

INTER-AGENCY STANDING COMMITTEE

SUMMARY RECORD AND ACTION POINTS

New York, 28 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 (GHRP) and its upcoming revision, the health situation, a proposed collective service for risk communication and community engagement and an update from the World Bank on the Pandemic Trust Fund and debt relief.

Update on the Global Humanitarian Response Plan (GHRP)

Mr. Lowcock informed the Principals that some US\$757 million in contributions to the GHRP was recorded on the Financial Tracking System (FTS). Other contributions were in the pipeline and would bring the total to above \$1 billion. While there was some degree of progress, there was still much more to do to ensure more flexible, unearmarked and fast-tracked funds, which will be raised during the upcoming IASC-GHD meeting. Mr. Lowcock confirmed that in his communications with RC/HCs, he had reinforced the importance of NGO participation in the development of humanitarian response plans and the necessity for increased and the expedited disbursement of funds.

Mr. Lowcock confirmed that the release of the revised GHRP was on track for 7 May and the first version of the narrative would be available imminently. He reiterated his efforts to socialize a sense of the long-term costs, including in a recent Associated Press (AP) News article and video conversation with the Center for Global Development President, Mr. Masood Ahmed, both released that day.

Mr. Lowcock noted that the IASC Interim Guidance on adapted COVID-19 measures in low-resource settings was to be issued shortly and expressed his thanks to WHO for leading on its development in collaboration with IASC members. The guidance reflected the acknowledged need to adapt the preferred testing, tracing, treating and social distancing practices to contexts where it is challenging to do so. He had asked RC/HCs to discuss the product at their Humanitarian Country Team (HCT) meetings, especially in countries where cases were increasing. RC/HCs had made him aware of increasing issues with transporting supplies across borders, particularly for land-locked countries. The ERC requested the IASC secretariat to follow-up on this issue.

Health Update

Dr. Ibrahima Socé Fall, Assistant Director-General for Emergency Response at WHO, informed the Principals that, shortly, three million people will have been infected with COVID-19 and close to 200,000 will have lost their lives - almost 70,000 more in the last week. The incidence rate had continued to slow in some countries in Europe and in Iran; however, most of the world's population remained susceptible to the virus and epidemics could easily re-ignite. Exponential growth was observed in several countries, with a rapid

increase in Russia and significant continued growth in the USA. Dr. Fall indicated that the potential impact of COVID-19 in fragile settings, situations with large numbers of refugees, or countries with weak public health systems (such as Somalia, Sudan, Nigeria, India and Bangladesh) was particularly worrying. Case numbers in Africa could accelerate sharply in the coming months. Dr. Fall reiterated the importance of tailoring the response to the specific situations and with a focus on public health interventions.

Dr. Fall flagged that some governments have suggested the use of an “immunity passport” to facilitate return to work, but he stressed the current lack of evidence of protection from a second infection after recovering from COVID-19. He also reported that on 24 April, WHO, together with global health actors, private sector partners and other stakeholders launched the Access to COVID-19 Tools (ACT) Accelerator, a global collaboration to accelerate the development, production and equitable access to new COVID-19 diagnostics, therapeutics and vaccines. Heads of State and global health leaders made an unprecedented commitment to work together to accelerate the development and production of new vaccines, tests and treatments for COVID-19 and assure equitable access worldwide.

Update on Logistics

Mr. Amir Abdulla, Officer-in-Charge and Deputy Executive Director of WFP, said that the Supply Chain Task Force and the Medevac Task Force were now meeting regularly. He reported that many passenger air services were disrupted and WFP was exploring alternative solutions for UNHAS operations, noting that it was preferable to take advantage of commercial options as they become available. A booking system platform was expected to be launched this week to book cargo and passengers on common services. Select cargo flights have or are soon to be launched and the first rotation of passenger services should be available in the first week of May. Mr. Abdulla highlighted the challenge of staff movement in and out of field locations. Provisions for Medevac were progressing rapidly, with the two field hospitals in Africa prepared with staffing and equipment, and the discussions ongoing for the establishment of the site in Asia.

