

Global Cluster Coordination Group (GCCG) meeting – 15 December 2021
Summary of discussion and action points

Participants: Ms. Ela Serdaroglu and Ms. Sahdia Khan, Global Shelter Cluster (GSC); Mr. Stefano Fedele, Global Nutrition Cluster (GNC); Ms. Wan Sophonpanich and Mr. Dher Hayo, Global Camp Coordination and Camp Management Cluster (CCCM); Mr. Abdul Majid, Global Food Security Cluster (GFSC); Ms. Linda Doull, Global Health Cluster (GHC); Ms. Celine Maret, Global Protection Cluster (GPC); Mr. Ron Pouwels, Child Protection Area of Responsibility (CP AoR); Ms. Christelle Loupforest, Mine Action Area of Responsibility (MA AoR); Ms. Michelle Brown, Global Education Cluster (GEC); Ms. Monica Ramos, Global Wash Cluster (GWC); Mr. Jim Robinson, Housing, Land and Property Area of Responsibility (HLP AoR); Mr. Brent Carbno, Global Emergency Telecommunications Cluster (ETC); Ms. Marina Skuric Prodanovic (GCCG Chair); Ms. Randa Hassan, Mr. Mate Bagossy, (GCCG Secretariat).

Invitees: Mr. Sebastian Einsiedel (Senior IDP Adviser, OCHA).

Summary of Discussion	Action Points
<p>1. Review of agenda and follow-up from previous GCCG meetings</p> <p>The Chair welcomed the participants and presented the proposed meeting agenda enquiring if there were any amendment (no amendments were suggested). She then shared two outstanding follow up action points from previous meetings:</p> <ol style="list-style-type: none"> 1) The updated analysis of P2P/OPR reports, expected to be achieved by the next meeting 2) GCC follow up on the recommendation by the P2P Director for GCs to better support subnational coordination and engagement with local actors in Ethiopia. She suggested having a dedicated session on this at the next meeting. 	
<p>2. GCCG workplan</p> <p>The Chair thanked GCCs for their comments to the draft GCCG workplan and responded to questions from group members. She noted that the workplan was ambitious and reminded GCCs that during the retreat and review of the 2021 workplan, the group had agreed to be more realistic in planning and setting achievable outcomes. She therefore suggested the deletion of some activities. Finally, the Chair highlighted the activities for which there were not yet appointed GC leads and requested GCs to volunteer for these roles.</p> <p>A number of changes and updates on the prioritization of GCCG field missions were discussed by the group:</p> <ul style="list-style-type: none"> • The mission to Madagascar was suggested to take place in January 2022, visas and flights allowing, and pending discussions with the HCT and RC/HC. • The South Sudan GCCG mission timing will depend on and follow the planned P2P mission • The mission to Ethiopia needs to take place earlier than June 2022. The OCHA office in Ethiopia will be consulted about the most suitable timeframe for this. <p>The updated GCCG workplan including proposed changes will be circulated to the GCCG shortly.</p> <p>The Chair also reminded the group to share information about individual GCC field missions in advance in order to benefit the whole group.</p> <p>Ms. Maret (GPC) informed that a list of GPC field missions for 2022 is under preparation and will be finalized during the third week of December 2021.</p>	<ol style="list-style-type: none"> 1. GCCG-S to reach out to OCHA Ethiopia to enquire about the best timing of a potential GCCG mission 2. GCCG-s to share updated GCCG workplan. 3. GWC or GCCG-s to send an email requesting GCs to volunteer for a one-year term as GCCG representative in the JIAG.
<p>3. Coordination mapping</p> <p>Ms. Hassan updated the group on the status of the 2021 Coordination mapping and highlighted the following points:</p> <ul style="list-style-type: none"> • The 2021 Coordination Mapping is expected to be launched in mid-January 2022 with a one-month timeframe for completion. • All of the terminology used in the survey remains the same as in previous years, this will not be changed until is further reviewed by the GCCG. • Madagascar and Honduras were added to the mapping this year - the 2021 mapping will therefore cover 30 operations, up from 28 in 2020. 	<ol style="list-style-type: none"> 4. GCCG-s to check and confirm if coordination mapping data can be shared gradually with GCs 5. GCCG-s to send out the message and FAQs to field focal points informing them about the survey.

