

INTER-AGENCY STANDING COMMITTEE

SUMMARY RECORD AND ACTION POINTS

New York, 2 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 the health situation, resource mobilization, and efforts to strengthen logistics, medevac and duty of care.

Overview of Resource Mobilization Efforts

Mr. Lowcock briefed on the Global Humanitarian Response Plan (GHRP) for COVID-19, indicating over \$370M was pledged to the plan as of 1 April, anticipated this to increase substantially following the finalization of expected pledges from major financiers. He stressed that no funding towards COVID-19 should be at the expense of existing humanitarian operations and noted that many donors have indicated they would not be diverting funds from ongoing operations; however, collective efforts to reinforce this point must continue. On the need for flexible funding from donors, he made reference to the collective key messages to donors produced by IASC Results Group 5 on Humanitarian Financing, and called for the IASC members advocate with donors accordingly.

Mr. Lowcock signaled that work was underway to produce the next iteration of the GHRP. As part of the effort to take a bottom-up approach, guidance on revising the GHRP will be sent imminently to country teams. There would be consideration of countries already known to need adjustments to their HRP or Refugee Response Plan (RRP), and it was still to be determined if additional countries would be added to the Plan. Mr. Lowcock underscored the aim for more analysis to be included in the next Plan in an attempt to project or provide scenarios on how the pandemic may manifest in different regions, which is currently being looked at by modelers and analysts. Another aspect of the next GHRP was a focus on the direct role of and support to NGOs. Noting that NGOs have critical capability yet limited resources, he underscored the importance of more engagement with NGOs, and requested that UN members ensure that the administrative processes are lightened and made more efficient and speedy to enable NGOs to play their full part. He also stressed the critical role of the clusters and noted the need to reinforce their role moving forward.

Health Situation

Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response at WHO, briefed on the rapid escalation and global spread of COVID-19. In its fourth month, the pandemic has climbed exponentially to nearly one million cases and 50,000 deaths. In the last week, the number of countries had tripled. Although the reported cases in Africa and South America are not yet high, he noted that the socio-economic impact of COVID-19 and the political consequences are of concern. Dr. Fall emphasized the need to ensure these

countries were well-equipped to implement public health interventions to detect and treat cases; however, it was equally important to anticipate and work on minimizing the unintended socio-economic consequences.

Dr. Fall informed members that WHO's Strategic Preparedness and Response Plan (SPRP) was being revised and highlighted its complementarity with the GHRP, including the use of the same information-sharing platform and monitoring and evaluation to facilitate programmatic analysis, financial tracking, gap analysis and to help partners understand the link between SPRP and the GHRP.

Movement restrictions on people and goods remain a serious concern and Dr. Fall highlighted the continued importance of establishing humanitarian corridors and the need to address them. In terms of supply chain management, Dr. Fall advocated for the whole UN system to coordinate under the Crisis Management Team (CMT) and for all partners to work with the Supply Chain Inter-Agency Coordination Cell (SCICC) to ensure the inclusion and prioritization of country team needs.

Logistics/ Medevac / Duty of Care

Mr. Amir Abdulla, Officer-in-Charge and Deputy Executive Director of WFP, briefed on WFP's efforts in partnership with a number of IASC organizations on the call around logistics, supply chain and duty of care. He noted ongoing efforts to establish 4 international hubs (namely in Shanghai, Liege, Dubai and Atlanta based largely on origin of supplies), as well as 6 regional hubs (namely in Kuala Lumpur or Bangkok; Panama or Bogota; Addis or Nairobi; Dakar or Accra; Cairo; and Johannesburg). There would be dedicated aircraft for transport from international hubs to regional hubs and thereafter to country locations. Mr. Abdulla noted that the hubs and air services would be covered under the GHRP and the \$350M requirements included therein – as such, there would be no cost recovery scheme. In view of quarantine requirements, WFP had begun pre-positioning staff to ensure their availability to support operating the hubs. Requests and work can already be underway for organizations that have an agreement with the UNHRD.

On air service, Mr. Abdulla indicated that there were sufficient cargo operators and a number of passenger airlines were lining up to lease out aircrafts. However, flight/airport restrictions are presenting a challenge to be addressed.

