



General Assembly Economic and Social Council

ADVANCE UNEDITED VERSION

**General Assembly
Seventy-sixth session**

Item 76 (a) of the preliminary list*

**Strengthening of the coordination of humanitarian
and disaster relief assistance of the United Nations,
including special economic assistance**

**Economic and Social Council
2021 session**

23 July 2020–22 July 2021

Agenda item 9

**Special economic, humanitarian and
disaster relief assistance**

Strengthening of the coordination of emergency humanitarian assistance of the United Nations

Report of the Secretary-General

Summary

The present report was prepared pursuant to General Assembly resolution 46/182, in which the Assembly requested the Secretary-General to report annually to the Assembly and the Economic and Social Council on the coordination of emergency humanitarian assistance. The report is also submitted in response to Assembly resolution 75/127 and Council resolution 2019/14. The period covered by the report is from 1 January to 31 December 2020.

The report contains an outline of measures taken to strengthen humanitarian coordination and response, information on humanitarian trends, challenges, and recommendations, including in response to escalating humanitarian suffering due to conflict, the climate crisis, and the COVID-19 pandemic.

* A/76/50.

I. Introduction

Overview of key trends

1. Humanitarian needs soared in 2020, propelled by conflict, climate change and the COVID-19 pandemic, which combined to transform the humanitarian operating landscape, compounding risks, and exacerbating inequalities and vulnerability. Disturbing trends unfolded, including the shadow epidemic of gender-based violence, increased protection challenges, rising displacement, escalating food insecurity and the resurgent threat of multiple famines.
2. Protracted conflicts persisted, while conflicts emerged or escalated in Ethiopia, Mozambique, and between Armenia and Azerbaijan. In addition, civilians were killed or maimed, driven from their homes, and civilian infrastructure, including health, schools and water facilities, were destroyed or damaged in disregard of international law. Access was obstructed. Humanitarian space and humanitarian principles were under pressure. Humanitarian and healthcare workers, both national and international, were killed, kidnapped, attacked, detained and threatened with increased frequency.
3. The COVID-19 pandemic exposed inequalities and expanded humanitarian needs. Those with overlapping vulnerabilities, including persons with disabilities, older persons, Internally Displaced Persons (IDPs), refugees, asylum seekers, migrants, youth and other marginalized people were hit hardest.
4. Women and girls were disproportionately affected, particularly by gender-based violence, coupled with decreased access to education, health care, nutrition and livelihoods, and putting millions of girls at increased risk of child marriage, child labour and other forms of exploitation. The pandemic caused the largest disruption of education in history. Some 7.6 million girls from pre-primary to secondary school were at risk of not returning to school.¹
5. The climate emergency continued to drive humanitarian suffering. Protracted conflicts and climate-related shocks have become increasingly intertwined. Eight of the ten countries most vulnerable to the effects of climate change had an inter-agency humanitarian appeal.² A total of 389 disaster events affected nearly 98 million people, caused 15,080 deaths, displaced millions, and inflicted US\$173 billion in damage.³ In the last decade, climate-related events caused 83 percent of all disasters triggered by natural hazards.⁴ The spread of plant and animal pests and diseases - including the surge of desert locusts in the Greater Horn of Africa - underscored the potential impact of climate on ecosystems, with dire humanitarian consequences.
6. The number of people facing acute food insecurity escalated, with 155 million people in 55 countries estimated to be classified as reaching Integrated Food Security Phase

¹ UNICEF - <https://www.unicef.org/media/89506/file/GlobalCOVID-19SitRepNo.15-Nov2020.pdf>

² Global Humanitarian Overview 2021

³ Centre for Research on the Epidemiology of Disasters, Emergency Events Database, available at public.emdat.be (as at 11 March 2021)

⁴ IFRC World Disasters Report 2020 "*Come Heat or High Water*"

Classification (IPC) Phase 3 or worse. More than 30 million people were in IPC Phase 4 (Emergency) conditions---one step away from the worst-case scenario of IPC Phase 5 (Catastrophe/Famine). For people living in some parts of Burkina Faso, South Sudan and Yemen that worse-case scenario was reached.⁵

7. The frequency and diversity of infectious disease outbreaks increased significantly over the past five years, and 94 percent of countries with inter-agency humanitarian appeals recorded at least one disease outbreak. Many vaccine distribution and disease prevention programmes were interrupted by the COVID-19 pandemic, increasing the risk of outbreaks of cholera, dengue, measles, polio, Ebola, and other diseases.
8. Displacement continued to rise. By mid-2020, there were 26.4 million refugees worldwide.⁶ By the end of 2019, the number of IDPs reached an all-time high, with 45.7 million people forcibly displaced by conflict and violence. Another 5.1 million people remained displaced due to disasters.⁷ In the first six months of 2020, there were 14.6 million new internal displacements, including 4.8 million triggered by conflict and violence and 9.8 million by natural disasters.⁸
9. Local communities and NGOs were at the frontlines of response, delivering in hard-to-reach places. Women and women-led organizations undertook indispensable roles. Despite challenges, the international humanitarian system stayed and delivered a coordinated response to the COVID-19 pandemic, working in partnership with governments and local organizations, and continued to adapt its responses. The Emergency Relief Coordinator convened IASC partners regularly, and two weeks after the declaration of a pandemic, released the Global Humanitarian Response Plan for COVID-19 as an unprecedented humanitarian system-wide response to meet needs in 63 countries.
10. Despite donors generously contributing an unprecedented \$19.11 billion in 2020, the humanitarian funding gap widened to a new high of 50 percent as needs grew. With those funds, almost 100 million people were reached with assistance through 25 United Nations coordinated Humanitarian Response Plans (HRPs). By the end of the year, humanitarian partners requested \$35 billion in resources to assist 160 million of the 235 million people in need in 2021.⁹
11. As the international community takes stock of 2020 and the challenges ahead, we have to mobilize collective action to mitigate the short- and long-term impacts of COVID-19 while building forward, engaging humanitarian, development, disaster risk reduction, climate and peace actors, and investing more in anticipatory and early action, preparedness, early warning and monitoring systems to prevent and mitigate the worst impacts of humanitarian crises. Recommitment to full respect of international norms – international humanitarian law, human rights law and refugee law – and the centrality of protection, and respect for humanitarian principles is urgent. Urgent action is also required to implement the Secretary-General’s calls for a global ceasefire and humanitarian pause

⁵ FSIN and Global Network Against Food Crises, forthcoming Global Report on Food Crises (May 2021)

⁶ Office of the United Nations High Commissioner for Refugees, “*Mid-year Trends 2020*”.

