INTER-AGENCY STANDING COMMITTEE

IASC PRINCIPALS AD HOC MEETING ON THE COVID-19 RESPONSE

SUMMARY RECORD AND ACTION POINTS

New York, 27 July 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, logistics, and the concerns relating to food insecurity.

The ERC expressed his appreciation to the Principals for the contributions to the preparation of the third iteration of the Global Humanitarian Response Plan (GHRP), which was launched on 16 July 2020. This collective engagement would now focus on the Global Humanitarian Overview (GHO). The 2021 planning process should learn from the GHRP preparations and the ERC welcomed suggestions from the Principals in this regard.

Funding of the GHRP, which was at US$ 1.87 billion, was not increasing at the rate needed to meet the growing needs. The ERC stressed that continued advocacy towards donors was needed, noting in particular the ongoing activities regarding the international allocation of the US COVID-19 stimulus package. It was important to continue to provide information to donors about how the funds were being used, including through the monthly GHRP progress reports and media reports, such as the editorial published that day in the [Financial Times](), which was widely read by policy makers.

OCHA demonstrated a new [interactive data visualization tool]() that provided global decision makers, world leaders and the public a composite inter-agency overview of the impact and consequences of the pandemic on countries affected by humanitarian crises, or those at risk of crisis. In bringing together data relating to the incidence of COVID-19, humanitarian and International Financial Institute (IFI) funding, humanitarian access, as well as sector-specific operational data, the tool demonstrated how needs were changing in as real-time as possible and highlighted where additional action was required. The ERC welcomed the contributions of the IASC member organisations to improve the tool and ensure it represented the most relevant data for the humanitarian community, noting that it would continue to be refined and expanded.

Health Update

Dr. Mike Ryan, Executive Director of WHO's Health Emergencies Programme, updated the Principals that new cases of COVID-19 were increasing by one million globally every four to five days. The majority of the world's cases were occurring in a small number of countries, with the US, Brazil and India driving the daily total. WHO highlighted that

while some countries were experiencing intense community transmission, such as South Africa, others, such as the Balkans, southern and western Europe, as well as Australia, Korea and Japan, now had relatively low incidence, but were trying to suppress a re-emergence of the disease. Consequently, these countries, which would normally contribute significant overseas development assistance (ODA), were distracted by their own domestic economic and political situation. A third group of countries, notably in Africa, had relatively low incidence of COVID-19, but without the associated rise in the number of deaths, which could be attributed to under-detection and limited testing and surveillance. It was important to ensure that the impact of the COVID-19 in these countries was not under-represented in the global picture.

WHO informed the Principals that a health system survey had been completed and would be circulated, which offered a comprehensive view of how essential health systems were being disrupted. Outpatient and day services, such as immunization, were the most affected, but in some cases this was due to other factors impacting health service delivery, such as lack of available transport options to health clinics.

Dr. Ryan asserted that a comprehensive, strategic approach could still bring the pandemic under control. However, it was important to identify sustainable measures to contain the disease that would not progressively destroy the social and economic infrastructure. WHO informed the Principals that there was good progress on the development of a COVID-19 vaccine, but progress on equitable access, allocation and production scale-up remained fragile. A number of new countries had joined the COVAX facility, but it remained highly unlikely that there would be enough vaccine to control the outbreak spread. Rather, the vaccine would be used as a morbidity reduction measure. The IASC should, therefore, urgently develop a common definition of high-risk mortality groups and discuss the strategy to advocate for the allocation of vaccines to fragile countries.

