

INTER-AGENCY STANDING COMMITTEE

IASC PRINCIPALS AD HOC MEETING ON THE COVID-19 RESPONSE

SUMMARY RECORD AND ACTION POINTS

Virtual, 9 October 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 access to the COVID-19 vaccine and coverage of basic services including immunization. He also took the opportunity to discuss the serious allegations of sexual exploitation, abuse and sexual harassment (SEA/SH) in the Democratic Republic of Congo (DRC).

At the outset, the ERC congratulated WFP for winning the 2020 Nobel Peace Prize, noting that the award was a testament to WFP's key role in humanitarian response.

The ERC stressed that the recent reports of serious allegations of SEA/SH in the DRC was alarming. He noted that allegations affected a significant number of organizations, including IASC members and non-IASC members. The ERC raised concern about the lack of a proactive approach by the humanitarian community in preventing sexual abuse and exploitation (PSEA) and in identifying appropriate responses beforehand. He noted that the IASC should respond to these incidents collectively and that the response should include investigations, support to victims and survivors, lessons learned and communications. He further expressed that collective efforts would need to be coordinated and joined up and encouraged relevant NGO partners to join such efforts. The collective response would require headquarters coordination and collaboration particularly on investigations. In this regard, he called on Emergency Directors to convene immediately and discuss concrete steps to implement a collective response. Similarly, he called on the Humanitarian Coordinator in DRC to coordinate efforts on the ground and link headquarters-field collaboration.

The ERC highlighted that the third GHRP progress report had been published with a final GHRP progress report planned for the end October. He expressed appreciation for the continued support by IASC Principals to the GHRP and noted that as a result, it has been possible to tell the strongest story of what is being done with the resources. The ERC noted that the pace of financial support has slowed down. He updated members that close to USD \$ 3 billion had been raised, representing 29% of the total funding requirements of the total \$10.3 billion GHRP request. He added that several donors had recently made funding announcements, however, the situation was not expected to change quickly.

The ERC highlighted the grave situation of the pandemic with a renewed resurgence of transmission in several European countries and other developed countries, with no evidence that it is slowing down. In countries with humanitarian operations, there is growing evidence of heightened economic distress surpassing earlier forecasts. He noted that there was good progress on the development of the COVID-19 vaccine but added that more still needs to be done to address the socio-economic impacts of the crisis.

The ERC noted that preparations for the 2021 Global Humanitarian Overview (GHO) was underway and it would be launched virtually on 1 December through a series of virtual events. The ERC expressed appreciation for the continued support by IASC members to the GHO process highlighting that the stronger the evidence base and analysis was, the more useful it would be for resource mobilization efforts. The ERC noted that the GHRP would be integrated into the 2021 GHO. He added that the analysis in the GHO would combine the impact of the pandemic and other causes of humanitarian challenges to ensure these issues were addressed in an integrated manner. As such, there would be no distinction between COVID-19 and non-COVID-19 responses and funding in the 2021 HNOs and HRPs. The ERC indicated that there was increased country coverage of the GHO as recommended by the Emergency Directors Group (EDG). The additional countries to be included in the GHO are Mozambique, Pakistan and Zimbabwe.

The ERC underlined that in addition to NGO consortia members, OCHA had undertaken analysis in 34 country offices on the impact of bureaucratic and administrative impediments which showed that approximately 1,000 UN and NGO staff were not able to deploy to their duty stations which had delayed programme delivery. The ERC urged Principals to continue their advocacy efforts with Member States as the situation remains acute. The ERC indicated that about a dozen countries were most affected by the impact of these restrictions. They include Cameroon, DPRK, Iraq, Libya, Myanmar, Mozambique, Nigeria, Philippines, South Sudan, Syria, Venezuela, Yemen.

