

INTER-AGENCY STANDING COMMITTEE**IASC PRINCIPALS AD HOC MEETING****SUMMARY RECORD AND ACTION POINTS****Virtual, 23 February 2021****Introduction**

Mr. Mark Lowcock, the Emergency Relief Coordinator (ERC) and Chair of the IASC, convened an ad hoc IASC Principals meeting to discuss issues on ongoing operational issues as well as COVID-19 response and priorities of the PSEA Champion for 2021.

COVID-19 Update

Dr. Ibrahima Soce-Fall, WHO Assistant Director-General for Emergency Response, updated Principals on developments in the COVID-19 pandemic. WHO noted a global decline in the number of cases by 17% and deaths by 10% for the fourth consecutive week. As of 23 February, 111,419,939 confirmed cases of COVID-19, including 2,470,772 deaths, were reported to WHO. WHO reported COVID-19 mutation strains they're tracking, identified in the UK, South Africa and Brussels. Meanwhile in low resource and humanitarian settings, there is general decrease in the number of cases except for East Africa and East Mediterranean. However, this does not provide a true picture due to the low testing capacities. WHO noted the need for importance of continuing collaboration and synergies across Humanitarian Response Plans and the Strategic Preparedness and Response Plans so that public health and socio-economic consequences of the crisis could be addressed effectively.

WHO also updated IASC Principals on the work of the IASC Working Group on the Humanitarian Buffer. Informed, the IASC Working Group was working closely with GAVI on the operationalization of the Humanitarian Buffer with the GAVI Board expected formally endorse the Buffer in its next meeting in March 2021. The IASC Working Group was currently working to develop estimates of the roll-out costs involved. HRPs did not include vaccine roll-out costs and WHO noted the importance of developing coordinated country-level vaccination roll-out plans. Finally, WHO informed that it plans to publish an appeal for Ebola and raised its emergency levels for the outbreak in West and Central Africa. The UN Secretary-General and Emergency Relief Coordinator were recently informed of WHO's plans for Ebola.

In the discussion, there was agreement that COVID-19 will require mid-to-long term responses given the continuing transmission in low resource and humanitarian countries and the socio-economic impact of the pandemic, and hence engagement with IFIs would

provide critical opportunities. To ensure a more efficient utilisation of the humanitarian buffer, there was agreement to for enhanced advocacy with Member States on inclusion of displaced populations and other vulnerable groups in national plans so as to preserve humanitarian funding. Secondly, it was noted that the implementation costs for the vaccine roll-out need to be factored in fundraising and advocacy efforts. The inclusion of NGOs in discussions on the Humanitarian Buffer was emphasised. It was noted that effort must be made maintain the gains from the COVID-19 response, on flexible funding which greatly enhanced NGOs ability to respond to the crisis. In addition, there is need by organisations to pay attention to the duty of care to staff, particularly in relation to the increasing risks to health and safety of staff, inclusive of those who are not involved in the COVID-19 public health response. There was general concern around the evolving Ebola situation in West and Central Africa.

ICRC noted that ICRC and IFRC will launch a joint appeal on vaccinations in March 2021. 45 out of 70 Red Cross delegations were very active in advocacy on equitable access to vaccinations through national plans, 10 delegations will be directly involved in national vaccination plans in coordination with Ministries of Health, 57 delegations will be supporting national Red Cross/Red Crescent societies in their efforts to vaccinate populations, and 25 delegations playing a neutral intermediary role to facilitate the last mile vaccination of populations in non-government controlled areas.

OHCHR noted that it continues to monitor and document concerns and reports of discrimination against populations vis-à-vis inclusion in national vaccination plans. OHCHR will work with the CMT to monitor compliance with normative standards and concerns around inclusion and work with relevant bodies to ensure coverage of populations. IOM expressed concern for migrants, IDPs, and refugees' access to vaccination. IOM continues to advocate with governments for coverage of these population groups in national vaccination plans. Likewise, IOM plans to keep a limited number of vaccines to vaccinate humanitarian staff that would undertake vaccinations of populations not covered in national government plans.

UNICEF updated that COVID-19 vaccines were being shipped to 16 countries through the COVAX facility as of this week. UNICEF is also appealing for more than \$1.6 billion for country readiness. UNICEF will soon share a survey on vaccination plans with IASC members to understand who among the humanitarian staff needed to and willing to be vaccinated. UNICEF was also sending emergency teams to Guinea in coordination with WHO in response to the Ebola outbreak.

