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| **Summary of Discussion** | **Action Points** |
| **Follow-up on previous meetings and action points:**The GCCG Chair requested GCCs feedback regarding the format and frequency of the GCCG meetings going forward. The GCCG agreed that the GCCG meeting would resume, after the summer break, on Wednesday 19 August 2020 and would thereafter be held on a bi-weekly basis. Should such need arise, ad hoc meetings of the Group could also be scheduled. Ms. Skuric-Prodanovic reminded GCCs that in addition to standing discussions on COVID-19, the Group had agreed to use the meetings to address a series of outstanding issues, including:* GCCG ToR,
* Terms and Definitions,
* GCCG IM capacity,
* GCCG and GCs’ role in Humanitarian-Development Collaboration,
* GCCG support webinars & field support, and
* Issues for engagement with the OPAG.

Mr. Fedele (Nutrition) requested to add the finalisation of the JIAF to the discussion.  | i) GCCG secretariat to follow-up on logistics for forward meetings. |
| **Update on the GHRP – 3rd iteration:**Ms. Dhur (OCHA) informed the Group that there would be no official launch of the third iteration of the GHRP, but that the document would be made public on 17 July 2020, ahead of the donor briefing on 20 July. The total “ask” was revised upwards to USD 10.3 billion - the increase is due to inclusion of humanitarian plans of non-HRP countries, some adjustments to the existing plans, and the addition of two new envelopes (USD 0.5 billion for prevention of famine and USD 300,000 for additional direct funding to NGOs). She added that the document now also contains many more concrete examples and data on the needs and response. She warned, however, that monitoring against the document remains a major challenge, in particular, with respect to the comparability of the data across all contexts. This makes global analysis difficult and presents challenges for showing linkages between the narrative and the data. Lastly, Ms. Dhur informed that going forward monthly monitoring reports would be issued, including monitoring data and a light (thematic) narrative.  |  |
| **Update on the COVID-19 pandemic and from Global Health Cluster:**Ms. Doull (Health) provided an update on the evolution of the pandemic and key issues from the Global Health Cluster [*see also attached presentation*]. She stressed the increasingly worrying levels of new daily infections, as the pandemic is accelerating, and elaborated on the four emerging country trends of how this global public health crisis is playing out, triggering also a significant, additional non-health impact on countries and communities. She expanded on the sex and age disaggregated data on reported COVID-19 cases. In age groups of less than 45 years COVID-19 fatality rates remain below 1 percent, but rises sharply and reaches up to 27 percent for people above 85. Ms. Doull also highlighted the increasing disruptions to the essential health services around the globe (following a WHO survey of 25 services in 103 countries). She elaborated on the disease control strategy in the next six months, based on four pillars: governance, mortality reduction, suppression of transmission, and community empowerment; and top priorities and gaps. Lastly, she talked about increased attention being directed to the humanitarian-development collaboration aspects of the response and the independent and comprehensive evaluation of the lessons learnt from the international health response to COVID-19.Mr. Moore (Shelter-Conflict) requested Ms. Doull to share additional thoughts on how development action could be advanced while continuing with the emergency response, and what the nexus might mean for coordination. Ms. Doull confirmed that the response to acute aspects of the pandemic will continue to be managed through emergency services, while some of the longer-term actions required to maintain essential health services and strenghten health systems would start being incorporated into non-emergency programming. However, she admitted that it is still uncertain how coordination support will be provided to non-HRP/cluster countries currently included in the GHRP. Mr. Copland (Child Protection) advised of information shared by UNICEF with WHO regarding the prevention of and response to cases of child separation due to COVID-19. Ms. Doull confirmed that the Global Health Cluster continues to share this type of information with colleagues in the field. |  |
| **The importance of addressing racism collectively:**The GCCG Chair mentioned that a request had been received to include this item in today’s meeting – and would hence be rolled over to the next meeting due to the non-availability of the presenter. |  |
| **GCCG Self-Assessment for the 2019 IASC Gender Policy Accountability Framework:**The GCCG Chair informed the Group of the request to self-report on Implementation of the Gender Policy by IASC Associated Entities. Ms. Skuric-Prodanovic advised that the GCCG secretariat would submit the report on behalf of the GCCG, adding that some of the clusters might have also been asked to report individually, as was the case in the past. She pointed to the recommendations from the Gender Policy Accountability Framework, noted the recommendations with regards to the Global Clusters, and pointed out that the GCCG would have to report that there had been no specific workstream on gender in its workplan in 2019. Lastly, she suggested that the GCCG considers a more active engagement around gender, also in light of the recent inter-agency evaluation on Gender. Ms. Doull pointed out that any GCCG or GC product should be benchmarked / check-listed against the gender guidance, and for that matter any other standards such as disability, etc as a way forward and creating a link with the GRG. Ms. Skuric-Prodanovic concurred and suggested that the GCCG secretariat invite the Gender Reference Group to brief the Group. Ms. Chase (GBV) welcomed the initiative and advised of “Call for Action’s” strengthened effort over the next five years to promote greater inclusion and mainstreaming of the gender programming. Ms. Sophonpanich (CCCM-Natural Disasters) informed that she was aware of CLA-level reporting, but not of a request for reporting by GCs. Lastly, the GCCG Chair reminded GCs that they can request GenCap support if they require specific gender capacity support.  | i) GCCG secretariat to organise briefing with the Gender Reference Group. |
| **AOB:**JIAF:Mr. Fedele (Nutrition) pointed out that, although quite some progress has been made on the JIAF document, some issues remained to be addressed, prior to its circulation to the field. He suggested that the GCCG should have another opportunity for GCs and GCCG to be given the opportunity to review the final version of the document and, if needed, to provide additional feedback to the drafting team.In reply, Ms. Dhur (OCHA) suggested that GCCs indeed review the guidance and provide feedback on the few key components that remain unaddressed by the end of the day, considering established deadlines for completion of the drafting process. She stressed the importance for the GCCs to propose clear solutions/ language for any issues of content and informed that she would request the drafting team to grant GCCs access to the document.Mr. Fedele requested the Chair to organise an ad hoc discussion for the Group for 16 July.GCCG logo:As a follow-up to the GCCG Mid-year Retreat, the GCCG secretariat requested from the Group feedback on the proposal for a GCCG logo. In response, some GCCs’ requested further clarification with respect to the added value of a dedicated GCCG logo. Due to low quorum at the time of the discussion, it was also suggested that (i) options other than the three presented be considered, and (ii) once clarified, the concept be presented back to the Group for its final consideration and decision.  | i) GCCG secretariat to organise the discussion;ii) GCCG secretariat to further define the concept for the logo and submit to the Group electronically. |