⁷ Internal Displacement Monitoring Centre (IDMC), *Global Report on Internal Displacement 2020*.

⁸ IDMC, *Internal Displacement 2020: Mid-Year Update*

⁹ Global Humanitarian Overview 2021

and greater investment in prevention, as well as the global call for an end to violence against women, eradicate the scourge of famine, catalyze climate action, ensure women's full participation in all humanitarian decision-making, and reignite progress towards the SDGs.

II. Overview of humanitarian emergencies in 2020

A. Complex emergencies

12. The United Nations and its partners responded to complex emergencies in 2020, including those in which violations of international humanitarian law continued, humanitarian access was impeded, and the protection of civilians remained a serious concern. Protection risks were profound.
13. The humanitarian operation in **Yemen** remained the world's largest in 2020. Some 20.7 million people needed humanitarian assistance and protection. For the first time in 2 years, famine-like conditions returned; 5 million people were one step away from famine; and 400,000 children under 5 years old suffered severe acute malnutrition.
14. In the **Democratic Republic of the Congo**, 21.8 million people were acutely food insecure and 4 million children under the age of 5 were acutely malnourished. Some 5.2 million people were internally displaced. Concerted efforts ended two outbreaks of Ebola in 2020.
15. In the **Syrian Arab Republic**, 11.1 million people needed humanitarian assistance, including 6.7 million IDPs in 2020. The COVID-19 pandemic, combined with a severe economic crisis, worsened the suffering of people already heavily impacted by ten years of conflict.
16. In **Afghanistan**, people in need doubled to 18.4 million - almost half the population - by the end of 2020. Hunger and malnutrition increased, with 16.9 million people in crisis and emergency levels of food insecurity. Nearly 50 percent of children under five faced acute malnutrition.
17. Renewed hostilities between **Armenia and Azerbaijan** saw the UN respond to humanitarian needs.
18. In **Burkina Faso**, conflict and worsening insecurity left 2.2 million people in need of assistance, including rising crisis levels of food insecurity. More than a million people fled their homes over the past two years. The number of registered IDPs nearly doubled in 2020.
19. In **Cameroon**, 4.4 million people needed assistance. New levels of violence emerged, with attacks on educational facilities and increased access constraints.
20. In the **Central African Republic**, humanitarian actors reached 1.4 million people per month. Armed violence across the country worsened, with one in three people displaced internally or in neighbouring countries.
21. In **Chad**, 5.3 million people needed assistance. COVID-19 related restrictions and falling oil prices had dramatic socio-economic impacts, increasing the number of people targeted for assistance to 3.8 million.

22. In the **Democratic People's Republic of Korea**, 10.4 million people needed assistance. Climatic events increased needs, while measures to prevent the spread of COVID-19 impeded trade and humanitarian assistance.
23. By the end of 2020, conflict in the Tigray region of **Ethiopia** had displaced hundreds of thousands of people. Civilians experienced food insecurity and severe protection challenges; humanitarian actors faced significant access constraints. Prior to the conflict, the Government and humanitarian partners had already been targeting 15.1 million people across the country.
24. The security situation in **Haiti** significantly deteriorated, hampering people's access to life-saving services. A record 5.1 million people needed assistance - 46 percent of the population - and food insecurity grew.
25. In **Iraq**, 4.1 million people needed assistance. The severity of needs increased throughout the year, largely due to COVID-19.
26. In **Libya**, humanitarian needs increased, with 1.3 million people estimated to need assistance. Migrants, IDPs, and refugees continued to be among those living in the most vulnerable circumstances.
27. In **Mali**, 6.8 million people needed assistance. The number of IDPs grew to over 300,000. Communities faced increasing attacks and disruptions of basic services.
28. In **Mozambique**, over 2.5 million people required assistance due to consecutive climatic shocks, insecurity and violence. The conflict in the Cabo Delgado province nearly tripled the number of people internally displaced to nearly 670,000.
29. In **Myanmar**, around 1 million people needed assistance as the country grappled with deeply rooted humanitarian challenges. The escalation of conflict in the Rakhine and southern Chin states caused further civilian casualties, displacement, and disruption of essential services. Over 335,000 people remained displaced by the year's end.
30. In **Niger**, 3.7 million people were in need, while 300,000 IDPs and 230,000 refugees were displaced by conflict.
31. In **Nigeria**, the number of people in need of assistance increased from 7.9 million to 10.6 million throughout 2020, largely due to the pandemic.
32. In **Pakistan**, the impact of COVID-19 left 6.6 million people in need of assistance. Pakistan remains the third-largest host country for refugees with over 2.7 million refugees and asylum seekers registered.
33. **Somalia's** protracted emergency was compounded by the effects of the COVID-19 pandemic, the worst desert locust upsurge in decades and increased flooding. Over 1.3 million Somalis were displaced, and 5.2 million people needed assistance.

34. Some 7.5 million people in **South Sudan** already needed assistance prior to the COVID-19 pandemic, exacerbating the suffering from intensified sub-national violence and major flooding. Around 1.6 million people remained displaced internally and 2.2 million as refugees in the region. In December, parts of Pibor county in Jonglei were classified as a famine-likely situation.
35. In **Sudan**, 9.3 million people needed assistance, as the economic crisis, the pandemic, flooding, and sporadic conflict increased needs. As the political transition and peace efforts continued, humanitarian assistance reached increased numbers of people in parts of the Darfur, South Kordofan and Blue Nile regions.
36. In **Ukraine**, among the 3.4 million people in need of assistance, more than 1 million were assisted, among whom close to 10 percent were people with disabilities.
37. In the **Bolivarian Republic of Venezuela**, some 7 million people needed assistance. 14 percent were people with disabilities. Ongoing political tensions, continuing economic contraction, the pandemic, and the resultant pressure on public services forced millions of Venezuelans to leave the country.
38. Some 2.45 million people - 47 percent of the population - in the **occupied Palestinian territory** needed humanitarian aid, including 346,000 Palestinians assessed to be in severe need.

