



The Humanitarian Impact of COVID-19

STUDY ON THE VULNERABILITIES CREATED AND EXACERBATED
BY THE PANDEMIC IN CRISIS- AND CONFLICT- AFFECTED AREAS

SUBMISSION TO THE STANDING COMMITTEE ON FOREIGN AFFAIRS AND
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COVID-19 is a global crisis that continues to require a global response and solidarity across borders. The International Committee of the Red Cross (ICRC) has called on States, the public, private organizations and humanitarians to stand together and help the crisis and conflict-affected countries already struggling to provide health care to communities.

For conflict-affected countries, the stakes could not be higher. The world's biggest health challenges are found where health systems and infrastructure have been ravaged by war. With limited capacity to detect, manage and follow-up cases of sickness, the risk of transmission is high. The idea of further strain on already frail health systems is extremely worrying.

Established in 1863, ICRC operates worldwide as the lead agency within the Red Cross and Red Crescent Movement to provide a quick and efficient response to help persons affected by armed conflict, strife and disasters in conflict zones.¹ With over 20,000 staff in more than 80 countries, ICRC is an impartial, neutral and independent organization whose exclusively humanitarian mission is to protect the lives and dignity of persons affected by armed conflict and other situations of violence and to provide them with assistance. The organization also endeavours to prevent suffering by promoting and strengthening international humanitarian law and universal humanitarian principles. Its mandate stems from the Geneva Conventions of 1949. Even though ICRC Headquarters is in Geneva, the organization also maintains a mission in Ottawa.²

Having witnessed first-hand the humanitarian impacts of COVID-19 in crisis and conflict-affected regions, ICRC is especially concerned about:

- the impact of COVID-19 on the urban poor, the elderly, detained persons, migrants and refugees, women and children, survivors of sexual and gender-based violence (SGBV), and persons with a disability;
- broken systems, including the migration/displacement camps and the prisons where human dignity is as absent as clean water and sanitation, as well as the rising number of displaced persons and the millions of families searching for their missing loved ones;
- emerging threats, including the rapid spread of hate speech, stigmatization and misuse of data to suppress or control populations instead of protecting them; and
- the shrinking space for neutral, impartial and independent humanitarian work.³

ICRC has re-oriented its assistance and protection work to respond to the needs created by COVID-19, especially in places of detention and in medical facilities. However, warfare has not stopped; our work protecting and assisting victims of conflict remains essential.

This report summarizes ICRC's first-hand observations of how COVID-19 has spiked humanitarian needs and accentuated the impact of conflict in deeply complex and fragile places. It also provides recommendations on how States can help persons affected by both conflict and COVID-19 in areas where essential services have degraded or collapsed due to the pandemic.

¹ ICRC, "The Seville Agreement on the Organization of the International Activities of the Components of the International Red Cross and Red Crescent Movement, adopted by consensus in Resolution 6 of the Council of Delegates on 26 November 1997" in *How Does Law Protect in War* (Webpage). Available at <<https://casebook.icrc.org/case-study/seville-agreement>>.

² ICRC, "Who We Are" (Webpage). Available at <<https://www.icrc.org/en/who-we-are>>.

³ ICRC, "Amid COVID-19, We Must Not Lose Focus on Violations and Abuses in War: Statement by ICRC President, Peter Maurer, to the UN Security Council Open Debate on Protection of Civilians in Armed Conflict" (27 May 2020). Available at <<https://www.icrc.org/en/document/amid-covid-we-must-not-lose-focus-violations-and-abuses-war>>.

