

INTER-AGENCY STANDING COMMITTEE

SUMMARY RECORD AND ACTION POINTS

New York, 9 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 efforts to strengthen resource mobilization, humanitarian access and vulnerability, the health situation, and logistics, medevac and duty of care.

Update on Resource Mobilization Efforts; Ensuring Humanitarian Access; Vulnerability Index

Mr. Lowcock informed participants that approximately US\$400M was reported in the Financial Tracking Service (FTS) towards the Global Humanitarian Response Plan (GHRP) for COVID-19. As part of his advocacy effort for flexible funding, Mr. Lowcock wrote a letter to the Good Humanitarian Donorship (GHD) forum to appeal for flexible funding and simplified procedures, particularly for NGOs. Mr. Lowcock commended UNHCR and UNICEF's engagement with NGOs on this issue including by harmonizing approaches and minimizing transaction costs to direct funds to front-line actors.

On the topic of humanitarian access, Mr. Lowcock noted his ongoing discussions with all Resident and Humanitarian Coordinators (RC/HCs) and requesting stepped up efforts at the country level to address impediments faced by NGOs to deliver. Mr. Lowcock also recalled that the UN Secretary-General issued a statement on 3 April on humanitarian assistance and access, and that at the global level the UN would continue advocate for access for all operational agencies.

Mr. Lowcock shared ongoing efforts to better understand how the pandemic may impact vulnerability, highlighting the recently-completed COVID-19 risk index with country-level analysis. He noted that the IASC Emergency Directors Group (EDG) would review the index among other analyses when considering additional countries to be included in the next iteration of the Global HRP. Additionally, Mr. Lowcock advised participants that country-level analysis on socio-economic impacts was underway and would be circulated shortly. The key purpose of these initiatives were to improve understanding of how humanitarian needs would change over the coming months and where response plans might need to be amended.

Mr. Lowcock informed participants of collaboration with the World Bank and development actors in the UN to ensure that analyses were complementary and that there was synergy and deconfliction of any issues in the different response initiatives. The development system, and the international financial institution in particular, will have a large role to play in socioeconomic response and unlocking the full potential of national and international NGOs.

Health Situation Update and Tailored Strategies for Fragile Settings

Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response at WHO, briefed on the continued spread of COVID-19. Since the last Principals meeting on 2 April, the number of reported cases increased by 531,000. Dr. Fall reported that Europe and the US remained the epicenters of the pandemic, but more cases were occurring in fragile settings, making it critical to work with key partners like IOM, IFRC, UNHCR and NRC to develop guidance on public health measures for preparedness and response in low-resource settings. Dr. Fall informed participants that a draft of this guidance has been produced and submitted to the EDG for feedback by 13 April and aimed to publish it that week. The guidance highlighted the specific settings with limited access to COVID services and where the impact of COVID could be very high, taking into account vulnerable and displaced populations with limited access to water, sanitation and other basic services. Dr. Fall acknowledged the inability to implement all of the technical recommendations that would be done in a normal setting, and the need to take into account the risk factors that could accelerate the outbreak in low-resource settings.

He stressed the need to ensure public health interventions do not have unintended consequences and emphasized the role of communities to support preparedness, prevention and scale up action once the outbreak is at certain levels. Social distancing would be difficult in many settings, driving the need to focus on increased use of masks compared to normal settings. Guidance was also included on how to prevent and suppress transmission when they have initial cases and when they get more cases.

WHO was finalizing the second iteration of its Strategic Preparedness and Response Plan (SPRP 2), which was scheduled for release on 13 April.

Update on Logistics/ Medevac Issues/ Duty of Care

Mr. Amir Abdulla, Officer-in-Charge and Deputy Executive Director of WFP, provided an update on WFP's efforts to set up supply chain hubs, noting that awards for the services in Liege, Belgium and Guangzhou, China had been signed and Dubai was covered through the existing UNHRD facilities. The immediate next priority was the set-up of the regional hubs in West, East, and South Africa.

WFP was ready to provide common services to the humanitarian community; however, funding was yet to be confirmed and donor support was needed to fully operationalise the plan. Cargo operations could commence immediately upon the receipt of funding. Services on a full-cost recovery basis were available through UNHRD for registered partners, but prices and timelines were increasing due to numerous restrictions, bans, and closures worldwide.