Update on Logistics

Mr. Amir Abdulla, Deputy Executive Director of WFP, updated the Principals that the total funding requirements of the common services platform had increased to $965 million in the revised GHRP, of which $200 million had been funded. To date, there has been 1,141 flights, through the free-to-use service, the UN Humanitarian Response Depot (UNHRD) and the efforts with bilateral partners, transporting 36,500 cubic metres of COVID-19 related items to 159 countries on behalf of 47 partners. There was a pipeline of response items that would require air transport of an estimated 118,000 cubic meters, the equivalent to 122 Boeing 747 payloads. The passenger services were transporting passengers to 52 destinations, which were otherwise unreachable at present. Since 1 May 2020, there had been 13,300 passengers from 229 organisations, 47 per cent of which were from the NGO community. 2,400 passengers were being transported each week and demand was growing. In order to sustain the service, routes were being discontinued as soon as a reliable commercial option became available, as had been the case in Egypt, Lebanon, South Sudan and Tanzania, for example. There had been 31 medical evacuations to date and now the COVID-19 MedEvac cell, which WFP co-leads with the UN Department of Operational Support at the Strategic Air Operations Centre in Brindisi, benefited from embedded aviation experts. Efforts continued to complete the handover of the field hospitals in Accra and Addis Ababa, and the remainder of purchased field hospitals were pre-positioned in the event the pandemic worsened.

The ERC expressed his thanks and admiration to all those involved in establishing this extraordinary capability so quickly; the humanitarian community needed to work together to ensure adequate funding and sustain operations.

Food Security Update

Ms. Margot Van Der Velden, Director of Emergencies for WFP, briefed the Principals that at the end of 2019, a record high of 135 million people were already experiencing acute food insecurity, with 30 million people only a step away from starvation. If immediate action was not taken, a further 217 million people could become severely food insecure as a result of reduced access to food and reduced food availability, as well as overstretched social protection systems. WFP referred to the [FAO-WFP Early Warning Analysis of Acute Food Insecurity Hotspots](#), which had been shared with the Principals and which identifies those countries that would likely experience devastating levels of hunger in the coming months.

WFP reported that after decades of significant reduction, hunger in Latin America and the Caribbean has been rising in recent years, with 18.6 million food insecure people, as of 2019. This figure could increase by 269 per cent, largely related to increases in poverty rates. Haiti and the countries impacted by the Venezuelan crisis were particularly vulnerable in this region. In Western and Central Africa, where there was a high level of chronic food insecurity, as well as conflict and population displacement, such as in Burkina Faso and other areas of the Sahel, rates of food insecurity might well double over the next couple of months. The Famine Early Warning Systems Network (FEWSNET), for example, indicated some possibilities of famine-type situations in North East Nigeria. In East Africa, ongoing hunger, conflict, desert locusts and flooding, as well as the economic implications of the pandemic could lead to an estimated increase of 73 per cent in the number of food insecure people, close to 43 million in 2020. Somalia and Ethiopia were of particular concern, and there were prospects of a famine-like situation in certain states in South Sudan. Conflict in the northern part of Mozambique, the economic crisis in Zimbabwe and the re-emergence of Ebola Virus Disease (EVD) in DRC, combined with the four-year drought, was increasing vulnerabilities in the Southern African region, doubling the number of food insecure from the 26 million in 2019. In the Middle East and North Africa, the pandemic was magnifying the effect of ongoing conflicts, particularly in Lebanon, Syria, and Iraq and was creating the necessary components for a famine-like situation in Yemen. The number of food insecure people in this region, could increase to 53 million, creating the world's largest food and humanitarian crisis. In Asia and the Pacific, reduced purchasing power, combined with unstable daily wages in the urban areas had resulted in reduced and diversified diet among many of the urban populations. However, despite this alarming outlook, there was very little response to the needs of the food security sector in the GHRP. WFP, FAO, the Global Network of Against Food Crisis and the Global Food Security Cluster were actively advocating for the immediate actions needed to avoid a famine.