Collective Risk Communication and Community Engagement

IFRC and UNICEF outlined a proposal for a global collective service for communication and community engagement to meet the growing demand from partners at country, regional and global levels to provide robust coordination and technical support. As demonstrated during the Ebola Virus Disease outbreak in West and Central Africa and the Democratic Republic of Congo, trust of communities was essential to address any epidemic. Understanding community perception of the transmission of the virus and of the response was critical. The proposal was prepared with the support of the WHO Global Outbreak Alert and Response Network and the Gates Foundation and aimed to formalize a coordinated approach at global, regional and national levels. As a collective service, it would bring together all partner organizations and service providers to develop and scale-up communications and engagement systems. This would enable communities to receive information in a timely manner and be active participants in decision-making that affected their own lives. The service would provide feedback to the humanitarian community and allow for the development of new social insights that can help shape the overall response in real-time. UNICEF has already developed tools for community engagement that could be useful for the system, including U-Report which has the involvement of three million young people.

IFRC and UNICEF asked the Principals to endorse the proposed approach and for the Emergency Directors Group (EDG) to table a discussion on how best to connect that service to the IASC. Adjustments to the service should be proposed following a review in six-months to ensure a permanent system-wide capacity was in place.

The initiative was well received and welcomed by the Principals. A number of Principals noted the importance of consultations and building on the work of the IASC structures, including Result Group 2 on Accountability and Inclusion; capitalizing on existing structures such as the clusters; as well as linking up with ongoing work being carried out by the Grand Bargain.

Update on the New Pandemic Trust Fund and Debt Relief

The World Bank reported that, as of 24 April, there were 47 approved country operations in Phase I of their COVID-19 response financing with a total commitment of \$2.4 billion. \$340 million has already been disbursed. In Phase II, \$160 billion was being prepared for allocation over the next 15 months, including \$50 billion of International Development Association (IDA) resources for the poorest countries.

The World Bank informed the Principals that the Pandemic Emergency Financing Facility (PEFF) was triggered when IDA countries had 4,653 cases (0.62 per cent of reported cases globally). \$195.8 million would be available to 64 IDA countries that have COVID-19 cases with allocations ranging from \$1 million to \$15 million. The relevant governments will decide how to draw down the funds, either by co-financing World Bank operations or being channeled through one of six accredited agencies (UNFPA, WHO, UNICEF, WFP, IFRC, FAO).

Last week, the World Bank announced plans to establish a multi-donor Health Emergency Preparedness and Response Fund (HEPRF). The Fund would complement the IDA mechanism, in particular the crisis response window of the PEFF, particularly for countries of non-accrual, non-credit worthy status. In the medium and longer term, it would support IDA-eligible countries to invest in preparedness, responding to evidence that many plans countries prepared to improve their core capacities post the Joint External Evaluation have not been funded. Japan has indicated an interest to be a founding donor.

In mid-March, the heads of the World Bank Group and the International Monetary Fund (IMF) called for an immediate debt moratorium for IDA countries from bilateral creditors. Following this, the Group of 20 economies (G20) committed to a temporary halt in debt payments by the world's poorest nations. The World Bank clarified that the IDA would not offer such suspension of debt repayments because IDA terms were already highly concessional, offering no interest, long grace periods, and had payment relief integrated into its terms.

It was also noted that IDA recycled debt service payments into new financial assistance for the poorest countries - these resources were needed to fund critical new COVID-19 health projects. To deliver scaled up volumes, the World Bank indicated it was critical to maintain IDA's triple-A rating and market access, without which the 50 per cent increase in lending since IDA18 would not be possible.