I. THE HUMANITARIAN IMPACT OF COVID-19 ON GROUPS FACING VULNERABILITIES

CHILDREN

- Children are often the most vulnerable during conflict. More than 1.5 billion children across 190 countries had their education disrupted by school closures due to COVID-19.⁴ For children living in places also affected by conflict and violence, protection related risks increase when schools are closed. These include exposure to domestic abuse, recruitment by armed groups, forced marriage, child labor and subsequent non-return to school. Facing greater barriers to school attendance and greater levels of domestic and gender-based violence, girls are more likely to be out of school and to not return once schools reopen. Millions of children worldwide also relied on school feeding programs, which may have been suspended.⁵
- COVID-19 created an education crisis with potentially severe consequences, especially for children impacted by armed conflict, forced displacement and protracted crises. School closures have placed education continuity under additional strain in contexts where education may already have been disrupted by armed conflict. The disruption of education has long-term effects, and it is important that efforts to ensure its continuity are not an afterthought in times of crisis.⁶
- **ICRC RESPONSE:** The global shut down of schools interrupted normal programming and the response of the educational community has been to emphasize online learning. For many children in ICRC supported environments, this option is not available. In response, ICRC has supported the distribution of tablets (Armenia) and hard copy materials (Ukraine), use of digital tools (Lebanon), and sanitization of schools (Brazil, South Sudan and Azerbaijan).
- ICRC has also engaged in the implementation of specific programmes that aim to protect and ensure continuity of education. These experiences feed into ICRC's ability to reinforce access to existing education services through strengthening community capacities and dialogue with weapons bearers. ICRC has sought to expand the implementation of its responses to situations where armed conflict and violence have disrupted access to education, including in areas controlled by non-state armed groups.⁷
- **RECOMMENDATION:** ICRC encourages governments to work alongside the private sector to secure children's uninterrupted access to child-friendly accredited distance learning, while ensuring that vulnerable children are not excluded.⁸

DETAINED PERSONS

- ICRC is concerned about persons living in prisons and detention camps around the world. Detention facilities that are overcrowded, that have poor hygiene or lack ventilation pose an extra challenge when it comes to preventing and containing infectious diseases, including COVID-19.⁹ New arrivals should be tested for the virus and hygiene measures should be increased by

⁴ ICRC, "COVID-19: How the ICRC Helps Children Affected by Pandemic" (18 June 2020). Available at <<https://www.icrc.org/en/document/covid-19-icrc-help-children-affected-pandemic>>.

⁵ Ibid.

⁶ Cordula Droege (ICRC Chief Legal Officer and Head of Legal Division), "COVID-19 Response in Conflict Zones Hinges on Respect for International Humanitarian Law" (16 April 2020). Available at <<https://blogs.icrc.org/law-and-policy/2020/04/16/covid-19-response-respect-international-humanitarian-law/>>.

⁷ ICRC, "Access to Education: Strategy" (18 June 2018). Available at <<https://www.icrc.org/en/document/access-education-strategy>>.

⁸ "COVID-19: How the ICRC Helps Children Affected by Pandemic" *supra* note 4.

⁹ Droege, *supra* note 6.

installing hand-washing stations, providing washing equipment and creating isolation wards to prevent the spread of disease.¹⁰

- **ICRC RESPONSE:** In many places of detention around the world, ICRC works together with relevant authorities to strengthen standard practices such as the medical screening of new arrivals and the setting up of prevention measures – such as hand washing stations – for detainees, visitors, guards and delivery personnel. ICRC also supports disinfection measures, such as fumigation campaigns and the distribution of hygiene and cleaning materials to detainees.¹¹
- **RECOMMENDATION:** ICRC has urged detaining authorities around the world to take measures to prevent and mitigate the effects of COVID-19 inside places of detention and to protect the health of detainees, staff and the wider society. Prison authorities everywhere should implement infection prevention and control measures; improve access to clean water, hygiene materials and facilities such as hand-washing stations; and adapt their daily routine to mitigate the risks of contamination.¹²

