

WRITTEN STATEMENT OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS (ICRC) AT THE SEVENTH MEETING OF THE INTERGOVERNMENTAL NEGOTIATING BODY (INB) ON THE NEW DRAFT OF THE WHO CA+ PANDEMIC ACCORD (A/INB/7/X)

Geneva, 6 November 2023

The ICRC welcomes references in the draft to protecting the health and care workforce (Article 7(1)(c)) and commitments on safeguarding humanitarian action (13(8)), and on ensuring the delivery and use of pandemic-related products in humanitarian settings (Article 13(3)(k)). Three other aspects must be strengthened if the agreement is to achieve its objectives to address PPPR comprehensively.

First, refer to international humanitarian law (IHL) specifically: IHL contains obligations relevant for key elements of pandemic prevention (including protecting essential services like water and sanitation, or requiring infection prevention and control for certain conflict-affected populations like detainees or IDPs), maintaining pandemic preparedness, and protecting persons and facilities involved in pandemic response.¹ Respect for IHL thus plays an important role on the entire spectrum of PPPR efforts in armed conflict, and it is important to insert a reference to respect for IHL alongside respect for human rights in Article 3.²

Second, **account for armed conflict and other humanitarian settings:** these situations should be recognized as warranting particular attention, owing to the specific challenges they present for PPPR,³ noting the stated objectives outlined in Article 2, and mentions of ceasefires in Article 16.⁴

Third, clarify the definition of 'persons in vulnerable situations': The definition in Article 1(i) of 'persons in vulnerable situations' should include persons with disabilities, older persons and children,⁵ and also recognize that living in conflict-affected or other humanitarian settings creates vulnerability due to the challenges people in such settings face in accessing effective PPPR.⁶

The ICRC stands ready to share its experience and expertise in health assistance and protection in complex humanitarian emergencies, and to provide further concrete language suggestions.

¹ Protocol I of 8 June 1977 additional to the 1949 Geneva Conventions (AP I), Arts 48, 51, 52(2), 57 and 58; ICRC Study on customary international humanitarian law (ICRC Customary IHL Study), Rules 1-24; AP I, Art. 54 (2); Protocol II of 8 June 1977 additional to the 1949 Geneva Conventions (AP II), Art. 14; ICRC Customary IHL Study, Rule 54. Third Geneva Convention of 1949 (GC III), Art. 29; Fourth Geneva Convention of 1949 (GC IV), Art. 85; AP II, Art. 5(1)(b); ICRC Customary IHL Study, Rule 121; GC IV, Art. 49; AP II, Art. 17; ICRC Customary IHL Study, Rule 131.

² See e.g. PP5, UNGA Res 74/306, Comprehensive and coordinated response to the COVID-19 pandemic, 2020; PP6, HRC Res 49/25, Ensuring equitable, affordable, timely and universal access for all countries to vaccines in response to the coronavirus disease (COVID-19) pandemic, 2022, which reads: *"Emphasizing that State responses to pandemics respect and are in full compliance with their obligations under international law, including international humanitarian law and international human rights law"*. See also PP13, WHA74.7 (2021), Strengthening WHO preparedness for and response to health emergencies: end of paragraph *'underscoring that respect for international law, including international humanitarian law, is essential to respond to health emergencies in armed conflicts and mitigate their impact.'*

³ PP17, UNGA Res 74/306, Comprehensive and coordinated response to the COVID-19 pandemic, 2020.

⁴ See e.g. OP3, UNGA Res 74/306, Comprehensive and coordinated response to the COVID-19 pandemic, 2020.

⁵ See e.g. elements of OP21, of UNGA Res 74/306, Comprehensive and coordinated response to the COVID-19 pandemic. ⁶ See e.g. OP3, UNGA Res 74/306, Comprehensive and coordinated response to the COVID-19 pandemic; OP9, UNSC Res 2565 (2021).