Mr. Daniele Donati, Deputy Director of the Emergency and Resilience Division of FAO. complemented the presentation by WFP by noting that the pandemic and its multiple impacts posed one of the greatest challenges to food security of our time. The pandemic had indirectly caused significant challenges in food access in countries with already high

levels of acute hunger. There was emerging evidence of a shift towards substantial food production challenges that would add to the vulnerabilities of this population. Although both FAO and WFP were deeply concerned about rising hunger levels, FAO emphasised that there was time to avert the food crisis if urgent action was taken. FAO outlined the eight recommendations, listed in the joint FAO/WFP Hotspot Analysis:

1. Preserve and scale-up critical humanitarian food, nutrition and livelihood assistance, in particular where there was a deepening of the existing crisis, emergence of new hotspots of acute hunger and new food insecure populations.

2. Adapt assistance activities to the COVID-19 operational context, and promote flexible financing. This means adapting response mechanisms to the use of mobile funds and e-vouchers for food and other inputs, while maintaining the physical distance and other safety measures recommended by WHO and national guidelines.

3. Minimize interruptions to critical food supply chains and ensure the functioning and resilience of agri-food systems to increase the local food availability and income opportunities to pave the way to rehabilitation and recovery.

4. Support governments to reinforce and scale up social-protection systems, and strengthen basic service delivery for populations that are already food insecure in urban and rural areas, particularly among pastoral communities.

5. Reach excluded groups and take into consideration the impact of COVID-19 on women and girls to ensure that our humanitarian support protects the human rights, equality and dignity of all.

6. Promote innovative data collection, monitoring and assessment for evidence-based programming to generate a better understanding of the context so that we can pre-empt any deteriorioration of the situation.

7. Adapt interventions to ensure inclusion and to minimize social tensions, requiring a comprehensive coherent and collaborative response with governments at the centre

8. Step up coordination and partnerships, including with the involvement of all relevant actors, including government, IFI UN, NGOs, farmer groups, the Global Network of Against Food Crisis and the Global Food Security Cluster. In this regard, the IASC efforts towards localization was key.

Discussion

UNICEF and IOM agreed with the ERC in expressing their appreciation to WFP for the establishment of the common services. WFP, SCHR, OHCHR, IFRC, UNICEF, UNHCR, InterAction, IOM and UNDP were impressed by the interactive data visualization tool presented by OCHA and welcomed its development. SCHR recognised the important contribution that the tool could make to advocacy efforts and UNFPA underscored that such coordinated analysis would reinforce the common narrative about the pandemic and complement human interest stories.

A number of the Principals suggested that OCHA explore opportunities to link the tool with other information platforms, such as the UNHCR COVID-19 platform for temporary measures and impact on protection, the UNFPA COVID-19 Population Vulnerability Dashboard, UN Crisis Management Team (UNCMT) data products, and UN-Habitat was also developing a dashboard at the cities level. In addition to maximizing opportunities by sharing data, linking these platforms, if technically possible, would mitigate any confusion, as noted by IOM. In addition to data from the World Bank and the International Monetary Fund (IMF), UNHCR suggested the inclusion of data from other financial institutions, such as the African Development Bank, which had approved $20 million to curb the impact of COVID-19 in the Sahel this week. InterAction commented on the utility of the tool to monitor issues connected with duty of care towards staff. UNICEF suggested that data relating to the water severity index and wasting or nutrition could be added, and that datasets could be expanded beyond the 63 countries of the GHRP. UNICEF also suggested that OCHA explore opportunities through the dashboard to communicate key highlights on a regular basis. The ERC agreed that OCHA would explore the feasibility of a highlights page and the possibilities of linking up with some of the other dashboards.

UNDP welcomed the shared data and joint assessment to ensure a complementary and more efficient response. The interactive tool complemented the social-economic impact framework well. Sixty-seven countries had now completed the social economic impact assessment and 42 national social economic response plans. However, humanitarian actors had only engaged in 13 plans to date. ICVA agreed that there was a collective responsibility to further concretize the humanitarian-development nexus. ICVA highlighted existing work to combat misinformation, racism and xenophobia as a critical way to strengthen community solidarity in all response and recovery efforts.

Concern Worldwide noted that the cost of doing business were increasing. South Sudan was a good example of the costs of multiple quarantines to get staff in and out of the country.

