to 31 December 2028, over 70 nations, international organizations, non-governmental organizations and private-sector companies are collaborating and building capacity to meet specific and measurable targets, with a view to accelerating the achievement of core capacities to support IHR implementation. The GHS has resulted in [National Action Plans for Health Security](#) in a number of countries.

The devastating human, economic and social cost of COVID-19 has highlighted the urgent need for coordinated action to build stronger health systems and mobilize additional resources for pandemic prevention, preparedness and response. The [Pandemic Fund](#) was established in September 2022 to bring additional and dedicated resources to pandemic prevention, preparedness and response. Two calls for proposals were launched. In July 2023, 19 proposals were selected for a total of USD 338 million awarded to 37 countries. The envelope for the second call for proposals, which closed in May 2024, is USD 500 million. A package of amendments to the IHR was approved by consensus at the 77th World Health Assembly (WHA) in Geneva in May 2024. They include a definition of “pandemic emergencies”, a call to help facilitate equitable access to health products countries might need in response to a public health emergency and the establishment of a committee to oversee IHR implementation. Agreement on a new pandemic accord was not reached ahead of the 77th WHA, and WHO's Member States extended the mandate of the [Intergovernmental Negotiating Body](#) (INB) established in December 2021 to enable it to finish its work of negotiating a pandemic accord within a year, that is, by the 2025 WHA or earlier if possible.

Movement and institutional strategies consider the role of the Movement in strengthening health systems and epidemic and pandemic preparedness. In 2007, the 30th International Conference adopted Resolution 1 “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”. Resolution 3 “Time to act: Tackling epidemics and pandemics together”, adopted 12 years later, represented a timely opportunity to strengthen the role of the components of the Movement in preventing, preparing for, responding to and recovering from epidemics and pandemics.

Improving local preparedness and response to a broad range of crises alongside complementary international support mechanisms is at the heart of the **IFRC's [Strategy 2030](#)**, which specifically contemplates investments in epidemic and pandemic preparedness, particularly for local actors, networks and volunteers as front-line responders and early risk detectors. Epidemic and pandemic preparedness and response is an area of focus in the [IFRC Health and Care Framework](#) approved by the Governing Board in July 2020. The [IFRC Disaster Risk Management Policy](#) (2019) and the [National Society Preparedness Framework](#) further outline the IFRC's approaches to strengthening local preparedness capacities to ensure timely and effective humanitarian assistance in response to a broad range of hazards, including epidemics and pandemics. A [white paper on global health security](#) from 2022 outlines the IFRC's approach to strengthening the resilience of communities, National Societies and other key stakeholders.

As the response to the COVID-19 pandemic has shown, epidemic and pandemic preparedness and response are closely linked to global human, animal and environmental health, WASH, disaster, climate and crisis risk management, community engagement and accountability, disaster law, protection, gender and inclusion, education and many other areas of the Movement's work.

2) BACKGROUND

As requested in Resolution 3 “Time to act: Tackling epidemics and pandemics together”, this report describes the progress made in implementing the resolution since it was adopted at the 33rd

International Conference in 2019 and sets out key findings and recommendations. It examines the Movement's response to the COVID-19 pandemic and other recent outbreaks as well as a selection of research papers drawing lessons from public health emergency preparedness and response.

3) ANALYSIS/PROGRESS

A) MOVEMENT EPIDEMIC AND PANDEMIC PREPAREDNESS AND RESPONSE

COVID-19 pandemic

The Movement's unprecedented COVID-19 operation has clearly demonstrated the role that National Societies, the ICRC and the IFRC can play, in collaboration with States Parties, WHO and other key stakeholders at all levels, in preparing for and responding to successive waves of a pandemic.

The operation's primary achievements were centred on bolstering health services. Through targeted public health campaigns, including risk communication, community engagement and vaccination drives, National Societies contributed significantly to increasing awareness and adherence to preventive measures. An impressive **1.2 billion people were reached with risk communication** and community engagement initiatives, which provided accurate information about the virus, promoted prevention measures and dispelled rumours and false information to tackle the concurrent disinformation pandemic. Collectively, the network supported **161 million people in getting vaccinated against COVID-19**. This effort helped reduce the spread of the virus and protect vulnerable populations, particularly in underserved communities.

Furthermore, the COVID-19 response extended beyond the health sector to address the socio-economic consequences of the pandemic. The initial movement restriction measures hampered the ability of millions to access food and essential items and their sources of income. **National Societies provided food and other in-kind items to 92 million people** across the globe. The network offered livelihood support, ensuring that affected communities had access to essential services and sustainable sources of income through various initiatives. This included direct **cash and voucher assistance to 5.9 million people**.

The IFRC's COVID-19 operation also ensured National Societies received the support needed to withstand the impact that the pandemic was having globally. This included National Society readiness, business continuity, financial sustainability and volunteer support, with a particular focus on duty of care. **A total of 154 National Societies reported that they were included in the national government's COVID-19 response and recovery plans. This highlights how the positioning and coordination of National Societies vis-à-vis government authorities were also reinforced to face the consequences of the pandemic.** National Societies ensured service delivery was maintained through business continuity plans (BCPs), with 146 National Societies preparing or updating BCPs in the face of the pandemic. Spaces for information sharing, collaboration and learning were created to enhance the capacities of Red Cross and Red Crescent volunteers.