Health Update

Dr. Ibrahimia Soce-Fall, WHO Assistant Director-General for Emergency Response, updated Principals on developments in the COVID-19 pandemic. WHO noted that the overall number of confirmed cases continued to rise. As of 9 October, more than 36 million cases of COVID-19 including 1,054,868 deaths were reported. More than 140,000 cases and 5,500 deaths had been reported in the last 24 hours. The United States, India, Brazil, Russia, Colombia, and Ukraine were among the top five countries with most cases. WHO noted that the pandemic continues to affect populations across particular age and sex categories disproportionately. In the past week, individuals aged between 25-64 accounted for the highest number of infections, while the highest percentage of deaths was among the age group above 65 years of age. The trends in Europe, with an increasing number of cases, demonstrates that there is no room for complacency, especially without a vaccine yet.

WHO stressed that in order to prevent transmission and avoid a second wave; implementation of public health prevention measures, empowering people to protect

themselves, protecting vulnerable populations and saving lives, and investing in the development of a vaccine remained as urgent priorities. Equally important was the need for clear guidance, including for interventions, as well as the need to address gaps in health service delivery, particularly in low resource settings.

Update on Logistics

Mr. Amir Abdulla, Assistant Executive Director of WFP, thanked IASC members for their congratulatory messages on the Nobel Peace Prize and informed members of the status of WFP's logistics operations in support of COVID-19 response. WFP noted that it stands ready to support the logistical distribution of COVID-19 vaccines and stated it would be a great achievement if humanitarians were able to provide the same coverage for COVID-19 vaccine in conflict areas as in developed countries. However, this should not negate the responsibility of governments to take care of their obligations towards their citizens and other populations under their care.

As of 9 October, WFP handled more than 70,000 cubic meters of cargo, which had been shipped to 169 countries. The number of passengers benefitting from WFP's air services had risen to over 24,000 since the last update. Meanwhile, WFP suspended air services to 38 countries out of 67 served following the resumption of commercial flights. WFP is currently exploring, through the Logistics Cluster and through its membership, what common services were still needed. WFP also noted that savings from common services funds could be reprogrammed to address other remaining humanitarian needs.

Prioritization of Access to COVID-19 Vaccine and Coverage of Basic Health Services, including Immunization

WHO noted the need to prioritize access to a COVID-19 vaccine for vulnerable populations and frontline humanitarian workers. WHO stressed the importance of a collaborative effort, through the ACT Accelerator mechanism, which had set aside US \$ 100 million of the vaccine from the global supply for vulnerable populations and frontline responders. WHO noted that the ACT framework, is the first health global platform which, recognized the humanitarian imperative, providing a system for systematic and predictable way to ensure access. It added that while there should be a humanitarian stockpile, the primary responsibility for the provision of COVID-19 vaccination to vulnerable populations should come from Member State stockpiles. WHO noted the need to find practical operational ways in which vulnerable groups could ethically be served. WHO noted its commitment to working within the IASC clusters alongside governments to define a framework for fair and equitable access to COVID-19 vaccination in humanitarian operations.

WHO also briefed on the development of COVID-19 vaccine through the ACT Accelerator, noting that the GAVI Alliance was leading the COVAX facility which provides for Member States to participate in the facility by contributing funds. GAVI would prepay for vaccines so that Member States can have access to them. In order to ensure fair distribution, the ACT Accelerator has established a two-tier system, with the first tier targeting health care workers, the second tier prioritizing populations at risk of COVID-19 - elderly persons and people with underlying conditions such as diabetes and cardiovascular diseases.

Other vulnerable and at-risk groups to be considered as well, in case sufficient vaccines were available.

Nevertheless, there was a risk of an equity gap particularly for non-state populations that were not covered by regular public health mechanisms such as refugees, migrants, people living in conflict affected areas, asylum seekers and other vulnerable populations. As a result, WHO called for advocacy with member states to make sure these population groups are not forgotten. Secondly, there is need to fundraise to cover the needs of vulnerable populations living in low resource and humanitarian settings that are not covered by governments.