HEALTHCARE WORKERS

- Fear, misconceptions and mistrust have led to stigmatization and violence against healthcare workers, exacerbating the burden on healthcare systems already overstretched from years of conflict and violence against healthcare providers. COVID-19 has exposed healthcare workers to harm at a time when they are needed the most. Based on first-hand accounts and data from other monitoring organizations, ICRC recorded more than 600 incidents of violence, harassment or stigmatization against healthcare workers, patients and medical infrastructure in relation to COVID-19.¹³ This atmosphere of fear, often compounded by the lack of adequate personal protective equipment, affects the physical and mental wellbeing of health providers. The reasons behind these violent acts are fear of contracting the disease and lack of knowledge about COVID-19. Violence against healthcare workers and facilities may impact their capacity to provide healthcare regularly and with quality. Healthcare personnel might be unwilling to work in locations affected by violence, and facilities may reduce working hours or limit services, if working conditions for staff are unsafe.¹⁴
- **ICRC RESPONSE:** The ICRC-led Health Care in Danger Initiative launched a global call for actions promoting respect and protection of healthcare and developed tools to support safe-from-violence COVID-19 responses.¹⁵
- **RECOMMENDATION:** Ensuring that healthcare workers are safe and able to carry out their jobs is crucial for their protection and indeed to ensure the continuing care of persons affected by the disease. Incidents of violence against healthcare workers are not inevitable and concrete measures should be taken to reduce the risk that health staff, patients and medical facilities are

¹⁰ ICRC, “COVID-19: Protecting Prison Populations from Infectious Coronavirus Disease” (11 March 2020). Available at <<https://www.icrc.org/en/document/protecting-prison-populations-infectious-disease>>.

¹¹ ICRC, “COVID-19: Authorities Must Protect Health of Detainees, Staff and Ultimately Surrounding Communities” (7 April 2020). Available at <<https://www.icrc.org/en/document/covid-19-places-detention-must-protect-health-detainees-staff-and-ultimately-surrounding>>.

¹² Ibid.

¹³ ICRC, “ICRC: 600 Violent Incidents Recorded Against Health Care Providers, Patients due to COVID-19” (18 August 2020). Available at <https://www.icrc.org/en/document/icrc-600-violent-incidents-recorded-against-healthcare-providers-patients-due-covid-19?mc_phishing_protection_id=28047-bsu2loadu814i0rhp7kg>.

¹⁴ Ibid.

¹⁵ International Red Cross and Red Crescent Movement, “Health Care in Danger: A Global Initiative” (Webpage). Available at <<https://healthcareindanger.org/hcid-project/>>.

attacked. ICRC is calling for governments and communities to ensure that healthcare professionals have a safe working environment.¹⁶

- ICRC is also urging States to address misinformation. Accurate information regarding the origin and modes of transmission and prevention of COVID-19 is critical. Healthcare workers, patients and specific groups must not be blamed for the presence or spread of the virus.¹⁷

MIGRATION AND POPULATION DISPLACEMENT

- Internally displaced persons (IDPs), migrants, asylum seekers and refugees are particularly exposed to outbreaks of COVID-19, given their frequently harsh living conditions and limited access to basic services, including healthcare.¹⁸
- **Migrants** face a range of vulnerabilities, especially regarding access to services, which can be further exacerbated by their exposure to COVID-19.¹⁹
- Due to cramped living conditions in camps and camp-like settings, poor nutrition and health, as well as limited access to sanitation, healthcare, support networks and reliable information, **IDPs** are at greater risk of contracting COVID-19.²⁰ In addition to social and cultural obstacles, IDPs are stigmatized because they might come from areas with high infection rates, or because they have contact with foreign aid workers, who are perceived as virus carriers. They are also disproportionately affected by the economic repercussions of lockdown measures. These conditions could force IDPs to return home prematurely or prompt further displacement. IDPs could also experience protracted displacement if voluntary return or resettlement is postponed due to travel restrictions.
- **ICRC RESPONSE:** ICRC has adapted its operational response in specific contexts and areas, including in displacement camps, by supporting health services. ICRC has also helped develop COVID-19 treatment centres in regions that have seen an increase of migrants and IDPs.²¹
- **RECOMMENDATION:** ICRC has called on governments to ensure migrants, including refugees, are not left behind in national responses to the crisis and are not disproportionately affected by both the pandemic and by the measures adopted by States in response. ICRC also recommends that IDPs be included in COVID-19 response strategies. Authorities should reduce crowding in shelters and work to prevent and end violence against IDPs.
- Humanitarian assistance must continue to reach IDPs and other vulnerable groups. Ultimately, investment in disaster preparedness must continue to prevent the very circumstances that cause internal displacement. IDPs must be able to benefit from national readiness and response strategies and plans related to COVID-19, including access to risk information and prevention measures, particularly for IDPs living in camps and other collective sites, and access to healthcare

