

INTER-AGENCY STANDING COMMITTEE

SUMMARY RECORD AND ACTION POINTS

New York, 17 April 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 COVID-19 response, including an update on resource mobilization for the Global Humanitarian Response Plan and its upcoming revision, humanitarian access, longer-term forecasting, the public health situation and logistics.

Update on the Global Humanitarian Response Plan (GHRP); humanitarian access; socioeconomic impact and vulnerability

Mr. Lowcock informed participants that some US\$420 million in contributions to the GHRP was recorded on the Financial Tracking System (FTS), although based on announcements the figure was likely closer to \$1 billion. Another \$20 million was released from the Central Emergency Response Fund (CERF) to augment funding for the logistics elements of the GHRP. This supported critical common services to be provided for members by WFP such as MedEvac. Mr. Lowcock emphasized the importance of IASC members and their donors reporting funding in FTS to help identify gaps and better target advocacy efforts.

At a 15 April donor briefing with WHO, Mr. Lowcock noted that he had communicated the pressing need to fund NGOs. He flagged that a call was being organized with the Good Humanitarian Donorship (GHD) forum and a number of IASC Principals to further advocate for flexible funding, minimal bureaucracy and simplified procedures. On collective messaging, Mr. Lowcock noted that there was a need for stepped up collective advocacy on a number of areas, including in support of funding of critical services provided by WFP in logistics and MedEvac.

Mr. Lowcock indicated that the new release date for the revised GHRP was 7 May. Ten or eleven new countries would be included in the plan and additional countries were to be placed on a watch list. Mr. Lowcock referred to his ongoing calls with RC/HCs reinforcing the need to incorporate NGO requirements in the revised

GHRP. The revised GHRP would also reflect amendments to country HRPs and Refugee Response Plans (RRPs) and would further reinforce linkages with the WHO Strategic Preparedness and Response Plan (SRSP).

Regarding humanitarian access, Mr. Lowcock indicated that much effort and advocacy was taking place to facilitate the movement of humanitarian personnel and supplies. However, he underscored the need to consider the concerns of national authorities about international staff inadvertently importing/transmitting the virus. This required additional reflection as the concerns contributed to the imposition of travel/movement restrictions.

Mr. Lowcock signaled the importance of the UN Secretary-General's global appeal for a ceasefire to improve humanitarian access, which was endorsed by 107 Member States, 14 armed groups and 7 regional organisations. He noted that the initiative was making a difference and must continue to be promoted for a more enabling operating environment.

On the socioeconomic impact of the crisis, Mr. Lowcock mentioned that OCHA was working on longer-term response requirements and encouraged participants to share any analytical work on the issue to benefit from each other's shared insight.

Health update; update on revised SPRP strategy; guidance for low resource settings

Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response at WHO, informed participants of the accelerating spread of COVID-19. Two million cases were confirmed, but the figure was likely higher due to the fact that suspected cases were not tested systematically across a number of countries. Over 139,000 deaths were recorded. Dr. Fall indicated that the socioeconomic impacts were increasingly apparent, illustrating that the outbreak was not uniquely a health issue and required a comprehensive response with a 'whole of government' and 'whole of society' approach.

Dr. Fall noted that WHO leadership was engagement regularly with field leadership to ensure that discussions and decisions at the global level were reflected at country level and that the timelines and planning processes of the GHRP and SPRP were aligned.

The epicenter of the outbreak was reported to still be the United States and Europe, although exponential growth was observed in Belarus and Russia and parts of South America. Dr. Fall highlighted the rapid spread in Africa, indicating a 50% increase in the number of cases and 60% increase in number of deaths since the previous week. He underlined that working together in those fragile settings was essential. The technical guidance for low resource settings had received extensive feedback from partners and was expected to be released the following week.

Dr. Fall explained that the new SPRP would take into account lessons learned since the beginning of the outbreak about the virus and severity of impact to help guide the response at national and subnational levels and ensure that the global strategy could be adapted to specific settings.

Some countries were considering lifting certain social distancing measures, and Dr. Fall flagged that in these contexts it was crucial to put a system in place for public health intervention (i.e., isolation, contact tracing, etc.), while still respecting human rights.

Update on logistics

Mr. Amir Abdulla, Officer-in-Charge and Deputy Executive Director of WFP, expressed appreciation to Mr. Lowcock and WHO for their advocacy and fundraising for the common services. Two field hospitals were expected to be ready during the first week of May in West Africa (in Accra, Ghana) and East Africa (likely Addis Ababa, Ethiopia), with the five other hospitals to follow shortly thereafter. Air ambulances had been identified

and WHO was working on setting up staffing for the field hospitals. Department of Operations Support (DOS) was also moving forward with a hub in Nairobi.