UNICEF noted that it had US\$ 282 million worth of personal protective equipment (PPE) stocks, which were being shipped to Dubai, Panama, and Copenhagen, and encouraged IASC members to get in touch if they needed such stocks. UNICEF informed that with regard to the COVAX facility, it had invited manufacturers with supplies available by the end of 2021 to be part of a tender for advanced purchase, through a traceable and harmonized barcode standard to be used for vaccine tracking from start to end. UNICEF noted that it was working with the Logistics Cluster to organize a briefing related to COVAX on country preparedness and storage requirements including cold chain. Likewise, UNICEF was organizing an industry-wide consultation on COVAX for international freight and logistics actors to which public and private partners are invited. UNICEF encouraged IASC members to get in touch if they would like to be part of the consultation.

On basic health services including immunizations, UNICEF noted that while immunization campaigns had resumed in many countries, institutional based care and immunizations have not resumed. It was important, therefore, to continue to advocate and get families to visit health care centers, especially when vaccines become available. UNICEF echoed WHO and WFP's call to ensure Member States fulfil their primary responsibility to provide vaccines to their citizens and other populations under their care, though noting that a humanitarian stream could potentially be used to assist vulnerable populations that may not receive support through government mechanisms. UNICEF will conduct consultations with its country operations on how populations can be best covered. With regard to funding, UNICEF echoed WHO's call for a funding framework and noted that two potential funding streams would be required to (i) strengthen and maintain existing services in addition to the delivery of COVID-19 vaccines and (ii) to support risk communications and community engagement in order to gain acceptance from households and the public.

Discussion and Updates

In the ensuing discussion, IASC members expressed their overwhelming shock and alarm over the serious incidents of SEA/SHA in DRC, particularly the appalling news that UN and NGO staff were involved. They welcomed a collective and joined-up approach to respond to the serious allegations raised and called for an urgent investigation to take place even if many members were not able to take part. CRS emphasized that INGOs and faith-based organizations strongly supported a collective response. UNICEF stressed that more needs to be done on prevention of SEA/SHA and there was an urgent need for IASC

Principals to stand firmly as a group on this issue, particularly in finding out who knew about these incidents and why they were not addressed beforehand. IOM called for urgent action, calling on Principals to visit DRC to assess the situation firsthand on the ground. IOM noted that investigations had been the norm in responding to incidents of SEA/SH but that a prompt response, including a preventive and proactive approach was required. SCHR and ICVA noted that while the DRC incidents had become widely publicized, there were cases of SEA/SH in other humanitarian operations that also deserved urgent attention. SCHR, ICVA, FAO and UNHCR expressed that existing IASC structures with expertise provided a good basis to respond promptly to the incidents and that there was a need for a more proactive and immediate approach. SCHR noted that the systems in Mozambique provided good lessons on how to handle PSEA. This is in addition to approaches by donors such as mandatory risk mechanisms. UNHCR offered to support agencies with its lessons learned and called for risk mitigation. Concern Worldwide noted that SEA/SH remains an acute problem and that PSEA should be on the agenda of country teams.

In supporting the idea of collective action on SEA/SH, InterAction called for the need to gain the trust of populations and for the sharing of best practices. InterAction also noted that while safeguarding principles needed to be improved, it remained essential that humanitarians act in line with humanitarian principles and ethics. Finally, UNFPA noted its intention to take over as the next IASC championship on PSEA from UNHCR on 1 January 2021 and looked forward to working closely with IASC members. UNFPA also noted a recent survey showed sexual and reproductive health services provision dropped by 25 per cent in 2020 compared to the 2019 average in the same facilities. It was therefore important to maintain stockpiles on essential life-saving medicines including those related to family planning.

