

INTER-AGENCY STANDING COMMITTEE**SUMMARY RECORD AND ACTION POINTS**

New York, 23 March 2020

Introduction

Mr. Mark Lowcock, the Emergency Relief Coordinator (ERC) and Chair of the IASC, convened an *ad hoc* IASC Principals meeting to discuss the latest COVID-19 developments; review progress on the global humanitarian response plan for the pandemic; and exchange on collaborative approaches to sustain humanitarian operations and respond to the pandemic amid duty of care concerns, logistical/civil-military challenges and travel/movement restrictions.

The IASC's Emergency Directors Group was working through options on a country-by-country basis, while field humanitarian leadership was being encouraged to prioritize the programme criticality reviews underway to maintain life-saving operations. WFP's logistics plans for providing system-wide transport/procurement services were appreciated for seeking to bring personnel/supplies from various global staging areas closer to points of delivery based on partner demands. To minimize competition for scarce commodities, field teams were encouraged to consolidate their personal protective equipment (PPE)/health requirements at country-level and to channel these requests to the WHO-hosted Supply Chain Interagency Coordination Cell in Geneva for prioritization and follow-up.

On the global pandemic appeal, Mr. Lowcock thanked participants for their teams' collaboration and announced the virtual launch remained on track for 25 March. The interagency plan sought to aggregate/update IASC partners' pandemic plans, initially covered a 9-month period (to be updated monthly) and requested approximately US\$ 2 billion in additional funds to address the first-line consequences of the pandemic (vs. the socio-economic ripple effects). The Red Cross/Red Crescent Movement's appeal would be launched separately, but was complementary. The essential point to be collectively relayed to donors was that these pandemic-specific requirements were above and beyond what was required to sustain ongoing humanitarian operations and that funding towards this pandemic appeal was not a substitute for existing humanitarian plans. Maximum flexibility would also be pursued for reprogramming/extending current grants/ agreements where necessary and seeking synergies with World Bank funding streams for the pandemic response.

Lastly, Mr. Lowcock encouraged participants to take advantage of the IASC secretariat's fast-tracking of pandemic-related guidance for interim endorsement to support field demands for practical guidance to support humanitarian operations during a COVID-19 outbreak. Interim guidance on camps/camp-like settings and mental health and psychosocial support were already issued, with more on food distributions and schools to be issued shortly. Additional practical guidance was welcomed to be disseminated widely by the IASC secretariat for cross-reference.

Briefing on COVID-19

Dr. Mike Ryan, Executive Director, Health Emergencies Programme of the WHO, briefed

on the exponential rise in confirmed cases worldwide, the high fatality rates (despite the increase in testing), and the containment measures that remained critical to stem any outbreaks in fragile humanitarian settings. He explained efforts to counter the myth that the pandemic was only affecting the very old and frail, and noted that lockdowns and physical distancing were merely defense measures to reduce the intensity of community-level transmissions, but that without suppression measures (i.e., tracing/surveillance/isolation), the cycles of lockdown and release could continue indefinitely. Dr. Ryan reiterated that lessons from the DRC Ebola response showed that humanitarians could directly support a fragile health system to contain an outbreak even in situations of armed conflict, and that for humanitarian operations now facing low COVID-19 incidences the best bet was to focus on containment because lockdowns were neither feasible nor would help in such settings. He further added that interim guidance on prisons/detention facilities would also be forthcoming.

General discussion

UNHCR noted the impact of border closures on the protection of refugees/IDPs and their ability to seek asylum and access health services, with concerns that such supposedly temporary pandemic restrictions could become more longer-term blockages. IOM and UNDP echoed the protection concerns for migrants and other vulnerable/marginalized groups and reiterated that governments should be strongly encouraged to ensure all those within their jurisdictions have access to health care at this critical time irrespective of their legal status. OHCHR noted guidance on prisons was being finalized to promote engagement with authorities on the protection of detainees in such circumstances, and that a statement would be issued shortly to advocate that sanctions on certain countries were restricting access to pandemic-related PPE/health supplies. UN-Habitat offered support with contributing to guidance on the impact of the pandemic in urban settings and informal settlements/slums and the importance of working closely with local government counterparts on preparedness and response.

On duty of care, WFP, UNHCR, and IOM raised concerns that staff were being asked to stay and deliver in contexts where pandemic-related PPE stocks were in short supply and staff felt exposed to risky scenarios where lockdowns were impossible and flight restrictions complicated medical evacuations. Several participants including UNHCR, IFRC and Catholic Relief Services also raised concerns about incidences of discrimination and even security incidents against staff from certain nationalities who were perceived as vectors for the virus. UNDSS encouraged such incidents to be reported to feed into an updated risk analysis for staff, and advised that programme criticality reviews consider the limited capacity of UNDSS to support programme delivery given travel restrictions and quarantines. UNHCR and FAO noted the importance of adopting a coherent approach to stay and deliver per operation to avoid staff morale issues or any domino effects in terms of agency presences.