B. Disaster events

39. Natural hazards inflicted severe losses throughout Africa. In Somalia, flooding affected nearly 1.6 million people, killing 35 and displacing 900,000. Cyclone Gati, estimated to be the strongest storm on record in Somalia, affected over 120,000 people, displaced 42,000 people, and created conducive conditions for further desert locust breeding. In Ethiopia, prolonged rains caused extensive flooding and landslides, affecting 1.1 million people and displacing 340,000. In South Sudan, over a million people were affected by flooding, with half a million people displaced. A second, consecutive year of severe flooding worsened extreme levels of food insecurity, malnutrition, and displacement. In Sudan, the worst flooding in decades affected nearly 900,000 people, damaging houses and causing loss of livelihoods and agricultural production. In Greater Horn of Africa, a sharp upsurge of desert locusts, the worst infestation in 25 years, increased food insecurity and affected livelihoods, cropland and pastures.
40. Cyclone Harold in March affected 3,000 people in Madagascar and Mauritius, while tropical storm Chalane in December affected over 10,000 people in Madagascar, Mozambique and Zimbabwe.
41. Floods displaced an estimated 632,000 people in Niger and affected 388,000 people in Chad. Needs grew in Burundi due to floods and landslides in over half of the country's provinces, destroying crops, food stocks, infrastructure, and homes.
42. Asia and the Pacific were hard-hit by monsoons and cyclones. Vietnam, Cambodia, and the Philippines were affected by widespread flooding, storm surges, landslides, and wind damage due to a series of tropical cyclones. Cyclone Harold hit Vanuatu and Fiji. In the Philippines, Typhoon Goni affected 3.3 million people and displaced 1.2 million, while Typhoon Vamco

affected 5.2 million people and displaced 1.5 million. Samoa was impacted by a measles outbreak.

43. In Bangladesh, monsoon flooding submerged a quarter of the country's landmass, affected over 5.4 million people and damaged 1.3 million homes. Cyclone Amphan struck India and Bangladesh, affecting tens of millions of people and leaving more than 100 dead. In Pakistan, the worst desert locust infestation in two decades took place. Monsoon floods affected 2.4 million people and left thousands displaced in the Sindh Province.

III. Key themes in 2020

A. COVID-19 pandemic and rising disease outbreaks

44. By year's end, 82.4 million cases of COVID-19 were confirmed globally and 1.8 million confirmed deaths from COVID-19.¹⁰ Countries with inter-agency humanitarian appeals covered under the Global Humanitarian Response Plan for COVID-19 (GHRP) accounted for over 25 million cases (30 per cent of global cases) and over 722,000 deaths (39 per cent of global deaths). Actual caseloads and mortality rates in humanitarian settings were likely underreported, due to insufficient testing, pre-existing gaps in civil registration systems and limited access to healthcare.
45. The secondary consequences of COVID-19 have been devastating. The pandemic hindered essential health services in almost every country, with the greatest impact being felt in low- and middle-income countries. Routine immunizations were fully or partially disrupted in most countries with inter-agency humanitarian appeals.
46. Children, especially girls and children with disabilities, IDPs, refugees and migrants were severely affected. Children's vulnerability to recruitment and use by armed forces or groups, to risks of sexual exploitation and abuse, child labour, trafficking, and early and child marriage increased. School closures increased protection risks and reversed gains in education globally, particularly for millions of girls at risk of not returning to school. Disruption to health, water and sanitation, nutrition services and postponement of immunization left millions of children at risk of preventable disease and acute malnutrition.
47. Humanitarian organizations quickly mounted a coordinated and comprehensive response. The IASC adapted System-Wide Scale-Up Protocols to COVID-19 realities and facilitated real time knowledge sharing and guidance. The UN COVID-19 Supply Chain Task Force, led by the World Food Programme (WFP) and the World Health Organization (WHO), was established to address shortages in global supply chains and massively scale up procurement and delivery of personal protective equipment, testing and diagnostics supplies, and biomedical equipment. A wider UN Crisis Management Team involved 23 agencies and facilitated information sharing, analysis and prioritization of key emerging issues across the health, humanitarian, human rights, and socio-economic dimensions.

¹⁰ World Health Organization: *WHO Coronavirus Disease (COVID-19) Dashboard*; <https://who.sprinklr.com/>

48. IASC partners developed the GHRP, which outlined the most urgent humanitarian needs stemming from the pandemic. The GHRP complemented and reinforced health and socioeconomic responses, including the WHO's Strategic Preparedness and Response Plan and the UN Framework for the Immediate Socioeconomic Response to COVID-19. By year's end, donors had generously provided \$3.4 billion through the GHRP.
49. Under the GHRP framework, humanitarian organizations scaled up their activities and supplied Personal Protective Equipment (PPE) in 90 percent of GHRP countries (57 out of 63), provided essential health care to 75 million women and children, reached 33 million refugees, IDPs, migrants and stateless persons with assistance, trained 2.3 million healthcare providers in COVID-19 detection, referral and case management, and reached 75 million children, parents and primary caregivers with community-based mental health and psychosocial support (MHPSS). Particular focus was placed on risk communication and community engagement in prevention and access to services.
50. The IASC staged one of the largest logistics operations, led by WFP, in support of common services, including passenger and cargo services which transported 118,000 cubic meters of critical cargo and over 28,000 humanitarian and health workers for 426 organizations (including 45 percent from NGOs and 45 percent from UN agencies), carried out over 40 medical evacuations, and established field hospitals in regional hubs.
51. Humanitarian organizations innovated to adapt their operations and ensure compliance with COVID-19 mitigation measures, including expanding access to digital cash transfers, delivering larger food rations at less frequent intervals to reduce exposure to the virus, partnering with the private sector and local organizations to produce PPE, converting facilities into COVID-19 isolation facilities, and providing in-person and remote mental health support. The humanitarian community leveraged technology to pilot contactless biometrics to register and authenticate people in need, deliver and monitor service provision, and use social media to counter misinformation.
52. The UN Central Emergency Response Fund (CERF) and Country-Based Pooled Funds (CBPFs) allocated \$492 million to support pandemic response in 49 countries, targeting over 20 million people. Of this, \$226 million was provided to international and national NGOs, Red Cross/Red Crescent National Societies and other local partners, including a \$25 million CERF allocation through IOM to support frontline NGOs.
53. The Access to COVID-19 Tools Accelerator and COVAX Facility were established to enable speedy, fair and equitable access to COVID-19 diagnostics, treatments and vaccines. In line with the Secretary-General's call, vaccine equity is essential and urgent. Governments have a responsibility to include in their national vaccination plans all high-risk populations within their territories, including refugees, IDPs, migrants and people living in areas under the control of non-state armed groups. A COVAX humanitarian 'buffer' will ensure that up to 5 percent of the COVID-19 vaccine doses procured through the COVAX Facility serve as a last resort for at-risk populations and should not be seen by national authorities as an alternative to the inclusion of vulnerable groups in their national plans. Alongside COVID-19 response efforts, essential healthcare services, including routine immunizations, mental healthcare, sexual and reproductive health care, and other lifesaving assistance must be maintained.