¹⁶ ICRC, "Violence Against Health Workers Must Cease to Help Contain COVID-19 Emergency" (18 August 2020). Available at <<https://www.icrc.org/en/document/violence-against-health-workers-must-cease-to-help-contain-covid-19-emergency>>.

¹⁷ ICRC: 600 Violent Incidents Recorded" *supra* note 13.

¹⁸ Droege, *supra* note 6.

¹⁹ ICRC, "Note on the Protection of Migrants in the Face of the COVID-19 Pandemic" (20 April 2020). Available at

<https://www.icrc.org/en/download/file/117261/public_note_on_the_protection_of_migrants_in_the_face_of_the_covid-19_pandemic_08.04.2020.pdf>

²⁰ ICRC, "Reducing the Impact of the COVID-19 Pandemic on Internally Displaced People" (16 June 2020). Available at <https://shop.icrc.org/reducing-the-impact-of-the-covid-19-pandemic-on-internally-displaced-people.html?__store=en>.

²¹ ICRC, "What is the Humanitarian Impact of the COVID-19 Pandemic?" (17 September 2020). Available at <<https://www.icrc.org/en/document/what-humanitarian-impact-covid-19-pandemic>>.

for those who get infected. The implementation of movement restrictions must also not discriminate against IDPs.

- Attention should also be paid to migrants living in overcrowded or unhealthy environments (for example, the homeless, slums, camps, formal and informal settlement and collective sites, including immigration detention facilities), with the development of comprehensive contingency plans that follow public health guidance.

PERSONS SPECIFICALLY AT RISK

- Certain groups, including older persons, those who have weakened immune systems, or those with pre-existing health conditions, are at risk for severe illness if infected by COVID-19. Others, including persons with disabilities, may face barriers in accessing necessary health-care services or difficulties in implementing the required hygienic measures to prevent infection. Social distancing may not be possible for those relying on the support of others for everyday tasks.
- **ICRC RESPONSE:** ICRC has developed inclusive programming to consider how COVID-19 will have disproportionate effects on various groups in society, in communities and even within households. ICRC has strived to identify and respond to the needs of marginalized and at-risk populations by offering them priority assistance and engaging them in decision-making processes around the response, resilience building and risk reduction.²²
- **RECOMMENDATION:** ICRC has called on States involved in armed conflict to fulfil their international obligations to respect and protect wounded and sick persons as well as to take all possible measures to search for, collect and evacuate them, without adverse distinction, whenever circumstances permit and without delay. These groups should receive the medical care and attention required by their condition, without distinction other than for medical reasons. States should also afford specific respect and protection to older persons and persons with disabilities who are affected by armed conflict.²³

SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

- COVID-19 will have disproportionate effects on various groups in society, including persons at risk of SGBV. ICRC is anticipating a spike in SGBV in war zones amid COVID-19. Breaking the cycle of domestic, societal and political violence is crucial, while service provision and access for survivors is a priority. While isolating individuals is crucial to containing the virus, this can also expose those quarantined to other risks, including SGBV.²⁴ Disproportionately, survivors of sexual violence are often women, girls and sexual and gender minorities, but it can affect anyone.²⁵
- **ICRC RESPONSE:** ICRC has been ensuring that sexual violence issues and approaches continue to be integrated in its programming so that survivors of sexual violence receive continuity of support. ICRC has also been applying a diversity lens to analyse the occurrence and impact of COVID-19 in different contexts.²⁶ ICRC continues to ensure that the risks of SGBV are mitigated in its programming, and aids survivors through community-based livelihood programming, including through mental and psychosocial health delegates that help address the prevention of