UNICEF, SCHR and UNHCR expressed their thanks to WHO for raising concerns for the equitable allocation of the COVID-19 vaccine and agreed with WHO and the ERC that a dedicated discussion among the IASC Principals was warranted. UNHCR, IOM and OHCHR noted the importance of including displaced groups, stranded migrants and indigenous people, respectively, in priority groups. OHCHR drew the attention of the Principals to the OHCHR note on indigenous peoples' rights. UNICEF suggested an update to the Principals on the Access to COVID-19 Tools (ACT) Accelerator triage approach at a future meeting.

UNHCR, SCHR, ICVA, InterAction and Concern Worldwide expressed their thanks to WFP and FAO for their analysis of the food security situation. SCHR indicated that the IASC needed to rapidly scale-up assistance for food security. UNFPA was chairing the IASC Results Group 3 on Collective Advocacy, which was now developing key messages on food security for this forum to endorse. UNHCR highlighted the impact of food insecurity on displaced populations and refugee groups. Negative coping mechanisms, particularly in urban settings were likely. The ERC expressed his appreciation to WFP and FAO for the Hotspot Analysis and its recommendations and proposed that the IASC Principals consider a briefing to the UN Security Council on countries in which there is a significant

risk of famine exacerbated by conflict, in line UN General Assembly Resolution [2417/2018](#).

UN-Habitat highlighted that the UN Secretary-General would launch a [Policy Brief on COVID-19 in an Urban World](#). The Policy Brief highlighted the urban crisis caused by the pandemic and emphasised that a stronger focus on supporting local government was needed, as well as the collection of data on vulnerable populations in urban settings. The report also emphasised the importance of tackling inequalities and development gaps and strengthening capacities of local actors, to strengthen community resilience and engagement; and the need to work towards a recovery that was green, inclusive and resilient. IOM highlighted the work of the Mayors Migration Council, through which 150 city leaders were working to promote equal, non-discriminatory access to health and other services, including with some of the IASC organisations.

UNICEF highlighted a 50 per cent rise in wasted children (a life-threatening form of malnutrition), an outlook of 10,000 more child deaths per month and the worrying consequences of children not receiving routine vaccinations. The IASC needed to do more to advocate to affected countries for systematic tracing, isolation and treatment. The ERC agreed that a discussion about the coverage of basic health services at a future meeting would be helpful and proposed a review of how effectively the [IASC Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#), issued in May 2020, was being used.

UNICEF and InterAction encouraged all Principals to urgently exert their influence to lobby the U.S. Congress to appropriate $20 billion in foreign assistance to fight the COVID-19 pandemic globally in the next COVID-19 supplemental. SCHR agreed that advocacy towards the US was a priority for the funding of the GHRP, including financing of the unallocated $300 million envelope to bolster the NGO response, which was important for local NGOs, women's rights and women-led organizations, as well as the $500 million for famine prevention. UNHCR said that the contribution of the GHRP should not be underestimated in the efforts of the humanitarian system to prevent transmission of COVID-19 and respond to the consequences of the pandemic.

ICVA said that donors were challenged to provide new funding and it was important to provide clear avenues for donors to deliver the funds to support operations where there was the greatest need. NGOs, particularly national partners, wanted to have a role in the prioritization of needs, as was discussed in the second meeting of the ERC with the CEOs of major international NGOs, held on 22 July 2020.

Concern Worldwide updated the Principals that the Disasters Emergency Committee (DEC) appeal was funded at GBP 15.7 million as of 24 July 2020, to which DfiD had contributed GDP 5.5 million. However, the GHRP was poorly funded, relative to the other nine appeals. The response to the COVID-19 appeal was less than 50 per cent of the response to this year's Cyclone Idai appeal (GDP 43 million) and significantly less than the appeal for the 2017 earthquake in Nepal (GBP 87 million).