The [IFRC's 2023 Everyone Counts Report](#) shares findings and lessons learned from the collective efforts of at least 180 National Societies during COVID-19. It highlights the fundamental strengths of the network and its ability to be innovative and quick to adapt to new operational contexts while sustaining the trust of communities.

The ICRC has drawn several important lessons from the COVID-19 pandemic, which have shaped its response to current and future pandemics and epidemics. The ICRC's approach to pandemics and epidemics involves a multidimensional strategy that encompasses health, legal and social responses to effectively address the complex challenges posed by such crises. This experience

has led to the development of a Pandemic and Epidemic Management Framework setting out modes of action and priorities for future pandemics.

Other outbreaks

Besides the response to the COVID-19 pandemic, since the adoption of the resolution in December 2019, the IFRC has supported National Societies in responding to epidemics through 15 Emergency Appeals and 60 Disaster Response Emergency Fund (DREF) allocations. These mechanisms have supported epidemic preparedness and response in 49 countries in all 5 regions (29 in Africa, 8 in Asia Pacific, 6 in the Americas, 4 in the Middle East and North Africa and 2 in Europe and Central Asia). Of the 75 supported response operations, 3 took place in December 2019, 7 in 2020, 13 in 2021, 21 in 2022, 22 in 2023 and 9 in 2024 up to June. A breakdown by disease shows that 32 operations focused on viral haemorrhagic fever (including 8 to improve preparedness), 19 operations supported the response to multiple cholera outbreaks, especially in Africa, 19 operations addressed vector-borne diseases, predominantly dengue, 10 operations targeted vaccine-preventable diseases and the remaining operations were for other types of diseases including One Health aspects (anthrax, foot and mouth disease and mpox, among others).

In recent years, cholera has been widespread, with epidemics in some 29 countries across the world. In 2017, the Global Task Force on Cholera Control (GTFCC) launched the [Global Roadmap to 2030](#)¹ which aims to eliminate cholera in 20 countries and reduce the number of annual cholera deaths by 90% by 2030 (compared to 2017 figures). The National Societies and the IFRC fully endorse this aim and the wider goal of ending cholera through cholera preparedness and response activities in the field and long-term cholera prevention efforts, such as the [One WASH](#) initiative and the GTFCC Country Support Platform.

As part of this commitment, the IFRC has created a strategy that focuses on three main actions that are closely interlinked and in full alignment with the GTFCC Roadmap and the One WASH initiative. It is also closely related to the IFRC's [white paper on global health security](#) which considers other diseases and builds on global surge tools, including relevant individual surge profiles and health and WASH emergency response units. The objective of the IFRC cholera strategy is for all National Societies to become stronger so that they are better able to deliver cholera responses, carry out long-term prevention activities and support governments in reducing the morbidity and mortality of the disease. It addresses the following three axes:

- Axis 1: Improve preparedness, anticipatory action, early detection and response to contain cholera outbreaks.
- Axis 2: Implement a long-term integrated public health and WASH approach to prevent cholera.
- Axis 3: Promote coordination, advocacy and resource mobilization with internal and external partners.

Epidemic and pandemic preparedness programmes

Through global programmes – such as the Community Epidemic and Pandemic Preparedness Programme with USAID and the Programmatic Partnership with the European Union – the IFRC network engages and trains people worldwide in epidemic and pandemic preparedness and response. As at June 2024, IFRC global epidemic and pandemic preparedness programmes were helping people in 28 countries prevent, detect and quickly respond to outbreaks, saving countless lives and building healthier, more resilient communities. Many National Societies are implementing similar initiatives with their own resources or through bilateral cooperation with partners within or outside the Movement. These include many health, WASH and multi-hazard preparedness initiatives focusing, for example, on community health workers, immunization, malaria, hygiene promotion, cholera preparedness or institutional preparedness, which contribute to epidemic and pandemic preparedness. Approaches, tools and resources for the implementation of such activities are available online, for example, the epidemic control toolkit and websites on

community-based surveillance, community engagement and accountability, community-based health and first aid, disaster law and WASH.

Since 2020, the IFRC has also been hosting the Country Support Platform on behalf of the [GTFCC](#) and the [Risk Communication and Community Engagement Collective Service](#), a partnership between the IFRC, the United Nations Children's Fund (UNICEF) and WHO, which leverages active support from the Global Outbreak Alert and Response Network (GOARN) and key stakeholders from the public health and humanitarian sectors.

B) LEGAL PREPAREDNESS, AUXILIARY ROLE AND ADVOCACY

The research and advocacy documents mentioned below provide important insights and informed recommendations, which are set out in the last section of this progress report.