Mr. Abdulla indicated that air bridges and passenger services should be in place by the end of April. WFP surveyed 225 organizations to determine where air services would be needed. By the first week of May, flights from Rome and Geneva to East and West Africa were expected to be in place. A UN Solidarity Flight recently departed from Addis Ababa with donated medical supplies to support COVID-19 operations and will eventually travel to 15 countries across the continent

Mr. Abdulla also noted the continued use and expansion of the UN Humanitarian Response Depot structures to leverage standing arrangements and minimize additional cost negotiations. Where possible, WFP was focusing on local procurement to avoid long haul transport and to bypass import restrictions.

The UN Secretary-General established a high-level supply chain task force co-chaired by WHO and WFP to expand on the efforts of the existing Supply Chain Interagency Coordination Cell in Geneva. Mr. Abdulla stressed the need to keep supply chain coordination in place and do the maximum to address border closures and restrictions. As these global network of hubs were being established, he sought the IASC Principals support in advocating with Governments to facilitate exemptions and access to ensure the movement of humanitarian and health personnel and supplies across borders.

Discussion:

UNICEF noted that the joint voice was making a difference in terms of resource mobilization and confirmed that 25% of their Appeal was funded, of which 24% was flexible, which was higher than last year. UNHCR reported that 70% of their requested funds were received, and ICRC received approximately 100 million Swiss francs of their 250 million portion of the Red Cross/Red Crescent appeal for 800 million. However, the funding for food security was below 5% and UNDP's portion of the GHRP was 3% funded. UNICEF indicated that the first wave of World Bank funding was coming in and should be getting to the field soon with the more streamlined procedures initiated by UNHCR. UNHCR reiterated their continued work to address administrative simplifications for their partners with practical instructions communicated to NGO partners and their field representatives on the new simplified measures in place. While several NGO representatives expressed appreciation for the efforts from UNHCR and UNICEF to move quickly on blanket simplifications, they underscored the need for more collective efforts in this regard.

UNICEF noted that the sense of urgency was resonating well with donors, and that agencies should ask for contributions to be front-loaded earlier in the year. A number of participants expressed appreciation for the continued stepped up advocacy for flexible funding, although it was noted that some bureaucratic barriers were still in place. ICVA indicated they were engaged in donor advocacy at capital levels and through NGO networks to ensure strengthened support to multilateral/international efforts. Concern Worldwide shared that there would be a collective appeal of UK NGOs for the COVID response next week through the Disaster Emergency Committee. InterAction

acknowledged the challenging political context and its hindrance on the impact of advocacy efforts.

Several participants raised concerns about the slow pace of funding trickling down to front-line NGOs at the country level, and the impact this could have on the financial resilience for national and medium sized organizations, creating further pressure on NGOs to maintain staffing and momentum. The need was noted for stepped up efforts from OCHA and the IASC to get GHRP funding to these partners as a matter of urgency. SCHR flagged that less than 1/3 of 1% of funding has gone to NGOs to date, and that there were issues with accessing pooled funds. InterAction noted that, on the funding side, they were seeking \$12 billion (\$5bn of which was for humanitarian assistance), but were challenged to explain how they would resource the field. He inquired whether it would be possible to use pooled funds to test the capacity of partners and determine where they can stay and deliver.

UNHABITAT highlighted the importance of the interim guidance on low resource settings that was being developed, given the acute challenges in urban slums. On the guidance for informal settlements and slums, the key was to empower local authorities and local communities, especially the youth. UNICEF noted the need for clarity regarding measures to be put in place/ guidance provided in the three unique settings: camps/camp-like setting vs. informal settlements/slums vs. rural areas.

Regarding protection of staff in the field, IOM noted the need to stay and deliver but underscored the crucial need to ensure staff were duly equipped and aware of the UN system response for their MedEvacs and safety and security, for both staff and subcontracted partners. This problem would be compounded as the pandemic spread across the southern hemisphere. ICVA indicated the politicization of Personal Protective Equipment (PPE) and other equipment, and the need to give due attention to the work rights and measures to protect occupational health and safety for all humanitarian staff, as some were being asked to work without adequate equipment and MedEvacs. CRS noted the need of MedEvac support and PPE reaching faith-based networks as well.

The important role of faith-based organizations was raised by several participants. InterAction noted that 40% of its NGO base was faith-based, and while they tended to be on the development side, they were seeing the ability of development actors to take on more risks and the norms of the humanitarian sector. CRS informed that the Pope advocated for the SG's call for global ceasefire and faith-based networks were looking to respond. UNHCR advised that, in light of the important channel faith-based organizations have with communities, there would be a dedicated meeting with them to explore how they could be better involved in the response.

On protection, UNHCR noted concerns that the COVID crisis was interfering or overlapping with the complex population movements from the past few years, including the Mediterranean and Central America and Bangladesh. Furthermore, IOM signaled that access to people in need was a major problem due to the lockdowns, which concentrated people in border areas and prevented them from crossing. Access to these stranded migrants required advocacy with national governments for humanitarian workers to receive waivers for travel restrictions. OHCHR indicated the issue of migrants who have lost jobs attempting to return to their countries of origin was an issue, noting that guidance was being developed on this issue.