²² ICRC, "COVID-19: Inclusive Programming During the Time of Coronavirus" (27 March 2020). Available at <<https://webcache.googleusercontent.com/search?q=cache:BbDdgxg6RuIJ:https://www.icrc.org/en/document/covid-19-coronavirus-inclusive-programming+&cd=1&hl=en&ct=clnk&gl=ch>>.

²³ Droege, *supra* note 6.

²⁴ ICRC, "Prevention and Response to Sexual and Gender-Based Violence in COVID-19 Quarantine Centres" (15 June 2020). Available at <<https://shop.icrc.org/prevention-and-response-to-sexual-and-gender-based-violence-in-covid-19-quarantine-centres-pdf-en>>.

²⁵ ICRC, "Addressing Sexual Violence" (Webpage). Available at <<https://www.icrc.org/en/what-we-do/sexual-violence>>.

²⁶ "COVID-19: Inclusive Programming During the Time of Coronavirus" *supra* note 22.

sexual violence. ICRC also continues to offer services and referrals to coordinated networks of specialists to implement a survivor-centred response.²⁷

- **RECOMMENDATION:** Given the destructive and wide-ranging consequences that sexual and gender-based violence has on individuals, a survivor-centred response (encompassing comprehensive health, mental health and psycho-social care, legal aid and protection services) to support those affected, is essential.²⁸ ICRC is also emphasizing the importance of inclusive programming. Engaging with women in SGBV programming has a multiplier effect, as women make up most of the health workforce and are primary caregivers to children, older persons and the sick. It is also important to consult local SGBV to monitor changes in service delivery, while communicating these to those most at risk. Ensuring that information about services available in the community is tracked and updated is critical.²⁹

II. THE IMPACT OF COVID-19 ON ALREADY FRAIL SYSTEMS

MANAGEMENT OF THE DEAD

- The surge in deaths and protracted nature of COVID-19 can easily overwhelm local medicolegal capacities, impact the safety and well-being of forensic/mortuary professionals, and bring numerous unanticipated challenges for families.³⁰
- **ICRC RESPONSE:** ICRC works with authorities to ensure that the bodies of those who die during armed conflict, other situations of violence, migration and disasters are managed in a dignified manner.³¹ In Ecuador, ICRC has delivered body bags, biosafety suits and N95 masks for use by the Forensic Service, the armed forces, the police and other public entities when picking up, transporting and disposing of human remains.³²
- **RECOMMENDATION:** ICRC contends that the additional suffering by families who have lost a loved one to COVID-19 can be mitigated if authorities properly plan ahead. Specifically, ICRC advises authorities throughout the world to help plan and prepare for mass casualties, prioritizing the safety of staff managing COVID-19 deaths and ensuring respect for the deceased and their families. ICRC also encourages authorities to adopt preventive measures for vulnerable populations, such as those in detention facilities or migrant camps.³³

HUMANITARIAN ACCESS AND RESOURCE MANAGEMENT

- **Humanitarian assistance** must be available to all those in need without the threat of politicization or manipulation. Under international law, impartial humanitarian aid cannot come with strings attached or be withheld from so-called 'enemy' groups. Needs are the only reasonable basis on which to respond.³⁴

²⁷ "Addressing Sexual Violence" *supra* note 25.

²⁸ *Ibid.*

²⁹ "COVID-19: Inclusive Programming During the Time of Coronavirus" *supra* note 22.

³⁰ ICRC, "Humanity after Life: Respecting and Protecting the Dead" (3 April 2020). Available at <<https://www.icrc.org/en/document/humanity-after-life-respect-and-protection-dead>>.