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<ul style="list-style-type: none"> As during the last mapping, there will be an OCHA helpdesk to assist field colleagues during the process. Some GCs have requested to share raw data as it is received; OCHA to follow up on this. The next step is to send out a suggested standard outgoing message to the field, informing focal points about the survey and what to expect. This message will be accompanied by FAQs in English, French and Spanish and will be shared with GCCs. <p>Discussion:</p> <ul style="list-style-type: none"> CCCM enquired if specific actions will be needed from GCs as a follow up with colleagues in the field. Ms. Hassan clarified that OCHA will send the survey as a link to all field focal points identified by the GCs. The survey is specific to each cluster and each country. The data completion progress will be monitored, and if delays or problems are identified these will be shared with GCs and their support appreciated in following up with their field counterparts to ensure timely submissions. 	
<p>4. Operational updates</p> <p>Madagascar:</p> <ul style="list-style-type: none"> The Chair updated the group on discussions about the response to the crisis in Madagascar. The Humanitarian Country Team is meeting on 17 December 2021 to discuss the possible activation of the protection and health clusters. The GPC will meet with Resident Coordinator/Humanitarian Coordinator (RC/HC) to discuss the deployment of a rapid assessment team. There is a general need to provide capacity to other clusters on protection GNC underlined the importance of having a more comprehensive overview of the situation in the country and expressed support to additional cluster activations. GHC informed the group that the regional WHO office appears to be in favour of the activation of the health cluster but coordination capacity on the ground is still insufficient. Clarification about the capacities of the current sector coordination is needed before an activation decision is taken. <p>Honduras:</p> <ul style="list-style-type: none"> The Chair informed the group that the RC/HC sent a request for the extension of the cluster activations until the end of 2022. Mr. Fedele (GNC) informed that there is a request to activate the Nutrition Cluster in Honduras, changing its status from sector to cluster. <p>Ethiopia:</p> <ul style="list-style-type: none"> The chair asked GCs to prepare updates on follow up to the recommendation of the Ethiopia P2P mission at the next GCCG meeting in January. Finally, the Chair informed that no objections had been received from IASC Principals on the proposed delegation of cluster activation requests to the EDG. 	<p>6. GCCG-S to follow up on protection cluster activation in Madagascar and nutrition cluster activation in Honduras</p> <p>7. GCCs to check for updates on the follow up to the Ethiopia P2P mission recommendations.</p>
<p>5. COVID-19 update</p> <p>Ms. Linda Doull (GHC) updated the group on COVID-19 trends:</p> <ul style="list-style-type: none"> As of 14 December 2021, global confirmed cases have reached 270M and there have been more than 5.3 million deaths. Whilst the overall global trend has been downward, the emergence of the new Omicron variant is driving increases with USA, Europe and South Africa are generating the majority of new cases. Europe is currently again at the center of the pandemic; Africa is seen as the epicenter where new variants will come from. Main concerns of the new <i>omicron</i> variant are high transmissibility, virulence and its impact on healthcare and whether it can evade current vaccines and immune responses. Preliminary evidence suggests there might be an increased risk of reinfection with omicron, however, available information is still limited. High transmissibility of the new variant is likely to put pressure on the healthcare systems. To date, the new variant does not change the response to the crisis, which includes vaccination and other preventive measures to decrease transmission (wearing facemasks, social distancing). Vaccination in humanitarian settings is accelerating but still presents challenges; some campaigns have been interrupted due to conflict, poor access or lack of supply. Vaccine hesitation, gender disparities, vaccine expiry dates and coordination with non-state actors also impede progress. 	