With regard to prioritization of access to COVID-19 vaccine, IOM noted that the needs of refugees, migrants and marginalized populations to access the COVID-19 vaccine would need to be addressed by working closely with governments to fully integrate vulnerable populations into their response plans, and by developing plans for populations in case such assistance is not provided by governments. UNHCR, UNFPA, UN-HABITAT, OHCHR, and CRS echoed the importance of ensuring fair and equitable access to a safe, effective and affordable vaccine for the most vulnerable populations, including for displaced populations and those living in dwellings and informal settlements, which also had the support of faith-based organizations. UN-HABITAT was developing advocacy messages to ensure population groups living in dwellings and informal settlements were included in national plans. UNHCR was preparing a Rohingya Refugee Response conference later this month and called for continued advocacy for raising resources for the Rohingya crisis. OHCHR reaffirmed the need for working with the Member States to release migrants from migration centers, extend social protection to migrants, and combat stigma.

IFRC noted that together with its national societies it raised around US\$1.7 billion, \$1.5 billion of which was raised by national societies. IFRC's own appeal was funded at 65 per cent with the private sector being the most generous supporter. IFRC also noted the good progress made in risk communication and community engagement in collaboration with

UNICEF particularly in West Africa highlighting the importance of establishing trust and quality information for getting populations to get COVID-19 vaccines. IFRC updated on its efforts to establish a mechanism to reach populations in hard to reach areas with COVID-19 vaccine in various operations such as Afghanistan. Finally, IFRC highlighted that parts of East Africa had experienced droughts and locust emergencies on top of the pandemic and Sudan recently experienced flooding in several parts of the country. The IFRC Secretary-General would conduct a mission to Sudan to assess the impact of the floods and share his findings with IASC Principals.

ICRC provided an update on the situation in Nagorno-Karabakh noting that both military and civilian losses of life had taken place. Parties had also accused each other using cluster munitions in populated areas, which was unacceptable. With military units deployed to the frontlines, ICRC expressed concern about the potential spread of the pandemic, particularly given that COVID-19 reporting had paused in parts of Azerbaijan and Armenia. Negotiations were taking place in Moscow with the hope that it would lead to a humanitarian ceasefire. ICRC also echoed support to fair and equitable distribution of COVID-19 vaccine and called for consideration of other vulnerable population groups such as people in conflict zones and those under detention for assistance as well. Finally, ICRC noted that its appeal for 2021 would combine COVID-19 and non-COVID-19 responses, in a similar fashion to the GHO. ICRC also promised to share lessons learnt from their experience on PSEA

On bureaucratic and administrative impediments, InterAction echoed the ERC's analysis which showed increased delayed programming. InterAction noted that it continues to push for a US funding package. With regard to socio-economic impacts, InterAction called for the need to calibrate messaging and highlight the deteriorating situation in Yemen including loss of humanitarian access. ICVA called for continued documentation of impediments and increased high-level humanitarian diplomacy with the Member States. Likewise, on the duty of care, ICVA highlighted the progress made with WFP and encouraged IASC members to engage with each other on the duty of care. Finally, ICVA expressed appreciation for NGO consultations with UNHCR, UNICEF, IOM and WFP.

Concern Worldwide noted that it has been trying to register in Yemen for the last five years and had productive consultations with the Special Envoy and HC recently. Concern Worldwide also informed about the launch of the Hunger Index on 16 October.

FAO expressed that it was collaborating with WFP on hotspot analysis with populations in parts of South Sudan, Yemen, northern Nigeria, Burkina Faso, and DRC identified as experiencing emergency levels of food insecurity and may be at risk of famine. FAO also highlighted that in relation to the impact of locusts, the situation was deteriorating in Somalia, Yemen and South Sudan. Finally, FAO expressed that GHRP funding gap to respond to food insecurity remains acute and in this regard FAO would continue to collaborate with WFP to raise funds and bring attention to food insecurity at the Security Council.