³¹ *Ibid.*

³² ICRC, "COVID-19: Authorities must Urgently Plan Ahead to Ensure the Dead Are Properly Handled" (22 April 2020). Available at <<https://www.icrc.org/en/document/covid-19-authorities-must-urgently-plan-ahead-ensure-dead-bodies-are-properly-handled>>.

³³ ICRC, "Protection, Dignity, and Respect for Deceased Individuals and their Families in COVID-19" (21 April 2020). Available at <<https://www.icrc.org/en/document/protection-dignity-and-respect-deceased-individuals-and-their-families-covid-19>>

³⁴ ICRC, "Six Essential Lessons for a Pandemic Response in Humanitarian Settings: Statement by ICRC President, Peter Maurer, to UN Security Council Open Debate: Pandemics and Security" (2 July 2020). Available at <<https://www.icrc.org/en/document/six-essential-lessons-pandemic-response-humanitarian-settings>>.

- Misinformation and exclusionary responses can fuel unrest and instability. Since the distribution of scarce **medicine and personal protective equipment** has triggered violent flare-ups, the inequitable distribution of any COVID-19 vaccine could destabilize communities.
- Adequately staffed and well-equipped **medical facilities** are necessary for the large-scale provision of medical care.
- **Water supply facilities** are critical during the COVID-19 crisis. In armed conflict situations, many of these installations have been destroyed by protracted fighting. Disruption to their functioning means civilians would be unable to implement the basic prevention measures, such as frequent hand-washing, which can cause the further spread of the virus.³⁵
- **ICRC RESPONSE:** ICRC addresses humanitarian concerns in conflict zones in a multi-disciplinary manner: water and sanitation teams work to increase access to clean water in dozens of areas affected by crises, including prisons. Soap is also included in the assistance packages given to families fleeing violence.
- ICRC has developed an emergency plan to ensure continuity in the most critical hospitals it supports around the globe. This means increasing stocks of essential medical supplies and reinforcing infection prevention and control measures. Support to hospitals in conflict zones also includes donations of equipment, financial support and staff training. ICRC supports projects to expand hospital capacity, ensure a stable water supply and proper waste management, and improve overall medical service delivery. ICRC also provides advice, guidance and standards to authorities to prevent and control the outbreak.
- **RECOMMENDATION:** An immediate and concerted response by states and humanitarian organizations is vital to ensuring that COVID-19 does not become catastrophic for war-torn countries with weakened health care systems. This would require the international community to scale up its support.³⁶

IMPACT OF CONCURRENT CRISES

- Communities dealing with the impact of concurrent crises are the most vulnerable to COVID-19. To meet the needs of communities affected by both war and the pandemic, **international humanitarian law (IHL)** must be respected.³⁷ Even when IHL is observed, the conduct of hostilities has significant long-term humanitarian consequences. Sanctions regimes and other restrictive measures that hinder impartial humanitarian organizations from carrying out exclusively humanitarian activities in a principled manner are incompatible with the letter and spirit of IHL.³⁸
- Armed conflict has continued around the world despite the COVID-19 pandemic. For example, the **Sahel region** is experiencing the concurrent impact of security and humanitarian crises, climate change and COVID-19.³⁹ Armed violence, food shortages, the weak presence or complete absence of public authorities along with the economic crisis have displaced more than a million persons. Public authorities have faded into the background and basic services have been

³⁵ ICRC, "Water Workers Preserve Public Health Despite War and COVID-19" (16 July 2020). Available at <<https://www.icrc.org/en/document/water-workers-preserve-public-health-despite-war-and-covid-19>>.

³⁶ ICRC, "COVID-19: Urgent Action Needed to Counter Major Threat to Life in Conflict Zones" (30 March 2020). Available at <<https://www.icrc.org/en/document/covid-19-urgent-action-needed-counter-major-threat-life-conflict-zones>>.

³⁷ Droege, *supra* note 6.