54. The events of 2020 underscored the urgency of greater investment in understanding, identifying and preventing disease outbreaks in humanitarian settings. For example, through concerted efforts, two Ebola outbreaks in the DRC were contained in 2020.
55. The international community needs to: scale up monitoring capacities which are generally limited in fragile contexts; enhance multi-hazard risk analysis and forecasting; strengthen and connect global, regional, national and subnational early warning systems; and reinforce preparedness both for small- and large-scale multi-sector disasters involving infectious disease and other biological hazards. Preparedness and anticipatory action at the local and national levels - including public health systems geared to reaching and supporting the most vulnerable populations - are key to mitigating the spread and scale of such disasters.

B. Threat of Famine and Acute Food Insecurity

56. The world saw a resurgence of the threat of famine and an escalation of acute food insecurity, with the number of people in IPC Phase 3 conditions or above increasing by 20 million people compared to the previous year. IPC Phase 5 (Catastrophe/Famine) conditions in 2020 were all in areas of three countries riven by conflict and violence (Burkina Faso, South Sudan, Yemen).
57. International humanitarian law requires that all parties to conflict protect civilians, allow and facilitate rapid and unimpeded passage of humanitarian relief to civilians in need, and respect and protect humanitarian and medical personnel as well as objects used for humanitarian relief operations and medical units and transports . It prohibits use of starvation of civilians as a method of war and attacking, destroying, removing, or rendering useless objects that are indispensable to their survival, and it requires that parties take constant care to spare civilian objects such as means of food production and distribution, and water and sanitation systems. In its resolution 2417 (2018), *inter alia*, the Security Council urges States to promptly investigate violations of international humanitarian law related to the use of starvation of civilians as a method of warfare, including the unlawful denial of humanitarian assistance to the civilian population in armed conflict; and recalls that the Security Council can adopt sanction measures, where appropriate and in line with existing practice, that can be applied to individuals or entities obstructing the delivery of humanitarian assistance, or access to, or distribution of, humanitarian assistance.

C. Protecting civilians in armed conflict

Respect for international humanitarian and human rights law

58. Attacks directed against or indiscriminately harming civilians and civilian infrastructure, including humanitarian and medical staff, hospitals, schools, and water and sanitation systems, led to death, injury, illness, hunger, displacement, and long-term suffering. Impediments to humanitarian activities left millions without the assistance and protection needed to survive. Often absent is accountability for serious violations, perpetuating a climate of impunity and violence.

Humanitarian access

59. In countries where conflict, insecurity, administrative impediments, and counter-terrorism measures were already undermining humanitarian operations, these obstacles were worsened by the pandemic. While pre-existing access constraints remained the main challenge to responding to humanitarian needs, new access challenges emerged, sometimes as unintended consequences of COVID-19 containment measures - including flight suspensions, border closures, quarantine measures, lockdowns and curfews - which drastically hampered humanitarians' ability to move between and within countries, triggering delays, additional costs or partial suspension of humanitarian activities. Bureaucratic obstacles impeded UN and INGOs staff deploying due to travel, visa or work permits restrictions. To mitigate the impact of COVID-19 on humanitarian access, measures were enacted, including humanitarian "exemptions", airlifts, adapted distribution modalities, and increased reliance on local actors.

Protecting humanitarian workers and medical care

60. Rising insecurity was a serious concern. Parties to armed conflict continued to impede access to medical care, including through attacks against medical personnel and facilities, threats, and intimidation. The WHO Surveillance System of Attacks on Healthcare recorded 322 incidents that affected the provision of medical care across 16 countries and territories in conflict in 2020, causing 505 casualties among healthcare workers and patients. The continued lack of monitoring resources for verification and access in some countries means numbers could be higher. The level of attacks, secondary impacts, harm to civilians, and impunity demand a recommitment to international humanitarian law and implementing Security Council resolution 2286.
61. Moreover, 169 security incidents against humanitarian workers that killed 99 humanitarian personnel were reported in 19 countries experiencing armed conflict in 2020¹¹. Local staff accounted for more than 92 percent of those attacked. During the pandemic, countering rumours and ensuring the safety and security of humanitarian personnel were critical.

Adverse consequences of counter-terrorism measures

62. The implementation of counter-terrorism measures affected the full, safe and unimpeded conduct of humanitarian activities as foreseen under international humanitarian law. Impartial humanitarian action in areas where non-State armed groups operate has sometimes been considered illegal, creating legal and reputational risks for humanitarian staff and organizations and inhibiting their engagement with non-State armed groups to assist people in need. Member States' measures have included denials of access to areas where terrorist groups have influence or to persons detained on suspicion of affiliation with these groups. Increasingly restrictive donor conditionalities challenge the ability of recipient organizations to operate impartially, in line with humanitarian principles.
63. Funding has sometimes been curtailed for humanitarian activities in areas with some of the greatest humanitarian needs. The reluctance of banks to perform transactions involving areas where groups listed as "terrorists" have significant influence has constrained access to financial services. Security Council resolutions 2462 (2019) and 2482 (2019) reaffirmed that Member States must ensure that any measures taken to counter terrorism comply with

¹¹ Aid Workers Security Database, 2020

all their obligations under international law; and urge Member States to take into account the potential effects of counter-terrorism measures on exclusively humanitarian activities, including medical activities, that are carried out by impartial humanitarian actors in a manner consistent with international humanitarian law.