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<ul style="list-style-type: none"> • Vaccine inequity continues, lowest coverage is concentrated in low-income countries. Out of 7.8 billion doses administered globally only 434.7 million were administered in countries with humanitarian settings. • The COVAX initiative is shifting its efforts to focus on fragile settings and some countries of concern with low vaccination coverage and other structural weaknesses. • The US has made a substantial USD1.3 billion donation for vaccines and there are ongoing negotiations with manufacturers to waive indemnities and liabilities to make easier for humanitarian agencies to use these vaccines. USD450 million has been made available for GAVI/UNICEF to specifically support the rollout of vaccination in humanitarian settings. • Humanitarian Buffer - there have been eight applications to date, three of these have been approved and one has a conditional approval. • The next ACT Accelerator Strategic Plan for COVID19 (October 2021-September 2022) has been developed, it includes therapeutics, vaccines, diagnostics and health system strengthening. The funding requirement is USD23.4 billion. Without this investment, inequities in vaccination and healthcare will drive over 5 million additional preventable deaths. If the pandemic is not under control everywhere, it will continue to mutate and evolve into new variants. The response is suffering a perpetual cycle of inequities, low coverage, poor access. The potential impact of COVID-19 is estimated at a USD5.3 trillion global reduction of economic outputs. • The World Health Assembly held a special session during the first week of December. Need for an international pandemic treaty was discussed, with the intention of creating an intergovernmental preparedness process that would strengthen the accountability and responsibility of member states to act should another pandemic take place. There was agreement among member states that this agreement should be looked at and negotiations about this will take place over the coming six months. • The GHC COVID-19 Task Team is currently working on four studies: <ol style="list-style-type: none"> 1. Capture coordination good practice 2. Support multi-sectoral action 3. Capture lessons learned on COVID-19 and routine immunization 4. Impact Analysis of COVID-19 on the Health Cluster response. <p>Discussion:</p> <ul style="list-style-type: none"> • The Chair asked how the good practices relate to the COVID-19 evaluation that was done by the Inter Agency Humanitarian Evaluation Group (IAHE) and if there are lessons to can be drawn from the disparity of vaccination achievements in humanitarian settings. Finally, she noted that as an adapted vaccine is developed this might increase vaccine inequalities and hesitancy, as people could be less willing to use older vaccine versions. • Responding to a question from CCCM, GHCC clarified that all vaccines currently in use are approved by WHO. She also clarified that none of the vaccines have yet been adapted to <i>omicron</i>, current vaccines prevent serious disease. WHO advocates for the prioritization of new doses where coverage is insufficient, rather than the generalization of booster shots in more developed countries. The GHC COVID19 Task Team is tracking 32 countries in the GHO and looking at data, including which vaccine is used where. Some vaccines come through the COVAX initiative, others come from bilateral deals between governments and providers. The studies by the GHC COVID-19 Task Team will be very practical and operationally focused. Results will be shared with those interested; some questions being studied are whether the coordination architecture is responding to the COVID crisis, what worked and what can be adapted. GCs will be reached to capture their views on these questions. 	
<p>6. Update on independent IASC review of the humanitarian response to internal displacement</p> <p>Mr. Einsiedel briefed the group on the status of the independent IASC review of the humanitarian response to internal displacement.</p> <p>Background:</p> <p>IASC discussions on a review of IDP responses were recently revived in the context of the High Level Panel Report on Internal Displacement that was submitted to the Secretary General on 29 September 2021. Although the overall focus of this report was durable solutions, it also included sections on prevention and humanitarian response. In the context of its discussion of the humanitarian response, SG's Panel recommended commissioning an independent review of the humanitarian system.</p> <p>The recommendation for a review was based on the Panel's assessment that although humanitarian response has played a lifesaving role for millions of IDPs, there is 1) a lack of clarity and accountability</p>	8.

