

INTER-AGENCY STANDING COMMITTEE

SUMMARY RECORD AND ACTION POINTS

New York, 27 March 2020

Introduction

Mr. Mark Lowcock, Emergency Relief Coordinator (ERC) and Chair of the IASC, convened an *ad hoc* IASC Principals meeting to discuss the latest COVID-19 developments and the pandemic's impact on ongoing humanitarian operations and the longer-term outlook.

Mr. Lowcock thanked participants for their collaboration in swiftly finalizing the first iteration of the global pandemic appeal which was virtually launched on 25 March. He acknowledged NGO comments regarding the inclusiveness of the Plan's requirements, noting that cluster leads have the responsibility to ensure inclusive country-level planning and consolidation of partner needs/requirements. He indicated that there were areas requiring improvement in the Plan which will be addressed in subsequent iterations. On donor outreach, he emphasized that donors have expressed their support to the recently launched Appeal and underscored the need to collectively encourage fast, flexible and inclusive funding, in addition to funding of ongoing humanitarian plans.

On the sharing of fast-tracked IASC guidance, he urged colleagues to continue sharing experiences and consider developing guidance laying out practical means of supporting containment/suppression measures in humanitarian settings where testing, tracing, treating and physical distancing measures were particularly difficult to achieve. A crucial part of such strategy has to center around continuing core humanitarian programming.

On the possible activation of system-wide emergency activation procedures "Scale-Up" protocols, Mr. Lowcock noted that a majority of the IASC's Emergency Directors had recommended to pursue a 'light' streamlined version for an initial 3 months, specifically adapted for COVID-19, and initially covering the in the evolving Global HRP. As the intent was to introduce processes that would add value during these unique circumstances, it was decided that the Emergency Directors should further consider this matter and make an agreed recommendation for the Principals consideration.

In terms of the programme criticality reviews underway across 39 operations, field colleagues were encouraged to remain engaged and to report any feedback on these prioritization exercises. Further to the travel/movement restrictions hampering humanitarian operations, Mr. Lowcock emphasized that advocacy with host governments and civil-military liaison was essential to enable humanitarian exemptions to facilitate the movement of goods and personnel. In that regard, he noted that the deployment of CivMil capacities was being considered and referred to the CMCoord guidance on engaging with armed actors in the context of the COVID-19 developed by OCHA. Participants were also reminded to ensure that country teams were consolidating their PPE/health requirements and channeling these requests via the Geneva-based Supply Chain Interagency Coordination Cell, which would also serve as the entry point for private sector donations.

Briefing on COVID-19

Dr. Socé Fall, WHO Assistant Director-General, Emergency Response, briefed on the exponential rise in worldwide infections reaching 500,000 cases, with the epicenter moving to Europe and the United States, and also spreading across Africa. He noted that the WHO Plan was complementary to the Global HRP to ensure all those vulnerable were supported not just against COVID-19, but also other health and non-health needs. On the possibility of activating the IASC Scale-Up Protocols, he noted that the system was not designed for pandemics, and that WHO was already working with partners through the UN's crisis management policy to respond. He reiterated the ERC's call to ensure the consideration of measures that would add value and minimize bureaucracy.

General discussion

On the provision of system-wide logistics support, WFP briefed on the planning underway to set up air/sea bridges and staging areas/hubs to support the movement of humanitarian goods and personnel, including the provision of MedEvac services for which treatment destinations remained to be clarified. It was also noted that positive indications were received from China in terms of offering some support with transport and the provision of PPE. The critical role played by WFP on key logistics was greatly appreciated and welcomed by IASC participants, including in terms of support with MedEvac procedures as well as to NGOs.

Several participants including ICVA, Oxfam, InterAction, SCHR, as well as UNHCR and FAO noted the importance of operationalizing the Grand Bargain commitments and to pursue quality and flexible funding, including with simplified reporting and reducing administrative hurdles, as elaborated in the IASC's Results Group 5 on Humanitarian Financing proposed messaging to donors. Flexibility from the donor side was also expected. InterAction stressed that the ability of the NGO sector to function in this environment was tied to partnerships with the UN and so NGO capacity was tied to the UN's ability to help with flexible funds. In that regard, he urged head of agency engagement to reduce administrative hurdles in a blanket manner to support the action of NGOs and other local actors while not compromising on mutual accountabilities and risk management.

Facilitating humanitarian exemptions in relation to COVID-19 to address the serious bureaucratic impediments faced on the ground (including in terms of travel bans as well as the movement of goods/supplies) was highlighted as a key issue. There was general agreement regarding the need for general exemptions – a global appeal would need to be reinforced by country-level negotiations with the support of the RC/HCs. Such negotiations would need to be done on behalf of the system. UNHCR offered to support with outreach to national governments hosting refugee operations.

IFRC and CRS added the importance of ensuring that front-line staff were equipped with the necessary training and PPE to safely access vulnerable communities without inadvertently becoming a vector for transmission, thus supporting the call for exemptions by allaying the concerns of host governments that had imposed movement restrictions.

On the IASC's Scale-Up activation, UNHCR and IOM reiterated their support for light protocols to be agreed. InterAction cautioned that the system normally had the surge

capacity to cope with 3-4 system-wide scale-ups, so the strategic framework for the proposed activation needed to be better defined, including the value of triaging the system's prioritization efforts.