³⁸ *Ibid.*

³⁹ ICRC, "COVID-19, Violence and Climate Change: Lake Chad Herders in Distress" (6 July 2020). Available at <<https://www.icrc.org/en/document/covid-19-violence-and-climate-change-lake-chad-herders-distress>>.

withdrawn. Escalating violence is preventing free movement and communities of herders and farmers are losing their main source of income because they cannot access land or pasture.⁴⁰ Due to constantly changing frontlines, many families with multifaceted vulnerabilities have been forced to flee multiple times.

- **ICRC RESPONSE:** ICRC holds that respect for IHL is crucial in reducing the humanitarian consequences of conflicts.⁴¹ ICRC is working on policy and operational-level recommendations to encourage compliance with IHL and signal the urgent need for a change of behavior to protect populations affected by not only the pandemic but also by armed conflict.⁴²
- **RECOMMENDATION:** States and international organizations enforcing sanctions should make sure that they are consistent with IHL and do not have an adverse impact on principled humanitarian responses to COVID-19. They should devise effective mitigating measures, such as humanitarian exemptions benefiting impartial humanitarian organizations.⁴³
- In the long term, a public health response to a pandemic and respect for fundamental legal protections go hand in hand. Respect for IHL is also crucial in reducing the humanitarian consequences of conflicts. The current pandemic requires the mobilization of significant humanitarian resources that are often lacking in countries affected by armed conflict.⁴⁴

ACCESS TO A COVID-19 VACCINE

- To prevent the return of COVID-19, the virus must be eradicated everywhere through an accessible vaccine, including in fragile contexts. ICRC estimates that 66 million individuals are currently living in areas controlled by non-state armed groups, outside of adequate governance structures that could effectively deliver vaccines.⁴⁵ While ICRC strives to make healthcare accessible in conflict settings, a lot will depend on how the vaccines come into the market. Misinformation and exclusionary responses can also fuel unrest and instability. The inequitable distribution of a COVID-19 vaccine could destabilize communities and trigger violent flare-ups. Moreover, COVID-19 has severely hit routine childhood immunizations in low-income and conflict-affected countries.
- **ICRC RESPONSE:** ICRC is working to help mitigate against potentially dangerous situations⁴⁶ and is ready to contribute to the distribution of the COVID-19 vaccine in contexts affected by armed conflict and other situations of violence, including in “last-mile” areas such as those outside of government control, those administered by NSAGs and in places of detention. ICRC will also prioritize routine vaccinations that have been unfortunately halted due to the COVID-19 situation and which need to be urgently resumed. In 2019, ICRC supported the routine vaccination of over 4.3 million people in hard-to-reach areas, often in partnership with local Red Cross and Red Crescent Societies. ICRC is in contact with 465 armed groups worldwide. Almost 54% of ICRC’s field budget is spent in delegations where non-state armed groups (NSAGs) rule the population and ICRC is in contact with nearly all of the groups that control population. ICRC is ready to use this privileged contact to ensure access to the vaccine by persons living in NSAG-controlled areas. These

⁴⁰ ICRC, “When Rain Turns to Dust” (7 July 2020). Available at <<https://www.icrc.org/en/publication/4487-when-rain-turns-dust>>.

⁴¹ Droege, *supra* note 6.

⁴² “Amid COVID-19”, *supra* note 3.

⁴³ Droege, *supra* note 6.

⁴⁴ *Ibid.*

⁴⁵ ICRC, “Communities Facing Conflict, Climate Change and Environmental Degradation Walk a Tightrope of Survival: Statement by ICRC President, Peter Maurer, to United Nations Security Council Open Debate on the Humanitarian Effects of Environmental Degradation and Peace and Security” (17 September 2020). Available at <<https://www.icrc.org/en/document/communities-facing-conflict-climate-change-and-environmental-degradation-walk-tightrope>>.

⁴⁶ “Six Essential Lessons for a Pandemic Response in Humanitarian Settings” *supra* note 34.

populations will otherwise remain excluded from a COVID-19 vaccine, which goes against efforts to ensure equitable access and will lead to further discrimination of these already underserved populations.