UNICEF expressed concern for local community health capacities and about children's regular immunizations being set aside, noting the need to prevent disruption of community surveillance and services so that children were not lost to other diseases. This must continue to be communicated with every possible donor. Also, ICRC reported strong engagement with non-state armed groups across the globe to sensitize them on the need to adopt prevention measures.

On food security, FAO shared that the main message from a meeting on 16 April with African ministers of agriculture was concern about a food crisis taking place within a health crisis. To ensure sufficient support to availability and access to food, the distribution of inputs to farmers in time for planting seasons in eastern and southern Africa by the summer must be prioritized. Desert locusts were a further threat to food security and could still expand to West Africa and to parts of the Middle East. The global food security cluster was working to provide field support and had expanded to 11 new countries, and soon 50 countries would have food security clusters focused on the COVID response.

UNDP noted the complementarity but risk for duplication with the three frameworks for the COVID-19 response, which were the WHO SPRP, the GHRP and the UN socioeconomic framework to be launched soon in follow up to the UN Secretary-General's report on socioeconomic impact (supported by a Multi-Partner Trust Fund). UNDP underscored that working on fragility required a multi-dimensional approach and urged for the GHRP to include a nexus approach to COVID-19. UNDP specified that this did not necessitate including development and peace issues into the GHRP, but rather including humanitarian work in support of those efforts.

ICVA signaled the need to remain alert to the risk of disasters while focusing on COVID-19 response and preparedness. The category five cyclone in the Pacific last week was a reminder of the potential impact should a large-scale event take place.

UNHCR made a general appeal to be mindful of the various efforts and task forces working on supply chain issues, including the newly established UN supply chain task force – as it was important to avoid duplication and ensure consistency.

Follow-up actions:

1. Review interim IASC guidance on the COVID-19 response and identify other critical guidance that maybe required - while avoiding duplication and ensuring complementarity between the guidance being developed [*IASC secretariat*]
2. Written communication to RCs and HCs to request the full inclusion of NGOs into the GHRP revision planning processes and to do the necessary to support funding of NGOs [*ERC*]
3. Step-up advocacy efforts for funding of common services provided by WFP on logistics and MedEvacs [*IASC Principals*]
4. Develop a two-pager regarding the situation of vulnerable populations at border areas (including on access, protection and migration challenges) to support IASC advocacy efforts [*UNHCR and IOM*]

5. Welcome the High Commissioner for Refugees upcoming dialogue with faith-based organizations, which the ERC would join, to explore options for stronger engagement with communities [*UNHCR and ERC*]
6. Share with InterAction analysis developed regarding levels of projected costs and investments required justifying substantial requests for additional funds to donors. Will also explore the option of using pooled funds to resource InterAction's local partners [*OCHA*]
7. Ensure that the GHRP revision process, not only looks at the humanitarian needs in the targeted countries, but also has a good reading of socio-economic frameworks and nexus considerations [*OCHA*]

The next ad hoc IASC Principals call on the COVID-19 response to take place Monday, 27 April. Proposals for topics/ issues to be shared with the IASC secretariat by 21 April.

List of participants:

IASC Members:

1. Mr. Mark Lowcock, Emergency Relief Coordinator, OCHA
2. Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response, WHO
3. Ms. Henrietta Fore, Executive Director, UNICEF
4. Mr. Filippo Grandi, High Commissioner, UNHCR
5. Ms. Michelle Bachelet, High Commissioner, OHCHR
6. Mr. António Vitorino, Director General, IOM
7. Ms. Maimunah Mohd Sharif, Executive Director, UN-HABITAT
8. Mr. Jagan Chapagain, Secretary-General, IFRC
9. Mr. Antoine Grand, Deputy Director of Operations, ICRC
10. Ms. Asako Okai, Assistant Secretary-General and Crisis Bureau Director, UNDP
11. Mr. Sam Worthington, President and CEO, InterAction
12. Mr. Sean Callahan, President and CEO, CRS
13. Mr. Amir Abdulla, Deputy Executive Director, WFP
14. Ms. Laurent Thomas, Deputy Director-General, FAO
15. Mr. Ignacio Packer, Executive Director, ICVA
16. Mr. Roger Yates, Chair, ICVA (Regional Director, Plan International)
17. Mr. Dominic MacSorley, CEO, Concern Worldwide
18. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
19. Mr. Gareth Price-Jones, Executive Secretary, SCHR
20. Mr. Toomas Palu, Adviser, Global Coordination Health, Nutrition & Population, WB
21. Dr. Mike Ryan, Executive Director, Health Emergencies Programme, WHO
22. Ms. Shoko Arakaki, Director, Humanitarian Office, UNFPA
23. Ms. Natalia De Ferreira Castro, Office of the UN Special Rapporteur on the Human Rights of IDPs