In 2021, the IFRC's Disaster Law Programme released the report [Law and Public Health Emergency Preparedness and Response](#), which examines how law and policy can support preparedness for and response to public health emergencies, looking at the legal frameworks and the response to COVID-19 in 32 countries and at other public health emergencies, such as those caused by Ebola, Zika and severe acute respiratory syndrome (SARS). Following the publication of this report, the IFRC was invited to join the new [GHSA Legal Preparedness Action Package](#), which brings together a global multisectoral group of experts who are working together to promote legal preparedness as a critical capacity for improving public health emergency preparedness and response and strengthening global health security.

In 2023, the IFRC's flagship publication [World Disasters Report 2022: Trust, Equity and Local Action: Lessons from the COVID-19 pandemic to avert the next global crisis](#) shared key messages on what has been learned from the pandemic.

In 2022 and 2023, the IFRC Health and Care Department worked with National Societies, IFRC offices and external stakeholders to update the IFRC Health and Care Framework 2030 in line with changes in the health ecosystem due to the COVID-19 pandemic. The health security, health systems approach, community resilience and health protection components of the framework have been strengthened.

In May 2024, the IFRC Health and Care Department and Disaster Law Programme conducted a [study](#) looking at the auxiliary role of National Societies in health as provided in law and policy in a selection of African and South Asian countries.

The ICRC has provided recommendations to WHO Member States and the INB negotiating the international instrument on pandemic prevention, preparedness and response. It has also engaged with States and other key stakeholders throughout the process to raise humanitarian concerns and provide recommendations on pandemics and armed conflict. Recommendations to States have focused on the relevance of international humanitarian law (IHL) for pandemic prevention preparedness and response, the need to protect health care, the importance of humanitarian access, the specific vulnerabilities associated with living in humanitarian crisis and conflict settings and the need to explicitly consider humanitarian needs and settings in relation to the allocation, stockpiling, delivery and distribution of pandemic-related products.

4) CONCLUSION AND RECOMMENDATIONS

COVID-19 was a wake-up call to the world to prepare now for the next health crisis. Much more investment is needed globally to strengthen health systems and ensure societies are prepared for an increasingly hazardous world.

While the Movement has played an important role in the response to the pandemic and many other outbreaks since Resolution 3 was adopted, approaches and tools for epidemic preparedness and

response have been further developed, and epidemic and pandemic preparedness programming has been scaled up over the past years. Key findings from a [study](#) of selected National Societies revealed that their auxiliary role in health and care is recognized mainly in sectoral policies rather than in national legislation and is often not defined with sufficient clarity and specificity.

Achieving global health security requires a whole-of-society approach, an inclusive and collaborative effort that captures and builds on the critical interdependencies between communities, civil society, the private sector and governments to ensure success. Communities and local actors play a major role in prevention, early detection and early response with regard to infectious disease threats. However, further investment is required to strengthen health systems and ensure communities and local actors are meaningfully engaged – and given the means – to detect health threats and respond to them before they spread. Lessons from past outbreaks also highlight the importance of adopting an all-hazard approach and focusing on risk communication and community engagement to build trust and ensure prevention and control measures can be successfully implemented.

Findings show an overall lack of strong legislation for public health emergencies. Many countries' laws and policies on public health emergencies date back to the late 1800s or early 1900s, and they are sometimes regulated separately from other kinds of disasters, which can lead to siloed approaches, gaps or duplication. Laws, policies and plans need to embody a "One Health", all-of-society and all-of-government approach that facilitates the participation of all actors and stakeholders, and this is not yet a reality in many countries. Humanitarian actors, such as National Societies, have a key role to play in public health emergencies, which should be formalized in law and policy, and they should be provided with appropriate exemptions from restrictions during public health emergencies (subject to health safeguards). Urgent action must be taken to strengthen domestic legal and policy frameworks for public health emergencies. Some of the key recommendations are:

- Promote the revision and update of Red Cross and Red Crescent laws to include clear definitions of the auxiliary role in different areas of action, including regular health and care and emergency health.
- Include specific provisions defining the auxiliary role in health in relevant sectoral laws, policies and plans to formally recognize the contributions of National Societies in this sector (e.g. with regard to the management of dead bodies).
- Ensure the participation and representation of National Societies in health coordination mechanisms and decision-making bodies.
- Improve support and protection for front-line responders, increase investment in legal preparedness and make better use of local data.
- Increase investment in domestic preparedness to prevent, detect early and respond quickly to future outbreaks, based on the principles of trust, equity and local action.

Other important lessons have also been drawn from the COVID-19 pandemic, which have shaped the response to current and future pandemics and epidemics. There must be a strong emphasis on the critical importance of respecting IHL to protect civilians and their infrastructure from the shocks of epidemics. Humanitarian assistance must be available to all those in need without political manipulation, ensuring the equitable distribution of resources, such as vaccines, and taking into account those who may fall through the cracks of the response system (e.g. detainees and those living under the control of non-state armed groups or in hard-to-reach areas). Pandemic response extends beyond immediate health needs to also address the wider impacts on sanitation, social safety nets and livelihoods.