Mr. Abdulla highlighted that in the effort to streamline and rationalize access, WFP was sending clear indications to regional bureaux and country offices to communicate requests for procurement of WHO-listed critical items to the Interagency Supply Chain Coordination Cell in Geneva.

The contract was awarded for the procurement of seven treatment centres and the first two were due to be delivered at the end of April or early May. Mr. Abdulla indicated that

the first hospital would most likely go to Accra in West Africa, and the second in east or south Africa. Specifications for ambulances were being reviewed in conjunction with WHO and orders would be placed shortly. WFP Aviation was on standby to charter air ambulances. The location for Medevac Treatment centres had to be defined by UNDOS, while WFP is actively participating to the UN system-wide task force for Medevac.

Discussion:

Participants widely acknowledged that guidance on COVID-19 response measures would not be applicable in all contexts and required special adaptation for fragile settings. IFRC, IOM and UNHABITAT emphasized that the specific needs of refugees, IDP camps, informal settlements and urban slums must be taken into account, given challenges such as limitations with drinking water, handwashing and opportunity for social distancing. UNHABITAT indicated that a collaboration with IFRC was underway to develop guidance for urban settlements, which aimed to align with WHO guidance and go through the IASC's fast-tracked endorsement process.

Several participants cited Africa as a particular concern and its need for nuanced messaging. Mr. Lowcock noted that advocacy will continue on sustaining operations in Africa, with a focus on achievable measures.

Interest was expressed to delay the timeline for the next iteration of the GHRP. UNHCR requested an extension to enable them to report on the first appeal and employ a bottom-up approach with partners and ICVA, WFP, SCHR and UNHABITAT also supported an extension of the deadline to allow for a more consultative process. Mr. Lowcock noted that the EDG would be asked to consider the timeline. ICVA emphasized that the next iteration should rely on country inputs based on actual needs, not rough estimates, and flagged the importance of the GHRP being considered an IASC-wide plan, not a UN plan.

Concern was expressed for long-term funding of response efforts. Despite observing a spike currently, InterAction anticipated a decrease in aid in 2021. SCHR, who roughly calculated only 0.035 percent of the \$2 trillion mobilized so far was directed to the global response, noted drops in income that hampered their members' viability and drew down reserves, causing concern for cuts to NGO staff. Mr. Lowcock proposed brainstorming on fundraising approaches to advocate beyond the immediate-term.

UNHCR and UNICEF pointed out low percentages of unearmarked funding, indicating the continued need to advocate for flexible funding. Of the 10% UNICEF received only 20% was unearmarked, and although they had up to 60% of funding in the pipeline, speed and flexibility remained a serious issue. IFRC was about 65% funded for the Red Cross/R Crescent appeal and saw positive engagement from the private sector in comparison with previous disasters. IFRC noted that while flexibility and earmarking of funding was mixed, it was still better compared to other disasters. FAO underlined that the GHRP was less than 5% funded on food security, making the CERF allocation very welcome. UNICEF noted that it joined the Solidarity Response Fund, a historic effort to combine assets for fundraising.

ICVA emphasized the need to ensure persons with disabilities were not excluded from response efforts, and stressed that the mental health impact of pandemic—along with age

and gender aspects—could not be underestimated. ICVA also expressed appreciation for the IASC Interim Technical Note on Protection from Sexual Exploitation and Abuse (PSEA) during COVID-19 Response and reported a strong dissemination effort.

FAO underscored the massive impact that lockdowns and closures would have on food security for countries relying on food imports and even those who produce food. Sowing and planting in the upcoming weeks needs to be protected, and FAO was working on guidance for the food security cluster and how to help countries and partners respond to the COVID impact. Next week, FAO would be in the position to provide 40 more countries with assistance.

ICVA remarked on the Saudi-led ceasefire in Yemen as an important step for peace; and questioned how much the UN Secretary-General's global call for ceasefire had been followed and amplified by HCs and if the Principals should take action. Mr. Lowcock would share an update on the ceasefires announced and being negotiated.

IOM's most critical concern was to support stranded migrants in hard-to-reach border areas, making the continued advocacy for fast-tracking aid workers highly important. UNICEF proposed combining efforts for a shared visual and narrative on fast-tracking health and aid workers at borders and countries to get through to all governments and media. Mr. Lowcock invited UNICEF to share a compelling narrative to be collectively used for IASC-wide messaging. Also on access, IFRC undertook a massive call to all governments and was doing country-by-country bilateral negotiations.