Urban warfare

64. The use of explosive weapons in populated areas continued to have devastating humanitarian impacts on civilians, resulting in civilian deaths and injuries, damage to vital infrastructure and collapse of essential services. When explosive weapons were used in populated areas, 88 percent of those killed and injured were civilians, compared to 16 percent in other areas. The psychological trauma, especially for the most vulnerable, including children, is profound and puts additional pressure on scarce health resources. The consequences impact essential services, which are commonly disrupted by incidental damage to essential infrastructure such as hospitals, water and electrical facilities and supply networks.

D. Centrality of Protection

Protection in humanitarian response

65. The pandemic heightened people's exposure to violence, abuse and exploitation. Movement restrictions hampered protection monitoring, service delivery and protection by presence. Humanitarian organizations took innovative approaches to access challenges, including leveraging digital technologies, remote delivery and monitoring solutions, strengthening and building community-based networks, and remote case management with adapted referral pathways to identify and respond to protection risks.
66. The IASC reinforced the centrality of protection in humanitarian response. Humanitarian Country Teams (HCTs) developed protection strategies which were central in HRPs. The Protection Standby Capacity (ProCap) deployed senior protection advisers to 20 contexts, strengthening inter-agency capacity in leadership, programming and with communities. Further efforts and funding are needed to support community protection strategies and strengthen tools and capacities for humanitarian leaders in engaging conflict parties regarding their protection responsibilities.

Child protection

67. Grave violations of child rights continued, including more than 20,000 violations of recruitment, killing, maiming, rape and other forms of sexual violence, abduction, attacks on schools and hospitals, and denial of humanitarian access. Humanitarian partners responded to the needs of child survivors of grave violations with multi-sectoral, community-based child protection services. Children caught in armed conflict continued to be detained based on actual or alleged association with armed groups in contravention of their rights. The situation of children held in camps or detention centres based on alleged links to groups designated by the Security Council as terrorist remains concerning.

E. Gender equality and rights of women and girls

68. COVID-19 exacerbated gender inequality, protection challenges and socio-economic impacts on women and girls in humanitarian settings. Women comprised the majority of frontline responders in health care and social work, increasing their infection risks. Their livelihoods and access to services were severely impacted, due to lack of resources and their prevalence in the informal economy.
69. The scourge of gender-based violence (GBV) escalated sharply, made worse by the lack of access to support services and quarantine measures that kept survivors trapped with their abusers for prolonged periods. In 2020, over 4,400 cases of GBV were reported, with over 60 percent perpetrated against girls. Adolescent girls in conflict zones are 90 percent more likely to be out of school than girls in countries not affected conflict. In some humanitarian crises, 70 per cent of women have experienced GBV compared to 35 percent world-wide. Access to healthcare, including sexual and reproductive health, was all the more important.
70. The IASC issued a Gender Alert on COVID-19 and guidance on integrating gender concerns in humanitarian settings during the pandemic, including mitigating GBV risks. Regional and country-level Gender in Humanitarian Action Working Groups were established to support COVID-19 responses.
71. Measures taken include CERF's allocation of \$25 million to the United Nations Population Fund (UNFPA) and UN Women to address GBV, and a further CERF \$15.5 million allocation for women and girls, GBV and sexual and reproductive health programmes. The Gender Capacity Standby Project (GenCap) deployed senior gender advisors to 16 contexts. The shortfall in funding for protection and gender programming, especially to address gender-based violence, remains a serious challenge.
72. An inter-agency humanitarian evaluation on gender equality validated the need for gender expertise throughout humanitarian response, including at the onset of emergencies.¹² While there has been progress, more needs to be done to prioritize gender equality and the rights of women and girls, enhance coordination, increase women's meaningful participation in humanitarian decision-making, strengthen accountability, and ensure expertise, resources and funding are available to clusters, agencies and humanitarian country teams.

F. Reducing displacement

73. The number of forcibly displaced persons has almost doubled over ten years, from 41 million in 2010 to 79.5 million by the end of 2019. The pandemic heavily impacted IDPs, refugees, and vulnerable migrants, exacerbating pre-existing vulnerabilities. Crowded living and working conditions increased exposure risks and compromised access to basic services, including healthcare. Lockdowns restricted livelihood opportunities. Forcibly displaced persons faced increased protection risks, stigmatization, and discrimination. The spike in GBV was particularly stark among the forcibly displaced: according to a survey

¹² <https://interagencystandingcommittee.org/system/files/2021-01/The%20Inter-Agency%20Humanitarian%20Evaluation%20%28IAHE%29%20on%20Gender%20Equality%20and%20the%20Empowerment%20of%20Women%20and%20Girls%20%28GEEWG%29-Report.pdf>

of displaced women in 15 countries in sub-Saharan Africa, 73 percent reported increased domestic violence, 51 percent reported sexual violence, and 32 percent reported increased early and forced marriage. In some countries, forced returns of people on the move increased under the pretext of COVID-19 prevention.¹³

74. Humanitarian organizations adapted response, including decongestion of crowded displacement camps, physical distancing measures, community awareness on COVID-19 risk and prevention, strengthening health, water, sanitation, and hygiene systems, and coordinating advocacy for inclusion of IDPs, refugees and migrants in national COVID-19 responses. Protection and housing, land and property concerns remain major challenges requiring greater attention.

75. The High-Level Panel on Internal Displacement established by the Secretary-General consulted with a wide range of stakeholders and their final report is expected in September 2021.

Refugees

76. By mid-2020, there were 26.3 million refugees worldwide. Widespread border closures in the context of COVID-19 led to a 33 percent decrease in new asylum applications and brought refugee resettlement to record-low levels.¹⁴ To advance the Global Compact on Refugees, priority was placed on following up to the December 2019 Global Refugee Forum pledges on health, WASH, social protection, education and livelihoods.¹⁵

Migrants in vulnerable situations

77. The pandemic's economic fallout disproportionately affected migrants, with over 70 percent working in the hard-hit informal sector in low and middle-income countries.¹⁶ Nearly 3 million migrants were stranded due to travel bans and border closures. Government responses to COVID-19 exposed migrants to increased risk of immigration detention, family separation and forced returns without due process and basic safeguards.¹⁷

G. Advancing Humanitarian and Development Collaboration and linkages to Peace

78. Considerable progress has been made in advancing collaboration, coherence, and complementarity across humanitarian, development and peacebuilding efforts. Building on good practice, the IASC developed and adopted guidance on operationalizing collective outcomes. The enhanced Humanitarian Programme Cycle (HPC) reflects the importance of joint needs analysis

¹³ UN Policy Brief on People on the Move: <https://unsdg.un.org/sites/default/files/2020-06/SG-Policy-Brief-on-People-on-the-Move.pdf>

¹⁴ UNHCR Mid-Year Trends 2020: <https://www.unhcr.org/statistics/unhcrstats/5fc504d44/mid-year-trends-2020.html>.

