



# The Role of the ICRC and the Red Cross and Red Crescent Movement in Facilitating Access to COVID-19 Vaccines in Last-mile Areas

Jessica Buchler

Master of Laws (LL.M.) in International Legal Studies, NYU School of Law, Class of 2022  
Email: jessica.buchler@nyu.edu

The ICRC and the Red Cross and Red Crescent Movement (“the movement”) are key humanitarian actors with strong operational field presence. They play an important role in pandemic response, but, given the fact that the COVID-19 might be the first of more pandemics to come, should they be in the forefront of global health responses?

## Main Challenges Faced by the ICRC

### Politicization

Not only is the topic of vaccines and global health a highly political one, the objective of linking health initiatives to peacebuilding (as it is done by the WHO) can put the staff in the field in great danger of attacks.

### Trust and Convincing

Many communities are suspicious of COVID-19 vaccines due to lack of information, lack of trust in the government and/or the pharmaceutical companies, as well as little acceptance of international organizations involved in the field of global health

### Indemnity

So far, countries have been the only ones to purchase COVID-19 vaccines. Through the humanitarian buffer, it is expected that certain areas that have been left-out of national vaccination programs will receive a limited number of vaccines. However, international organizations face the barrier of indemnity if they want to consider purchasing vaccines directly.

## Advantages of Humanitarian Action in Global Health

The ICRC and the movement are able to overcome most of the challenges listed:

- Politicization is avoided by preserving the image of impartiality and neutrality. This is done by preserving the modalities of work (which are different from the UN) and not taking sides in hostilities.
- Issues of trust and misconception can be overcome through localization: The ICRC and/or the movement are present in every country and in close contact with the communities they work with, which facilitates dialogue.

While certain organizations don't have a strong field presence, the ICRC has access to the most remote areas which include non-government controlled regions, contested territories and hard to reach communities. This is mainly due to strong humanitarian negotiation with both sides of a conflict as well as its role of neutral intermediary.



## What has been done so far?

The ICRC and the movement operate in contexts where the COVID-19 pandemic was only one additional challenge to be faced. Still, the response so far have been broad:

### Strengthening of health-care structures

- In the first months of the pandemic, where there was no vaccine and promising treatments, the ICRC has focused on working towards strengthening hospitals, making sure communities have access to running water and personal protective equipment.

### Supply of cold-chain

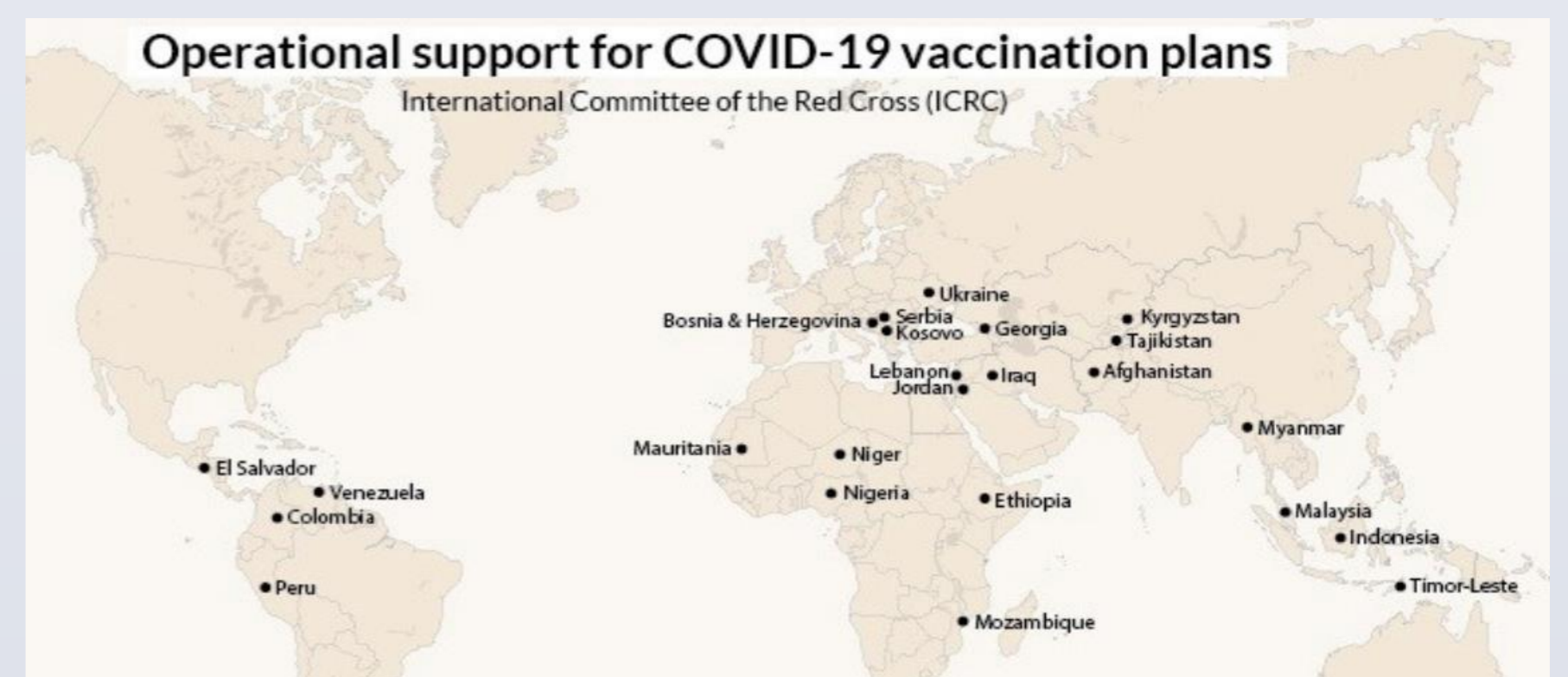
- Supporting the Ministry of Health with the transportation of vaccines in hard to reach areas and providing cold-chain items necessary for vaccine preservation and deployment.

### Support to vaccination campaigns

- Supporting the Ministry of Health in vaccination campaigns throughout the country, including by transporting medical teams to conflict affected areas (e.g. Mozambique).

### Negotiate access

- The ICRC has negotiated in various occasions that the vaccination teams could access communities under influence of non-state armed groups for COVID-19 vaccinations (e.g. Colombia).



## Could things be different in the future?

*The role of the ICRC and the movement has proven to be of great importance to ensure that communities affected by armed conflict and other situations of violence have access to vaccines. In the future, could there be an even more active engagement?*

### Direct purchase of vaccines

- The ICRC and the movement, like other organizations, are not yet directly purchasing vaccines from pharmaceutical companies, this has been done primarily by States. Besides the indemnity challenge, could this be an option for the ICRC to ensure that last-mile areas receive vaccines?

### Formal agent like the humanitarian buffer

- The humanitarian buffer is so far the only mechanism that is supposed to ensure that vaccines reach areas not included in national vaccination programs, which tend to be highly vulnerable communities. Could the ICRC and the movement come up with its own mechanism?

### Policies and frameworks

- Can the lessons learned from the COVID-19 pandemic serve as a prevention tool for future emergencies? Is there enough data to understand what works per context/thematic in order to draft guidelines?