On medevac and duty of care, Mr. Abdulla informed of plans to set-up seven regional field hospitals with dedicated air ambulances. Although final locations were still to be determined based on government permissions and UN regulations, two field hospitals have already been purchased in consideration of the need to move ahead and are expected to be ready in two weeks. Discussions are ongoing with WHO, IOM and key Member States (including China) to staff and equip these hospitals. Mr. Abdulla described the ideal arrangement was an overlap between the regional hubs and these field hospitals, but this was to be determined. He noted that these would all be for the service of humanitarian and development actors, including NGOs. Mr. Abdulla requested urgent feedback from members on the plan.

Discussion:

An appreciation for the inclusion of NGOs in COVID-19 dialogue and action was widely expressed by participants. ICVA echoed the need to look at the direct role of NGOs in the

review of the GHRP and moreover the diversity of NGOs, raising the importance of localization and involvement of national and local actors is important as local civil society are at the forefront of protection work.

There was broad agreement echoing the ERC's call for stepped up advocacy on flexible funding and the use of collective messaging. UNHCR would shortly be sending a message to NGOs regarding blanket simplification of funding grants, which would be shared with the IASC as well. IOM noted the lack of a unified approach from the EU on flexible funding and the need to step up advocacy at the highest level in this regard.

There was broad appreciation for WFP's role in its leadership of the logistics cluster and agreement on the concept outlined by WFP for the establishment of logistics hubs, strengthening air services (incl. MedEvac), and the establishment of the field hospitals.

UNHCR and UNICEF raised concerns about the risk of COVID-19 impacting the funding of existing programmes. UNHCR noted that cash components can help with the COVID-19 response and should continue to be a strong pitch for existing programmes. Mr. Lowcock indicated that the funding level last week for existing GHO operations was about the same as last year but recognized the need to keep donors to their commitments and keep advocating against diversion of funding for the COVID-19 response.

Concerning supply and logistics issues, several participants, including SCHR, flagged the importance of anticipating demands and preparing supply chains to ensure PPE access for front-line staff engaged in life-saving operations. Mr. Lowcock pointed out that only so much can be done to advocate for larger volumes of PPE/health commodities given the realistic challenge of manufacturers struggling to keep up with increased demands. IFRC referred to the good collaboration with the Geneva-based supply chain cell and UNICEF encouraged innovation, using as an example their inclusion of soap into food packages in collaboration with WFP. Participants expressed unanimous support for WFP's plans to set up common transport/supply chain/hub facilities. While the logistics cluster was looking at the regionalization of hubs, UNICEF encouraged reconciling this with localized procurement/acquisition. On movement of staff, ICRC signaled problems with rotations in/out of field locations and challenges maintaining staff in duty stations for long periods.

UNHCR reported emerging concerns on deportations and border closures, and welcomed feedback on the protection messages circulated last week to the IASC. To address the increased risks to IDPs and vulnerable groups, OHCHR released a statement on 1 April on IDPs and their heightened risk in COVID-19.

UNICEF reminded participants of the need to keep advocating for access across borders. IOM emphasized that humanitarians needed to have the same access to people in need as health workers, with the necessary PPE. He echoed calls for RC/HCs to request a waiver for humanitarian action to enable access to stranded migrants and other vulnerable groups. To approach this issue with a mix of global advocacy and country-level resolutions, Mr. Lowcock noted that the UN Secretary General was expected to release a statement soon on the easing of movement restrictions. Furthermore, he referred to a letter he sent to the RC/HCs requesting their support in stepping up efforts at the national level in that regard and that himself and the IASC Principals should be prepared to support them with global efforts where needed.

CRS raised the topic of potential food insecurity. UNHABITAT expressed increasing concern for the impact of COVID-19 on informal settlements and slums and the risk of acute food crises developing, stressing the need for preparedness. Stepping up localization efforts was highlighted including by ICVA and UN-Habitat. The World Bank informed participants of discussions taking place on the first batch of 25 countries for fast track COVID-19 funding being provided directly to governments. Approximately \$2B would be available starting 3 April and coordination on supply chain issues with the UN will be important. Up to another \$160B was being mobilized to cover socio-economic impacts, which was another area for coordination with UN.