Concerns regarding the increased risk of Gender Based Violence as well as sexual exploitation and abuse in the context of COVID-19 were highlighted by OXFAM, UNFPA and CRS. There was broad agreement on the need to ensure that the required measures are put in place to ensure better monitoring, reporting and addressing this increased risk. Further guidance on the issue needed to be considered. UNHCR also noted that key protection messages regarding refugees/IDPs and other vulnerable groups would be shared shortly to support advocacy efforts – they would include issues related to border closures and deportations. IFRC added the importance of planning ahead now for the longer-term mental health and psychosocial needs of those subjected to prolonged lockdowns as well as the support required by national societies and local actors to respond to the pandemic. UN-HABITAT also raised the need to engage with local governments that are at the forefront of the COVID-19 challenges, especially in informal settlements/slums.

In terms of advocacy, participants agreed that joint fundraising was necessary for both the pandemic response, ongoing operations as well as for the immediate and longer-term challenges. IFRC noted that the Red Cross/Red Crescent Movement's Appeal launched this week was well-aligned with the IASC Global HRP. UNFPA suggested that a narrative should be developed to showcase the alleviating impact of collective humanitarian actions and the need for short- and medium-term funding. This should elaborate on how the system was working more efficiently and building on the strengths and technical expertise.

UNDP highlighted the work being done to support countries and country teams, stressing the importance of aligning the system's ability to work on humanitarian responses and also supporting resilient health systems. The Secretary-General's efforts for an inclusive multi-sectoral crises management and response was highlighted. Health systems were struggling, socio economic impacts were starting to unfold, and Government functionality in some instances were being compromised. Against this backdrop, work is underway with RCs to determine the type of support that can be provided to reinforce the operational capacity of Governments - this is particularly also in countries where we don't have a humanitarian crisis but are being impacted by the outbreak. Finally, UNDP is looking also at the recovery pathways, including to allow countries to invest to allow for economic activities to return. The WB briefed on the first phase of its response through a \$14 billion funding stream as well as the second phase to allocate up to \$150 billion in international development assistance.

Follow-up actions:

1. **Humanitarian Exemptions:**
 - a. Consider a global call/appeal to Governments regarding humanitarian exemptions [*OCHA in consultation with EO-SG*].
 - b. Facilitate system-wide humanitarian exemptions at country level [*OCHA in collaboration with IASC partners and in support of the HCs*]
2. **Funding:** Step up advocacy with donors for fast, flexible and inclusive funding in

response to the pandemic, as well as maintaining funding for ongoing programmes [*IASC members*]

3. **UN-NGO Partnerships Arrangements**: Facilitate flexible funding arrangements, including by addressing administrative hurdles in support of NGO response efforts [*UN members of the IASC in collaboration with NGO representatives*]

4. **Logistics Support**: The Logistics Cluster to provide ongoing updates on the set-up of system-wide transport, supply and medivac services [*WFP*]

5. **System-Wide Emergency Activation Procedures “Scale-Up”**: Further consideration of the activation of a COVID-19-tailored Scale-Up Protocols which could, among other issues, facilitate the expediting of agency-specific internal administrative procedures in support of the response [*IASC’s Emergency Directors Group*]

6. **IASC Guidance on COVID-19**:

(a) Develop and share the best possible new or adapted response modalities for settings where implementing testing, tracing, treating and distancing measures are particularly hard to achieve [*IASC’s Operational Policy and Advocacy Group (OPAG)*]

(b) On the Prevention of Sexual Exploitation and Abuse (PSEA), consider preparing and sharing further guidance to address/ mitigate the increased risk of Gender Based Violence and sexual exploitation in the COVID-19 context [*OPAG with the support of Result Group 2*].

8. **MHPSS**: The mental health and psychosocial support needs of the response to be strengthened - consider specific measures to be taken to strengthen this aspect of the response [*OPAG with the support of the IASC’s MHPSS Reference Group*].

9. Next ad hoc IASC Principals call on the COVID-19 response to take place week of 30 March. Proposals for topics/ issues to be addressed at the next meeting to be shared with the IASC secretariat [*IASC members with the IASC secretariat*]

List of participants:

IASC Members:

1. Mr. Mark Lowcock, Emergency Relief Coordinator and Chair of the IASC
2. Dr. Socé Fall, Assistant Director-General, WHO
3. Ms. Henrietta Fore, Executive Director, UNICEF
4. Mr. Filippo Grandi, High Commissioner, UNHCR
5. Mr. Achim Steiner, Administrator, UNDP
6. Mr. António Vitorino, Director General, IOM
7. Ms. Maimunah Mohd Sharif, Executive Director, UN-HABITAT
8. Ms. Natalia Kanem, Executive Director, UNFPA
9. Mr. Sam Worthington, CEO, InterAction
10. Mr. Sean Callahan, President and CEO, Catholic Relief Services
11. Ms. Abby Maxman, President and CEO, Oxfam America, SCHR Chair
12. Mr. Jagan Chapagain, Secretary General, IFRC

13. Mr. Amir Abdulla, Deputy Executive Director, WFP
14. Mr. Antoine Grand, Deputy Director of Operations, ICRC
15. Ms. Laurent Thomas, Deputy Director-General, FAO
16. Mr. Nadir Mohammed, Director Strategy and Operations, World Bank
17. Mr. Ramesh Rajasingham, Assistant Secretary-General a.i, OCHA
18. Ms. Jennifer Poidatz, Vice President, Catholic Relief Services
19. Ms. Maria Immonen, Vice-Chair of SCHR and Director, Lutheran World Federation
20. Mr. Ignacio Packer, Executive Director, ICVA
21. Mr. Gareth Price-Jones, Executive Secretary, SCHR
22. Mr. Jeff Labovitz, Director of Operations and Emergencies, IOM
23. Mr. Roger Yates, Regional Director, Plan International, ICVA Chair
24. Mr. Roberto Ricci, Chief Emergency Response Section, OHCHR

IASC secretariat:

25. Ms. Mervat Shelbaya, Head of IASC secretariat