¹⁵ UNHCR, The role of the Global Compact on Refugees in the international response to the COVID-19 pandemic: <https://globalcompactrefugees.org/article/role-global-compact-refugees-international-response-covid-19-pandemic>.

¹⁶ IOM/WFP. 2020, Populations at risk: Implications of COVID-19 for hunger, migration and displacement: <https://www.reliefweb.int/report/world/populations-risk-implications-covid-19-hunger-migration-and-displacement-november-2020>

¹⁷ IOM. 2020. Return Task Force: COVID-19 Impact on Stranded Migrants. https://www.iom.int/sites/default/files/documents/issue_brief_return_task_force.pdf

and joined-up planning with development partners. Humanitarian Needs Overviews (HNO) and HRPs are evolving to more systematically reflect development needs assessments and analyses to ensure complementarity, where possible. These efforts have been reinforced through close collaboration between the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the United Nations Development Coordination Office (DCO), among others.

79. At country-level, HRPs helped identify pathways to address drivers of need, informing complementary development investment to reduce risk and vulnerability. For instance, in Sudan, common humanitarian, development and peacebuilding priorities were formulated, which increased financial support and capacity for durable solutions and protection; and a joint information and data hub supports joint analysis and joined-up planning. HRPs and the complementary Socio-Economic Response Plans considered ways to reinforce and strengthen complementarity with national social protection systems, including in Afghanistan. A joined-up response to COVID-19 was developed based on joint analysis of the pandemic's impact in several countries, including Somalia.
80. In 2020, humanitarian and peacebuilding actors collaborated more closely with the repositioned United Nations Development System. The United Nations Sustainable Development Cooperation Frameworks (UNSDCFs) bolster development investment informed by Common Country Analyses that identify and tackle disaster risk reduction, climate risks, and other systemic risks, vulnerabilities, and underlying root causes that, if unaddressed, drive up humanitarian needs. In this way, UNSDCFs will complement and be coherent with HNOs and HRPs.
81. DCO and OCHA collaborated to support UN Resident Coordinators and Humanitarian Coordinators to address and exercise their broad range of responsibilities.
82. The Joint Steering Committee to Advance Humanitarian and Development Collaboration continued to support UN Resident Coordinators and Humanitarian Coordinators to achieve greater coherence, synergy, and impact of humanitarian action and development efforts in the Horn of Africa, Lake Chad and Sahel regions.

H. Humanitarian Funding

83. Donors contributed some \$1.5 billion to the Central Emergency Response Fund (\$623.9 million) and the Country Based Pooled Funds (\$862.9 million) in 2020. Together, the Pooled Funds allocated \$1.8 billion to humanitarian partners globally in 2020, a record \$848 million from CERF, and \$911 million from CBPFs. Of this, \$492 million was released in response to the humanitarian impacts of the pandemic, including \$40 million to WFP for logistic capacity in the provision of urgent supplies to humanitarian settings. Also, the funds took an early action and anticipatory approach, including addressing the spread and severity of desert locusts in the Greater Horn of Africa and of Ebola in the Great Lakes region. It is necessary to increase support to the Pooled Funds and for all humanitarian appeals to ensure they can respond to urgent needs.

I. Advancing Early Action and Anticipatory Approaches - Financing Mechanisms

84. In 2020, IASC partners advanced anticipatory action projects in over 60 countries. The CERF committed \$140 million over two years to scale-up collective anticipatory action through pilot projects across regions.
85. By year's end, OCHA facilitated anticipatory action pilots, including in Bangladesh, Ethiopia and Somalia. In Bangladesh, anticipatory action enabled people to receive support before peak flooding, empowering them to prepare, purchase food and supplies, as well as to relocate possessions and agricultural equipment for future use. WFP reached more people with early cash support. FAO distributed more critical items, including feed and storage drums. UNFPA provided dignity and hygiene kits. More people were reached at a fraction of the cost of responses in previous years and were better able to face the floods on their own terms.
86. In Somalia, WHO found that outbreaks of epidemic-prone diseases were reduced in target districts, compared to previous years. IOM found that anticipatory rehabilitation and borehole upgrades improved household finances, increased mental health, kept livestock healthier, reduced disputes related to water sources, and mitigated migration due to drought. Monitoring and evaluation reports from Bangladesh and Somalia show high satisfaction rates among beneficiaries, significant quality of life improvements, better mental health and stronger early recovery.
87. Protecting people ahead of shocks has enormous potential for transformative impact on lives and livelihoods, and greater efficiency and effectiveness. This points to the value of system change and coordination with donors and funding mechanisms providing additional finance for anticipatory action, and agencies and humanitarian partners adapting business models for certain shocks (such as floods, drought and some disease outbreaks) around anticipatory action.

IV. Humanitarian response in 2020: developments in operations and coordination

A. Improving humanitarian coordination and response

88. In 2020, the HPC was enhanced through the roll-out of the Joint Intersectoral Analysis Framework (JIAF) which provides humanitarian country teams with a common framework, tools, and methods to conduct intersectoral analysis and joint needs analysis to inform response, planning, and monitoring. The methodology enables transparent estimation of the number of people in need according to different levels of severity and strengthens integration of age, gender, and disability and joint intersectoral analysis of needs, risk analysis and forecasting.

B. Use of cash and voucher assistance

89. The COVID-19 response saw increased use of cash and voucher assistance to help meet emergency needs, supplement household incomes, protect livelihoods, support local markets, and reinvigorate local economies. Governments increased the use of social protection measures in response to the pandemic. This highlighted the potential for strengthening linkages between the provision of cash assistance in emergencies and social protection systems, and the opportunities for humanitarian and development collaboration.