Regarding the GHRP, IOM expressed appreciation to OCHA for the inclusion of the challenges for stranded migrants. It would now be critical for RCs and HCs to advocate for the inclusion of stranded migrants in relevant response plans at the country and regional level. OHCHR also expressed appreciation for the bolstered language on sexual and reproductive health and rights and gender-based violence, as well as the inclusion of an indicator on contraceptive continuity. This expanded narrative should be complemented with increased funding. InterAction expressed appreciation for the inclusive character of the GHRP preparations and agreed that it was important to learn from the process to support the next phase. ICVA also welcomed the inclusivity of the response coordination, noting in particular the management of, and follow up to, these Principal-level meetings. The ERC said that OCHA would collect lessons on the GHRP to inform the GHO process.

AOB

Following last week's discussion, UNHCR noted the divergent views that had been expressed on the issues of racism and discrimination and proposed a dedicated discussion so that those views could be properly represented. SCHR agreed that a deeper discussion would be helpful to develop concrete actions to move forward, while OHCHR said that there was a need, if possible, to include disaggregated data on racism and racial impacts. The ERC noted the divergent views and suggested a discussion with UNHCR on best to address them.

Follow-up actions:

1. Explore the feasibility of a highlights page summarizing key findings from OCHA's operational dashboard and explore linkages with other information platforms which cover humanitarian elements. [*Action: OCHA*]
2. Consider a dedicated discussion of the IASC Principals on a) prioritization of COVID-19 vaccination access and b) coverage of basic health services, including immunizations. [*Action: IASC secretariat in collaboration with WHO and UNICEF*]
3. Explore possible opportunities to brief the UN Security Council on specific contexts where conflict-affected countries are facing significant risk of famine. [*Action: WFP and FAO with OCHA*]
4. To ensure that guidance on testing, tracing and isolation measures in humanitarian settings is effectively implemented, examine how the "IASC Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings" is being and used in the field. [*Action: WHO and EDG*]
5. Discuss the status and the way forward for the IASC statement on racism and racial discrimination. [*Action: ERC with UNHCR*]
6. Share lessons learned from the GHRP process that can be applied to and strengthen the annual the development of the 2021 GHO. [*Action: all IASC members with OCHA*]

The next IASC Principals meeting will take place in early September.

List of participants:

1. Mr. Mark Lowcock, Emergency Relief Coordinator, OCHA
2. Dr. Mike Ryan, Executive Director, Health Emergencies Programme, WHO
3. Mr. Xavier Castellanos Under Secretary-General, IFRC
4. Ms. Henrietta Fore, Executive Director, UNICEF
5. Ms. Cecilia Jimenez-Damary, Special Rapporteur on the human rights of IDPs
6. Mr. Dominic MacSorley, CEO, Concern Worldwide
7. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
8. Ms. Maimunah Mohd Sharif, Executive Director, UNHABITAT
9. Mr. Ignacio Packer, Executive Director, ICVA
10. Mr. Julien Shoop, Vice President, Humanitarian Policy and Practice, InterAction
11. Ms. Laura Thompson, Deputy Director General, IOM
12. Mr. Roger Yates, Chair, ICVA (Regional Director, Plan International)
13. Mr. Amir Abdulla, Deputy Executive Director, WFP
14. Ms. Kelly Clements, Deputy High Commissioner, UNHCR
15. Mr. Robert Piper, Assistant Secretary General, DCO
16. Ms. Asako Okai, Assistant Administrator, UNDP
17. Ms. Shoko Arakaki, Director Humanitarian Office, UNFPA
18. Mr. Daniele Donati, Deputy Director, Emergency and Resilience Division, FAO
19. Ms. Lisa Carty, Director, Humanitarian Financing and Resource Mobilization, OCHA
20. Ms. Peggy Hicks, Director, Thematic Engagement, Special Procedures and Right to Development Division OHCHR
21. Ms. Margot Van Der Velden, Director of Emergencies, WFP