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<p>on roles and responsibilities, 2) duplication and gaps, 3) a tendency for international coordination to replace local systems, 4) insufficient interlinkages between assessments, programs and coordination bodies in the humanitarian, development and peace spheres, and 5) insufficient accountability towards affected populations.</p> <p>The IASC Deputies Forum has had the opportunity to discuss the Panel's recommendation on two occasions, once in October, and once in November. During the discussions consensus emerged on the potential value for a review to go forward in principle as well as on the need to focus the scope of the review on responses to internal displacement rather than the humanitarian system as a whole. Deputies also agreed that while it was important that the review examined how humanitarian response contributed to durable solutions and the interlinkage of the humanitarian coordination system and development actors, a full nexus review should be avoided. While the review should look at cluster processes and how these could be made more efficient, it could not be limited to this question but would also need to look at quality and outcomes of the humanitarian IDP response.</p> <p>This consensus is also reflected in the Secretary-General's Action Agenda, the development of which he requested as follow-up to the High Level Panel Report, and which would be discussed and likely adopted by the Secretary General's Executive Committee (EC) meeting on 16 December. In that Agenda, the Secretary General calls on the IASC to complete within 2022 the Independent Review of Humanitarian Response to Internal Displacement being commissioned by the IASC and to act upon its findings and recommendations.</p> <p>The IASC has now tasked OCHA to prepare, in close consultation with IASC partners, draft TORs of the agreed-on review for review by the Deputies Forum.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Mr. Hayo (CCCM) underlined the complexities of the review process, and noted the importance that those leading consultations have sufficient understanding of the evolution and complexities of the humanitarian coordination architecture. He asked if this review would still be considered a light one, or a more comprehensive one, and expressed his wish that that the process will result in concrete actions towards improvement. Finally, he enquired if there have been discussions about the review process with non-IASC partners/external partners that do not contribute to the IASC, such as member states, MSF or ICRC. • Ms. Sophonpanich (CCCM) and Ms. Serdaroglu (GSC) commented that there are many mechanisms in existence besides activated cluster that would need to be reviewed, for example governments that have adopted the cluster system. • Ms. Loupforest (MA AoR) noted that the MA AoR is led by UNMAS, that is not part of the IASC but has accountability as lead of the MA AoR under the Global Protection Cluster. She expects that the review accepts the MA AoR as an integral part of the humanitarian response. Five years ago UNMAS requested to join the IASC but the request was rejected; however, the MA AoR services are crucial for IDPs in multiple operations. Funding for Mine Action is easily found when a peacekeeping mission is in place, but this is not the case in countries where there is no peacekeeping operation. In this second category of countries the MA AoR relies entirely on voluntary contributions and has challenges to be funded, a situation that discriminates people in need in these contexts. Due inclusion of the MA AoR within the scope of the review might create awareness and bring more reliable funding for durable solutions. • GSC enquired about the extent to which CLAs and the GCCG would be involved in the review - would the GCCG have a passive role or is it expected to be an active contributor and informant to the process. • The Chair asked about the timelines of the review and enquired which would be the next steps. • Mr. Einsiedel agreed with CCCM about the importance of getting the process right and the need of ensuring the leads of the review team are deeply familiar with the complexity of the humanitarian system. <ul style="list-style-type: none"> - The group's comments, he noted, echoed inputs received during IASC consultations, and ensuring it is taking into consideration the complexity of the system and its evolution. - One model that has been considered in IASC consultations on the review is the one currently being followed by the Independent Review of the Centrality of Protection Policy, for which a former RC/HC was recruited working together with a team. This review is also a very consultative process, something that is necessary for any such exercise to be successful. Close attention will be paid to involving all relevant stakeholders in the process, including cluster leads. 	

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<ul style="list-style-type: none"> - A lot of consultations were carried out during the development of the broader SG's Action Agenda, this included NGOs, especially from the larger consortia but also others. Now that the Action Agenda will be adopted, a much bigger consultation process will be rolled out, targeted at Member States, civil society, and displacement-affected communities, to maximize the mobilization potential of the Action Agenda. This consultation process will be led by a Special Adviser on Solutions (a newly created position) who will soon be appointed. A consultation plan about the broader action agenda is being currently developed. - It is very likely that the ToR for the review will note the importance of ensuring that all relevant stakeholders to whom any recommendation coming out from this review would apply will need to be consulted during the process. - Finally, Mr. Einsiedel noted that the plan is to have ready the ToR of the review in a matter of weeks, and added that the objective is to launch the review in early 2022 in and complete it in 2022. 	
<p>5. AOB</p> <p>The Chair encouraged GCCs to propose agenda items for the GCCG meetings and informed the group about the next GCCG meeting date.</p>	
<p>Next GCCG meeting: Wednesday 12 January 2022, 14.00-16.00 (GVA)</p> <p>Forward agenda: Cluster activation/deactivation, coordination mapping, JIAF, Afghanistan update.</p>	