C. Disaster Preparedness and Response

90. Global and regional humanitarian partners continued to mobilize and deploy skilled staff and provide specialized support to disaster-affected communities and Governments in 2020. As outlined above, emergency response networks prepared to respond in a pandemic environment from the outset, while being supported remotely by logistical, mapping, and analytical experts.
91. Following the Beirut port explosions in August, a United Nations Disaster Assessment and Coordination (UNDAC) team and 12 International Urban Search and Rescue (USAR) teams under the auspices of the International Search and Rescue Advisory Group (INSARAG) deployed immediately following the request from the Lebanese Government. The first INSARAG team arrived within 24 hours after the explosion. INSARAG teams supported local authorities with the search and rescue of people, assessments of structural damage of affected buildings, and hazardous material detection. The UNDAC team and its technical partners integrated with OCHA's country office to support the Government and humanitarian partners, including on inter-sector coordination, assessment coordination, situational analysis, mapping, gender mainstreaming, information management, civil-military coordination, logistics, security, customs facilitation, community engagement, telecommunications, and environmental emergency management.
92. In November, an estimated 9.2 million people were affected by heavy rainfall, flash flooding, and landslides caused by Hurricanes Eta and Iota in Central America. UNDAC teams deployed and supported flood responses in Honduras and Guatemala led by national disaster management authorities.

D. Protection from sexual exploitation and abuse

93. To prioritize the eradication of sexual exploitation and abuse by humanitarian personnel, to and reinforce the Secretary-General's strategy on combating sexual exploitation and abuse ([A/71/818](#)), the IASC committed to accelerating Protection from Sexual Exploitation and Abuse (PSEA) and eradicating sexual harassment in each humanitarian response and from the outset of any humanitarian emergency. In 2020, the IASC scaled up efforts to create a harmonized approach to SEA at the country level through: the deployment of 20 dedicated interagency PSEA coordinators; partnership between the UN and NGOs on training; and adoption of a harmonized tool to assist the capacity of implementing partners to prevent and respond to SEA. The 2020 IASC Champion on PSEA, the High Commissioner for Refugees, emphasized bolstering prevention, expanding safe spaces, and promoting respectful use of authority. Stronger leadership support at country level, dedicated technical and coordination capacity, more sustained and equitable partnerships with local actors, and greater capacity to track and monitor results against IASC commitments remain priorities.
94. The IASC issued an interim technical note on PSEA during COVID-19, developed with the UN Victims' Rights Advocate, and a checklist to assist field staff to verify prevention/response systems remained functional and addressed risk. Humanitarian Coordinators were reminded of heightened risks of misconduct during the pandemic and the importance of implementing risk mitigation measures.

95. The IASC focused on reinforcing awareness and skills of humanitarian partners to define, detect and respond to sexual misconduct. The IASC deployed senior experts on a PSEA mission to the Democratic Republic of the Congo to review services, preventive measures, existing structures and make recommendation to deepen system-wide coherence on PSEA. Priorities included ensuring technical capacity to support PSEA in high-risk contexts and strengthening capacity and collaboration for fact-finding and investigations; and supported the UN country team to finalize the strategic framework aimed at reinforcing a systemwide approach to SEA at the national and subnational levels.

E. Reinforcing Local Response and Capacities

96. The pandemic underscored the importance of local actors as essential forefront responders and the urgency of reinforcing the role of local and national actors in humanitarian responses, as well as facilitating participation in coordination mechanisms, and increasing access to funding—especially flexible funding. To increase direct funding, CBPFs allocated 39 percent of total funding to local and national organizations, up from 25 percent in 2019.

97. The IASC fast-tracked Interim Guidance on Localization and the COVID-19 Response for the international humanitarian community to reinforce leadership of local and national NGOs and strengthening partnerships with local actors.

F. Accountability to Affected Populations and Inclusion

98. The IASC prioritized Accountability to Affected Populations (AAP) and brought together AAP experts across sectors (such as disabilities, gender, youth, protection and MHPSS) to consolidate and promote best practice and resources, and to provide support through the IASC Accountability and Inclusion Portal and Helpdesk launched in 2020.

99. 2020 also underlined the importance of community engagement and risk communication. Good practice is being developed and consolidated through a global partnership involving public health and humanitarian stakeholders to increase the scale and quality of risk communication and community engagement approaches.

G. Persons with Disabilities in humanitarian responses

100. COVID-19 exacerbated pre-existing risks and inequalities for persons with disabilities. 22 countries reported a drop of over 25 percent in coverage of disability support services since the pandemic began. In May 2020, the Secretary-General issued a dedicated policy brief on ‘A Disability-Inclusive Response to COVID-19’ with clear recommendations addressing the disproportionate impact of the pandemic on persons with disabilities, including in humanitarian emergencies. The IASC and humanitarian partners worked to adapt the COVID-19 response and to include the needs of persons with disabilities, through the GHRP, advocacy, specific guidance and other actions¹⁸. In 2020, disability inclusion was also reinforced in HNOs and HRP. More

¹⁸ <https://interagencystandingcommittee.org/iasc-task-team-inclusion-persons-disabilities-humanitarian-action/iasc-key-messages-applying-iasc-guidelines-disability-covid-19-response>, <https://www.who.int/publications/i/item/WHO-2019-nCoV-Disability-2020-1> and other guidance available at COVID-19 Resources Relating to Accountability and Inclusion.

efforts are needed on data disaggregation, funding and programming, and inclusion in humanitarian decision-making and planning.

H. Mental Health and Psychosocial Support

101. The IASC Principals issued a Joint Inter-Agency Call for Action to integrate cross-sectoral MHPSS into humanitarian programmes for preparedness, response, and recovery to meet the needs of all populations affected by emergencies; to scale up implementation of the IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings; to include MHPSS in humanitarian needs assessments, HRP and Refugee Response Plans (RRPs); to build MHPSS capacity; to report on MHPSS activities and funding; and urged partners to scale up investment in related interventions.¹⁹
102. The GHRP identified MHPSS as essential for all groups affected by the pandemic. A newly established mechanism enabled specific MHPSS surge support to 15 countries, sometimes remotely. The number of inter-agency cross-sectoral country MHPSS Technical Working Groups in humanitarian contexts doubled to 50. The IASC also provided support to humanitarian operations through specific COVID-19 Guidance on MHPSS²⁰, including aimed at children and caregivers.