The World Bank informed participants of the first batch of 25 countries approved for fast-track facilities, where funds will be channeled. Another 40 operations were in the pipeline for approval on a rolling basis. The World Bank expected to put out economic updates and impacts of COVID-19 at its upcoming spring meeting the following week and was working on aligning socio-economic initiatives with UN counterparts. Mr. Lowcock requested the WB to share a one-page summary of which countries were receiving funds, to be updated on a regular basis.

ICVA stressed that the localization agenda must remain high, as local and national actors were best placed to provide assistance now and in the future. ICVA was supporting dialogue on how to build up this capacity. UNHABITAT underlined the need to put emphasis on youth and communities and to come up with indicators relevant to urban areas and to align data across the IASC.

InterAction signaled the need for greater clarity on MedEvac, particularly on the inclusion of NGOs. UNHCR noted the difficulty in understanding the current level of health facilities that could be repurposed for staff medivacs. On logistics issues, ICVA received feedback from members that PPE was not arriving in destinations and flagged concern for how prioritization is being done in terms of needs. UNICEF was exploring equipment options for handwashing stations and welcomed suggestions from participants. FAO reminded participants of the capacity of national veterinary laboratories and national authorities to do testing. UNICEF noted that routine immunizations will likely be interrupted due to COVID-19 and result in other outbreaks such as measles.

Follow-up actions:

1. Contribute to finalizing the interim guidance on measures to be taken in low resource settings. *[All IASC members]*
2. Propose solutions to sustain funding for humanitarian operations, beyond the immediate needs. *[All IASC members]*
3. Continue to advocate for sustained operations (especially in Africa) on the actions that can be achieved. *[All IASC members]*
4. UNICEF to share a first draft of common messages/visuals to guide IASC-wide advocacy on fast-tracking of access for health and aid workers. *[UNICEF]*
5. The EDG to consider the question of the timeline for the next GHRP. *[EDG]*
6. To share updates on the SG's call for global ceasefires. *[IASC secretariat]*
7. The GHRP to consider issues of sex, age, mental health and disability. *[OCHA]*
8. WB to produce and keep updated a one pager on the actual disbursements from the WB to approved countries. *[World Bank]*

The next ad hoc IASC Principals call on the COVID-19 response to take place Friday, 17 April. Proposals for topics/ issues to be shared with the IASC secretariat by 14 April.

List of participants:

IASC Members

1. Mr. Mark Lowcock, Emergency Relief Coordinator, OCHA
2. Ms. Henrietta Fore, Executive Director, UNICEF
3. Mr. António Vitorino, Director General, IOM
4. Ms. Maimunnah Mohd Sharif, Executive Director, UN-HABITAT
5. Mr. Jagan Chapagain, Secretary-General, IFRC
6. Mr. Robert Mardini, Director-General, ICRC
7. Ms. Kelly Clements, Deputy High Commissioner, UNHCR
8. Mr. George Conway, Deputy Director, Crisis Bureau, UNDP
9. Mr. Sam Worthington, President and CEO, InterAction
10. Mr. Amir Abdulla, Deputy Executive Director, WFP
11. Ms. Laurent Thomas, Deputy Director-General, FAO
12. Mr. Ignacio Packer, Executive Director, ICVA
13. Mr. Roger Yates, Chair, ICVA (Regional Director, Plan International)
14. Ms. Maria Immonen, Vice Chair of SCHR (Director, Lutheran World Federation)
15. Mr. Gareth Price-Jones, Executive Secretary, SCHR
16. Mr. Toomas Palu, Adviser, Global Coordination Health, Nutrition & Population, WB
17. Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response, WHO
18. Dr. Mike Ryan, Executive Director, Health Emergencies Programme, WHO
19. Ms. Shoko Arakaki, Director, Humanitarian Office, UNFPA
20. Ms. Avigail Shai, Diplomatic Adviser, UN Policy and Humanitarian Diplomacy Division, ICRC (+1)
21. Mr. Jeff Labovitz, Director of Operations and Emergencies, IOM (+1)

IASC secretariat

22. Ms. Mervat Shelbaya, Head of IASC secretariat