Follow-up Action Points

1. Closely monitor and support efforts to ensure that groups at risk of being marginalized/excluded from national vaccination plans are vaccinated, including through ongoing efforts to operationalize and resource the delivery of the vaccine in humanitarian contexts (**EDG with support of the IASC Working Group on the Vaccine**)
2. Organize a follow-up meeting to consider the duty of care to staff on vaccination (**IASC Duty of Care Task Team**)

3. Share information and support efforts with donors to maintain the gains made on flexible funding (**IASC Principals**)
4. Monitor the Ebola situation and assess the risk potential to inform operational response (**EDG**)

PSEA Championship Priorities

UNFPA Executive Director Dr. Natalia Kanem briefed IASC Principals on her priorities for 2021 as the PSEA Champion. UNFPA has three priorities for 2021; (i) bolstering PSEA country mechanisms, (ii) improving victim access to quality information and assistance, and (iii) strengthening coordination and coherence. These priorities are built upon the IASC's PSEA strategy. UNFPA and NORCAP (Under NRC) were already working on a PSEA roster. In addition, UNFPA has set up a Pooled Fund to receive funding from UN entities and donors to ensure a sustainable PSEA roster that is an integral part of the humanitarian coordination system. UNFPA called for the deployment of dedicated capacity at the outset of a crisis as well as the necessary funding. She emphasized the value of NGOs, Government, women-led organisations and other local actors. UNFPA highlighted the significance of leadership and called on IASC Principals to influence key audiences including RCs/HCs, UNCTs/HCTs as well as implementing partners

UNFPA requested the IASC Principals to extend the IASC PSEA strategy until end 2021 given its continued relevance. As part of its Championship, UNFPA will support commissioning of an external review of the IASC's approach to PSEA and provide a training package on linkages between GBV and PSEA for GBV practitioners. Finally, UNFPA will promote speak up culture so that incidents are reported and discussed while respecting privacy of victims.

In the discussion, there was broad support for and agreement on UNFPA's priorities for 2021. IASC members agreed to extend the IASC PSEA strategy until end 2021, agreed to support UNFPA's priorities and actions on PSEA including through supporting the PSEA coordinators roster, beefing up advocacy at the country level and support the external review of IASC's PSEA approach.

Follow-up Action Points

1. Extend the 2018-2020 IASC PSEA Strategy until the end of 2021 given its continued relevance (**IASC Principals**)
2. Endorse the IASC PSEA Champions priorities focusing on bolstering PSEA country mechanisms; improving victim access to quality information and assistance, and strengthening coordination and coherence (**IASC Principals**)
3. Agree on the establishment of a PSEA roster of experts and encourage IASC members to contribute to the roster (**IASC Principals and IASC PSEA Champion**)
4. Conduct an external review of the IASC's PSEA efforts with the aim of identifying concrete areas to address possible gaps and challenges (**IASC PSEA Champion**)

List of participants:

1. Mr. Mark Lowcock, Chair and Emergency Relief Coordinator
2. Dr. Ibrahima Soce-Fall, Assistant Director-General for Emergency Response, WHO
3. Mr. Robert Mardini, Director-General, ICRC
4. Mr. Ignacio Packer, Executive Director, ICVA
5. Mr. Sam Worthington, CEO, InterAction
6. Mr. Sean Callahan, President and CEO, Catholic Relief Services
7. Mr. Dominic MacSorley, CEO, Concern Worldwide
8. Mr. Jagan Chapagain, Secretary-General, IFRC
9. Ms. Laura Thompson, Deputy Director-General, IOM
10. Ms. Henrietta Fore, Executive Director, UNICEF
11. Mr. Filippo Grandi, High Commissioner, UNHCR
12. Mr. Qu Dongyu, Director-General, FAO
13. Mr. Dominic MacSorley, CEO, Concern Worldwide
14. Ms. Abby Maxman, Chair of SCHR (President and CEO, Oxfam America)
15. Ms. Maria Immonen, Vice Chair of SCHR, (Director of the Lutheran World Federation)
16. Mr. Amir Abdulla, Deputy Executive Director, WFP
17. Ms. Cecilia Jimenez-Damary, UN Special Rapporteur on the Human Rights of IDPs
18. Mr. Gareth Price, Executive Secretary, SCHR
19. Ms. Nada Al-Nashif, Deputy High Commissioner, OHCHR
20. Ms. Asako Okai, Assistant Administrator, UNDP
22. Ms. Natalia Kanem, Executive Director, UNFPA
21. Ms. Amy Wood, Programme Officer, UN-Habitat
22. Ms. Mervat Shelbaya, Head of IASC secretariat