Discussion:

InterAction, SCHR and ICVA expressed their appreciation for the degree of consultation with NGOs during the GHRP revision process. However, there were varying experiences in speed and flexibility of funds reaching the front lines. They proposed further discussion to reflect on measures to step-up support on this issue, including by NGOs at the country level, to ensure more systematic progress is made this issue. These points were reiterated by Concern Worldwide

For ICRC, the priority was to maintain operational continuity, focusing on conflict areas, places of detention, dialogue with non-state armed groups and ensuring essential services. However, of 110 contexts, only two ICRC operations were operating normally, 37 had been moderately impacted, while 41 were strained, and one had been halted. In the coming weeks, ICRC – among others - would be impacted by increasing procurement lead times and prices. ICRC informed the Principals that the first ICRC chartered flight had arrived in Baghdad, supporting also NGO and UN partners. Alongside IFRC and the national societies, a crisis cell had been established for situations of armed conflict to evaluate mid- to long-term secondary impacts of the crisis, such as migration trends, food security, conflict trends, etc. The ICRC appeal for \$254 million was funded at 45 per cent, one third of which was new contributions, and a revised appeal would be launched at the end of May. Recently, the ICRC produced two videos featuring five influential scholars from the countries in the Middle East speaking on the topic of COVID-19. The videos aimed to support the socialization of messages on prevention measures.

UNICEF alerted the Principals of concerns from the field regarding conflicting messages around the GHRP, the Strategic Preparedness and Response Plan (SRSP) and the socio-economic recovery plan and recommended that key messages clarifying the linkages are shared. These concerns were reiterated by UNHCR. UNDP also agreed and noted the benefit of monitoring and reporting based on a shared set of indicators and data. In that regard, he noted the important role of the RC/HCs to ensure strong and better alignment of efforts. The UN Framework for the Immediate Socio-Economic Response to COVID-19 was shared this week to provide urgent support in response to the pandemic, and UNDP suggested exploring common templates for reporting, possibly in collaboration with the Joint Steering Committee.

UNDP also highlighted that a number of governments had asked for support with business continuity, for example, to maintain communication platforms between central and local ministries. This digital connectivity issue was similar to the work UNICEF was facing with schools and was a humanitarian/development interface which should be given greater priority. On funding, it was clear that many traditional partners were still preoccupied with the crises in their own countries.

IOM confirmed that paper drafted with UNHCR on the situation of vulnerable populations at border areas would be shared with the IASC secretariat and suggested further discussion the following week. IOM also emphasized the importance of including the specific vulnerabilities of migrants, refugees and internally displaced persons in the revised GHRP and reported that they were working with the International Maritime

Organization (IMO) and the International Civil Aviation Organization (ICAO) on guidance for resuming travelling and its health implications.

Oxfam reinforced the appreciation for the bottom-up approach to the GHRP revision process, reiterated the issue of fast, flexible funds at the local level and whether there was more that Consortia members could do at the HCT level - including being more assertive in project proposals - in order to see a breakthrough by the next meeting. The issue of business continuity intersected with that of absorption capacity, and if NGOs, particularly national NGOs, were unable to access resources now there would not be the capacity downstream to keep the momentum of the COVID-19, socio-economic and humanitarian responses moving forward.

InterAction continued to advocate for some \$12 billion from the United States and expressed appreciation for the recent meeting with the ERC and UNHCR with faith-based groups. Also flagged was the need to continue work on localization, with some actors on the ground, notably faith-based health actors confused about how to access supplies.

Concern Worldwide noted it would be useful to have a conversation on the changes that were being made in the response, particularly those which were positive and should be reinforced. They also indicated that the message on flexible funding was not reaching the local level and further efforts were required to ensure the messages were trickling down. Greater social protections for the poorest were needed while lock-down strategies were in place and this should be included in advocacy efforts with donors.

OHCHR acknowledged the call for system harmonization and internal coherence in terms of the three-pronged approach. OHCHR also noted the alarming rise in human rights violations that could exacerbate the situation on the ground if left unchecked. The shrinkage of civil space to address these issues was of particular concern; NGO partners could count on OHCHR advocacy in this regard.

Regarding the GHRP revision, ICVA said that once the initial country-level needs had been established, there needed to be space in the process to enable additional discussions on global NGO requirements. On advocacy toward donors, ICVA said that it was key to look at how best to leverage different entry points, including the bilateral meetings which NGOs were having. There was also an opportunity to work with the donors on common message towards the general public. Regarding the capacity of the system to sustain operations, ICVA agreed with others, and noted the need to discuss further including as part of the broader agenda around localization.