- **RECOMMENDATION:** ICRC has called for a global and multilateral approach to developing and producing a safe, effective and affordable COVID-19 vaccine – a “vaccine for all”. When a vaccine does become available, we must learn from the mistakes made in previous health crises.⁴⁷ Governments and non-government actors should prioritize investments that ensure all persons, without distinction, are provided with the relevant knowledge, resources and tools to protect themselves from COVID-19.⁴⁸
- When a vaccine is ready for distribution, ICRC calls on governments to target the most at risk first, given that supply will initially be limited. Governments should also take practical steps to protect health personnel administering the vaccine by providing security training and putting in place the necessary legal measures to ensure this protection. This is especially important in contexts of conflict, where violence against health workers is a concern. These protection measures are critical to ensuring the safety of health personnel and to the success of vaccination programs.
- States should also prioritize access to the vaccine by populations living under the control of NSAGs and allow and support humanitarian organizations to this end.
- The unity and commitment towards an accessible COVID-19 vaccine should be accompanied by efforts to sustain routine immunization against preventable diseases, particularly in low-income countries and conflict settings. States should maintain and strengthen essential health services. COVID-19 has severely hit routine childhood immunizations in at least 68 countries; measles campaigns have been suspended in 27 countries; and polio campaigns put on hold in 38 countries. At least 80 million children under age 1 are at risk of diseases with significant mortality such as measles, diphtheria and polio.⁴⁹ For populations in humanitarian settings, COVID-19 is but one of many vulnerabilities and risks. While a COVID vaccine is urgent, other vaccines are also needed and should be provided.

SUMMARY OF RECOMMENDATIONS

- COVID-19 will have long-term humanitarian impacts in countries affected by crises and conflict. It is still too early to anticipate exactly how severe the long-term impact of the pandemic will be, but we already see the threat to hard-won development gains as schools shut, wages were lost, businesses of all sizes closed, and pre-existing health needs were jeopardised by additional strains on limited health care infrastructure. With their expertise and presence on the ground, humanitarian actors can help address the expected long-term consequences of the pandemic. In these contexts, supporting local humanitarian actors, such as the Red Cross Red Crescent National Societies, remains central to the COVID-19 response and other humanitarian needs.
- Government and humanitarian actors must work together to find the right balance between exceptional measures to fight COVID-19 and ensuring the continued assistance of essential

⁴⁷ Alexander Breitegger (ICRC Thematic Legal Advisor), “COVID-19 Vaccines and IHL: Ensuring Equal Access in Conflict-Affected Countries” (5 November 2020). Available at <<https://blogs.icrc.org/law-and-policy/2020/11/05/covid-19-vaccines/>>.

⁴⁸ ICRC, “Uniting for a People’s Vaccine Against COVID-19” (3 June 2020). Available at <<https://www.icrc.org/en/document/uniting-peoples-vaccine-against-covid-19>>.

⁴⁹ World Health Organization, “At Least 80 Million Children Under One at Risk of Diseases such as Diphtheria, Measles and Polio as COVID-19 Disrupts Routine Vaccination Efforts, Warn Gavi, WHO and UNICEF” (22 May 2020). Available at <<https://www.who.int/news/item/22-05-2020-at-least-80-million-children-under-one-at-risk-of-diseases-such-as-diphtheria-measles-and-polio-as-covid-19-disrupts-routine-vaccination-efforts-warn-gavi-who-and-unicef>>.

humanitarian services in conflict zones. ICRC believes that measures taken to fight COVID-19 should be adapted to each situation, allowing conflict assistance to continue wherever and whenever possible.

- ICRC is thankful for Canada's continued tremendous support throughout the COVID-19 pandemic. With the help of ongoing allocations in support of operational responses, ICRC has been able to continue its important work in fragile conflict settings. It is critical that support continues into 2021 to continue to address the effect of the COVID-19 pandemic in addition to the multiple vulnerabilities faced by the populations living in fragile and conflict settings.