IFRC noted that movement restrictions were hampering access in some countries, so exemptions were being sought for humanitarians, while blood supplies were also running short in several operations necessitating blood drive campaigns. UNICEF noted the need to consider models for delivering an effective public health response in Africa given the experiences of the DRC Ebola response, and that common messages were needed for the pandemic response in fragile settings (i.e. Somalia and Yemen) where there were no functioning health systems. UNFPA and UNICEF also highlighted the importance of fundraising for the ongoing basic/emergency health service needs and GBV/social

protection for mothers and children beyond the pandemic response.

Several participants including SCHR, Interaction, ICVA and Catholic Relief Services stressed the criticality of maximizing flexible funding arrangements to enable NGOs and other local actors to stay and deliver on their humanitarian and development programmes in a global context of increasing lockdowns and travel/movement restrictions. Given all the access limitations, the Grand Bargain commitments around reduced bureaucracy, flexible funding and localization needed to be put into action vis-à-vis both UN-NGO and donor-NGO partnership agreements so that funding flows could support as directly as possible the local actors already on the ground since surge was not a viable option in many cases. UNDP advocated for nexus programming to be pursued where possible given lessons learned from the DRC Ebola response to leverage the limited personnel and access of humanitarian and development organizations. The World Bank noted it was operationalizing its \$14 billion funding stream to fast-track support to over 40 countries that had applied so far, and that it was also providing procurement support to bolster medical supply chains where needed. FAO noted the risks that pandemic-related government trade policies could have on food/fuel prices and availability,

Follow-up actions:

1. A collective approach is needed on how to stay and deliver in ongoing humanitarian operations, including in terms of medevac procedures, dealing with security incidents, among others (*OCHA – in collaboration with IASC organizations*).
2. The activation of the IASC's System-Wide Scale-Up protocols for the control of infectious disease events will be considered (*Emergency Directors Group*).
3. To minimize competition over scarce resources, consolidate and channel requests for critical supplies, such as personal protective equipment (PPE)/health requirements, at country-level, to the WHO-hosted Supply Chain Interagency Coordination Cell in Geneva for prioritization and follow-up (*IASC members*).
4. Continue to contribute to sharing of guidance and experiences through IASC channels, including what other lessons learned from the DRC Ebola response can be replicated to support local based surveillance and working through local capacity (*IASC members*).
5. Develop collective messages to donors on how they can better support the pandemic response and ongoing operations, especially in terms of flexible funding (*OCHA in collaboration with NGO partners*).

The ERC concluded by noting that there are critical longer-term issues, including sustaining trade flows, minimizing food/fuel/fertilizer price increases, among others that needed to be considered. He noted that these longer-term impacts must be surveyed and encouraged IASC Principals to share their thoughts on this in support of a collective approach.

The next ad hoc IASC Principals call on the COVID-19 response to be scheduled for 27 March.

List of participants:

IASC Members:

1. Mr. Mark Lowcock, Emergency Relief Coordinator and Chair of the IASC
2. Dr. Mike Ryan Executive Director, Health Emergencies Programme, WHO
3. Ms. Michelle Bachelet, High Commissioner, OHCHR
4. Ms. Henrietta Fore, Executive Director, UNICEF
5. Mr. Filippo Grandi, High Commissioner, UNHCR
6. Mr. Achim Steiner, Administrator, UNDP
7. Mr. António Vitorino, Director General, IOM
8. Ms. Maimunah Mohd Sharif, Executive Director, UN-HABITAT
9. Ms. Natalia Kanem, Executive Director, UNFPA
10. Mr. Sam Worthington, CEO, InterAction
11. Mr. Jagan Chapagain, Secretary General, IFRC
12. Mr. Amir Abdulla, Deputy Executive Director, WFP
13. Mr. Antoine Grand, Deputy Director of Operations, ICRC
14. Ms. Laurent Thomas, Deputy Director-General, FAO
15. Mr. Ignacio Packer, Executive Director, ICVA
16. Mr. Ramesh Rajasingham, Assistant Secretary-General a.i, OCHA
17. Ms. Maria Immonen, Vice-Chair of SCHR and Director, Lutheran World Federation
18. Mr. Gareth Price-Jones, Executive Secretary, SCHR
19. Mr. Roger Yates, Regional Director, Plan International, ICVA Chair
20. Mr. Sean Callahan, President and CEO, Catholic Relief Services
21. Mr. Toomas Palu, World Bank

Guests:

22. Mr. Bill Miller, Director, UNDSS

IASC secretariat:

23. Ms. Mervat Shelbaya, Head of IASC secretariat