UNDCO confirmed they were co-leading on UN development system agencies on developing a socio-economic framework to complement the GHRP and SPRP, using the SG's report on socioeconomic impacts of COVID as a compass. The framework would be led by RCs and UN Country Teams. There was emphasis placed on coordinating with those two plans and having clarify on what funds what and how the funding channels were coordinated. He noted that a new trust fund was established to receive resources for the development system to address the impact of COVID-19. UNDCO indicated they would assess country-by-country which of the 50+ countries in the GHRP require additional development support. There would be 100+ countries where socioeconomic assistance would be delivered through development actors, including the WB, working through government channels, and the UN. The framework was expected to be finalized next week.

Follow-up actions:

1. Proceed with the plan outlined by WFP with the regards to the establishment of international and regional hubs, provision of air services (including MedEvac) and the establishment of 7 field hospitals *[WFP]*
2. The revised GHRP to take into consideration feedback received from partners, including the necessity for it to be a bottom up approach and addressing the critical role of NGOs *[OCHA]*
3. Need to collectively monitor the challenges of limited availability of PPE/pharmaceuticals/health supplies and work out what realistically can be done to address that *[All IASC members]*.
4. Continued bilateral and collective advocacy with donors to ensure that funding for the GHRP was not diverting or substituting funding to ongoing humanitarian programmes. Similarly, step-up advocacy with donors around the need for flexible funding *[All IASC members]*.
5. Develop more guidance/tools and share best practices, and encourage flexibility in the way we respond in different environments, particularly in context where tracing, treating and isolating is difficult to achieve *[IASC's OPAG in collaboration with relevant bodies]*

6. Circulate UNHCR's letter on blanket simplifications of funding grants for NGO partners *[UNHCR with support of IASC secretariat]*

The next ad hoc IASC Principals call on the COVID-19 response to take place week of 6 April. Proposals for topics/ issues to be shared with the IASC secretariat by 6 April.

List of participants: *(confirm with OUSG)*

IASC Members

1. Mr. Mark Lowcock, Emergency Relief Coordinator, OCHA
2. Ms. Michelle Bachelet, High Commissioner, OHCHR
3. Ms. Henrietta Fore, Executive Director, UNICEF
4. Mr. Filippo Grandi, High Commissioner, UNHCR
5. Mr. Achim Steiner, Administrator, UNDP
6. Mr. António Vitorino, Director General, IOM
7. Ms. Maimunnah Mohd Sharif, Executive Director, UN-Habitat
8. Mr Sam Worthington, President and CEO of InterAction
9. Mr. Jagan Chapagain, Secretary-General, IFRC
10. Mr. Amir Abdulla, Deputy Executive Director WFP
11. Mr. Antoine Grand, Deputy Director of Operations, ICRC
12. Ms. Laurent Thomas, Deputy Director-General FAO
13. Mr. Ignacio Packer, Executive Director, ICVA
14. Mr. Roger Yates, Chair, ICVA (Regional Director, Plan International)
15. Mr. Ramesh Rajasingham, Assistant Secretary-General a.i, OCHA
16. Ms. Maria Immonen, Vice Chair of SCHR (Director, Lutheran World Federation)
17. Mr. Gareth Price-Jones, Executive Secretary, SCHR
18. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
19. Ms. Jennifer Poidatz, Vice President, Humanitarian Response, CRS
20. Mr. Toomas Palu, Adviser, Global Coordination Health, Nutrition & Population, WB
21. Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response, WHO
22. Ms. Shoko Arakaki, Director, Humanitarian Office, UNFPA (+1)
23. Ms. Asako Okai, Director, Crisis Bureau, UNDP (+1)
24. Ms. Avigail Shai, Diplomatic Adviser UN Policy and Humanitarian Diplomacy Division, ICRC (+1)
25. Mr. Jeff Labovitz, Director or Operations and Emergencies, IOM (+1)

Guests

26. Mr. Robert Piper, Assistant Secretary-General, DCO

IASC secretariat

27. Ms. Mervat Shelbaya, Head of IASC secretariat