UN-HABITAT reported that the focus in the COVID-19 was to support the city-level response and extend work in community-driven responses for informal settlements and slums. UNHABITAT noted the importance of alignment between the Guidance on Crowded Settings with Low Resources and the Guidance on Urban Informal Settings and proposed including the latter as an annex as both documents address complimentary issues and overlap in some areas.

FAO emphasized the urgent need to take action to avoid the development of a food crisis amidst this health crisis. The UN Security Council has been informed that the 2020 Global Report on Food Crisis has reported 135 million in situations of acute food insecurity, which could rise to 250 million because of COVID-19, according to some WFP projections. The decrease in growth of gross domestic product could result in up to 80 million more people. In the current GHRP, the \$110 million allocated for food security and livelihood related interventions is only 5 per cent funded. FAO alerted the Principals that in the revision of the GHRP, the food security cluster had increased these needs to \$680 million to prevent a global food crisis. The food security cluster developed number of guidance materials which were available on their website.

Follow-up actions:

1. Identify concrete proposals to address the inconsistency in unlocking and dispersing funds to NGOs. *[IASC's RG5 on Humanitarian Financing]*
2. On the linkages between the GHRP, SPRP and the socio-economic plan: (a) share the UN Framework for socio-economic response to COVID-19 and (b) the ERC's one-pager to RC/HCs explaining the complementarity of the three planning frameworks. *[IASC secretariat]*
3. ERC stands ready to support efforts by IASC members to engage with key donors around flexible funding. *[IASC members to share specific recommendations]*
4. Ensure the streamlining of efforts by considering the development of a shared set of indicators to support the complementarity of work around the three planning frameworks. *[IASC Result Group 4 on Humanitarian Development Collaboration in collaboration with the JSC]*
5. Circulate the two-pager regarding the situation of vulnerable populations at border areas to support IASC advocacy efforts. *[IOM/UNHCR]*
6. Document the creativity, innovation and approaches that colleagues are taking forward in low resource settings. *[IASC members to share with OCHA]*
7. Arrange for further discussion on the potential need for a new global instrument for NGO funding, considering the pros and cons. *[OCHA]*
8. Further consider the capacity constraints issue on the ground, including in terms of taking forward the localization agenda, during the upcoming IASC Principals meetings. *[ICVA]*
9. The RCCE proposal to be further consulted at the IASC RG2 on Accountability and Inclusion prior to discussion at the EDG, to determine how to operationalize it and build upon existing structures. *[IASC Results Group 2 on Accountability and Inclusion and EDG]*
10. Consider annexing the IASC guidance note on informal settings/slums to the upcoming IASC guidance on preparedness and response in low resource settings *[WHO and UN-HABITAT]*
11. Provide an overview of challenges in getting supplies across borders which were flagged during ERC calls with the RC/HCs *[IASC secretariat in consultation with the Supply Chain Task Force]*

List of participants:

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. António Vitorino, Director General, IOM
5. Ms. Maimunah Mohd Sharif, Executive Director, UN-HABITAT
6. Mr. Jagan Chapagain, Secretary-General, IFRC
7. Mr. Robert Mardini, Director General, ICRC
8. Mr. Achim Steiner, Administrator UNDP
9. Mr. Sam Worthington, President and CEO, InterAction
10. Mr. Sean Callahan, President and CEO, CRS
11. Mr. Dominic MacSorley, CEO, Concern Worldwide
12. Mr. Ignacio Packer, Executive Director, ICVA
13. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
14. Mr. Gareth Price-Jones, Executive Secretary, SCHR
15. Mr. Roger Yates, Chair, ICVA (Regional Director, Plan International)
16. Mr. Amir Abdulla, Deputy Executive Director, WFP
17. Ms. Laurent Thomas, Deputy Director-General, FAO
18. Ms. Nada Al-Nashif, Deputy High Commissioner, OHCHR
19. Mr. Raouf Mazou, Assistant High Commissioner, UNHCR
20. Mr. Toomas Palu, Adviser, Global Coordination Health, Nutrition & Population, WB
21. Ms. Shoko Arakaki, Director, Humanitarian Office, UNFPA
22. Ms. Natalia De Ferreira Castro, Office of the UN Special Rapporteur on the Human Rights of IDPs