The World Bank expressed that given that 110-120 million people were expected to fall to extreme poverty in the next year, its IMF-World Bank Annual Meetings to be held next

week would focus on extreme poverty, resilient and inclusive recovery, and human capital, among other issues. IMF analysis showed that global debt levels were now approaching 100 per cent of global GDP and considering that normal levels are usually 60 per cent of the global GDP, this was concerning. The World Bank informed that it had committed US \$12 billion to COVID-19 vaccine financing and deployment with a plan already submitted to its board. The World Bank also expressed its concern on the socio-economic impact cascading into governments' ability to finance essential expenditures including health. It noted that the African Union would soon discuss what this meant for their context.

With regard to the 2021 GHO, SCHR welcomed the meaningful engagement of stakeholders. They called for a greater emphasis on gender analysis, gender-based violence and other issues affecting women and girls. UNHCR supported plans for the GHO and appreciated efforts undertaken to date, noting that there is likely to be interest from donors on how disparate components of the GHO added-up. UNDP noted that the socio-economic frameworks remain underfunded. For the 30+ countries that were included in the GHRP but will not be part of the 2021 GHO, there is a need to continue a coordinated and integrated response approach encompassing socio-economic, health and humanitarian response. Joined up needs analysis and response planning will continue to be important even if these countries are not in the GHO.

Follow-up actions:

1. Facilitate a coordinated and joined-up approach to address the DRC SEA incidents, including by bringing IASC and, if possible, non-IASC organizations, particularly around (i) investigation (ii) support to victims and survivors (iii) lessons learning, (iv) Prevention, and (v) communication. **[EDG and the relevant IASC structures]**
2. Advise on concrete actions/decisions expected of the IASC Principals with regards to the fair and equitable access to and allocation of COVID-19 Vaccine. **[IASC secretariat to follow-up with WHO and UNICEF]**
3. IASC members to place a particular emphasis on women and girls, GBV and gender issues in supporting preparations of the 2021 Global Humanitarian Overview. OCHA will reach out to IASC Principals on participation at virtual GHO launch events. **[OCHA and IASC members]**
4. Principals to continue to advocate to address the bureaucratic impediments faced largely by NGOs. **[IASC members]**
5. Support resource mobilization efforts for the Rohingya response, including at the upcoming virtual Rohingya Pledging Conference being organized by UNHCR. **[IASC members]**
6. Monitor the situation of the floods in Sudan and other parts of East Africa and consider ways to strengthen a coordinated response. **[IASC members]**

List of participants:

1. Mr. Mark Lowcock, Chair and Emergency Relief Coordinator
2. Dr. Mike Ryan, Executive Director, Health Emergencies Programme, WHO

3. Dr. Ibrahima Soce-Fall, Assistant Director-General for Emergency Response, WHO
4. Mr. Robert Mardini, Director-General, ICRC
5. Mr. Ignacio Packer, Executive Director, ICVA
6. Mr. Sam Worthington, CEO, InterAction
7. Mr. Sean Callahan, President and CEO, Catholic Relief Services
8. Mr. Dominic MacSorley, CEO, Concern Worldwide
9. Mr. Jagan Chapagain, Secretary-General, IFRC
10. Mr. António Vitorino, Director-General, IOM
11. Ms. Henrietta Fore, Executive Director, UNICEF
12. Ms. Kelly Clements, Deputy High Commissioner, UNHCR
13. Mr. Laurent Thomas, Deputy Executive Director, FAO
14. Mr. Dominic MacSorley, CEO, Concern Worldwide
15. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
16. Ms. Maria Immonen, Vice Chair of SCHR, (Director of the Lutheran World Federation)
17. Mr. Amir Abdulla, Deputy Executive Director, WFP
18. Mr. Gareth Price, Executive Secretary, SCHR
19. Ms. Nada Al-Nashif, Deputy High Commissioner, OHCHR
20. Ms. Asako Okai, Assistant Administrator, UNDP
22. Mr. Ingo Piegeler, Head, Interagency and External Coordination Unit, UNFPA
21. Ms. Christine Knudsen, Director, UN-Habitat
22. Mr. Toomas Palu, Adviser, World Bank
23. Ms. Mervat Shelbaya, Head of IASC secretariat