I. Data, technology, and innovation

103. New and emerging technologies present opportunities and challenges for their use in humanitarian action. Technologies such as artificial intelligence, digital cash transfers, biometrics, chatbots, and uncrewed aerial vehicles can help shift humanitarian action from reaction to anticipation by enabling earlier, faster, and potentially more effective action. However, these advantages come with challenges and risks, including a widening digital divide resulting from a lack of connectivity, limited access to basic technology and low levels of data literacy, inadequate data protection and privacy, misinformation and disinformation, obstacles in public-private partnerships, and insufficient regulation. Investment in technology has to go hand-in-hand with efforts to ensure that it is used responsibly, sustainably and inclusively and that it protects, above all, human life and dignity. As outlined above, several technologies and innovations were deployed throughout the pandemic and will continue to be brought to scale.

J. Improving coordination with volunteering organizations

104. Pursuant to General Assembly resolution 73/138, an update is provided on collaboration between the White Helmets Commission, an initiative of the Government of Argentina, and the United Nations. Since 1994, more than 1,000 White Helmets volunteers have provided assistance and strengthened links with UN agencies. In 2020, OCHA and the Commission signed a Memorandum of Understanding to promote collaboration for humanitarian assistance and disaster risk management. Areas of cooperation include supporting the deployment of UNDAC

¹⁹ <https://interagencystandingcommittee.org/system/files/2020-12/Joint%20Interagency%20Call%20for%20Action%20on%20MHPSS%202020.pdf>

²⁰ <https://interagencystandingcommittee.org/system/files/2020-06/IASC%20Guidance%20on%20Operational%20considerations%20for%20Multisectoral%20MHPSS%20Programmes%20during%20the%20COVID-19%20Pandemic.pdf>

teams and active participation as vice-president of INSARAG. Recent activities of the White Helmets include rendering medical services, logistic support, and delivery of supplies in Latin America and the Caribbean, including in response to the pandemic.

K. Strengthening human resources capacity

105. In line with the Secretary-General's human resources strategy, OCHA made progress towards gender parity and improving geographical representation through its four-year People Strategy 2018–2021. OCHA strengthened diversity and inclusion in its workforce. OCHA conducted a series of talent outreach events to promote careers with OCHA, targeting women and candidates from all geographic groups. A leadership development programme prioritized women, national staff, and nationals of underrepresented states. National professional women who aspired to international careers in the humanitarian system were sought through the OCHA Career Coaching Programme, individual career coaching, and support. National staff career development was promoted as a key pipeline for geographically diverse talent for international professional positions.
106. Working with IASC partners, OCHA maintained the Humanitarian Coordination Pool and the High Potential Pool, and promoted higher diversity among potential candidates, especially in terms of gender, geographic origin, and language skills relevant to humanitarian leadership roles. Building on efforts from previous years, membership of the Humanitarian Coordination Pool and the High Potential Pool became more diverse. Out of 16 newly designated humanitarian coordinators in 2020, eight (50 percent) were women and nine (55 percent) were from underrepresented countries.
107. United Nations agencies developed similar initiatives to achieve gender parity and increase diversity. For example, UNHCR, UNICEF, UNFPA, and WFP gender parity policies led to increased representation of women in international staff categories, including an increase in staff from developing countries. Agencies established future international talent pools to increase diversity, including geographic diversity.

V. Recommendations

108. **Based on the foregoing, the Secretary-General recommends the following:**
 - a) **Member States, parties to conflict, and humanitarian organizations should promote and ensure full respect for and adherence to the humanitarian principles of humanity, impartiality, neutrality and independence;**
 - b) **Member States and parties to conflict should allow and facilitate the rapid, unimpeded and sustained access of impartial humanitarian assistance, simplify and expedite procedures for the entry and deployment of medical and humanitarian personnel, goods and services and remove barriers, constraints or levies that impede such access;**

- c) Member States and parties to conflict should urgently take all measures necessary to promote, respect and ensure respect for international humanitarian law, international human rights law and international refugee law, including by ensuring the protection of civilians, other protected persons and civilian objects; undertake investigations and strengthen accountability measures for perpetrators of serious violations;**
- d) Member States and parties to conflict should respect and protect health and humanitarian workers, and their facilities and assets, including by immediately stopping all attacks against them and taking all feasible precautions to avoid them in military operations. They should take all practical measures necessary to protect medical and humanitarian missions, including those defined in the recommendations made pursuant to Security Council resolution [2286 \(2016\)](#), and should not criminalize the provision of medical care and humanitarian assistance, and should strengthen accountability for serious violations, and incorporate into domestic law required protections under international law;**
- e) Member States and parties to conflict should immediately implement the Secretary-General's call for a global cease-fire and humanitarian pause to limit the impacts of the COVID-19 pandemic;**
- f) Member States, parties to conflict, the UN and humanitarian and development actors must take urgent measures to avert famine and respond to acute food insecurity. Member States and parties to conflict must allow and facilitate humanitarian access to civilians in need, never use starvation of civilians as a method of warfare, investigate suspected incidents and hold perpetrators to account, and to fully adhere to and implement Security Council resolution [2417\(2018\)](#). Member States should increase contributions to HRPs and support humanitarian partners working with the UN to scale up response measures. They should enhance humanitarian, development and peace collaboration, investing in agriculture, climate adaptation, health, water and sanitation, nutrition, and protection, and protect lives, livelihoods and food production, scaling up support for risk-sensitive and shock-responsive social protection and providing urgent and flexible funding;**
- g) Member States, the UN and humanitarian organizations should continue to place protection at the centre of humanitarian action, increase capacity and programming to minimize protection risks faced by affected populations, promote and protect the safety and dignity of affected persons and systematically scale up measures to protect from, prevent and respond to sexual exploitation and abuse in a victim-centred manner;**
- h) Member States, the UN and humanitarian organizations should scale up efforts and funding to respond to gender-based violence,**

ensuring that survivors have immediate access to critical services at the onset of an emergency, and systematically integrate prevention, risk mitigation and response into humanitarian response plans;

i) Member States, UN agencies and humanitarian organizations should augment strategies, resources and funding directed to gender equality and the rights of women and girls, including ensuring equal participation in decision making and increased support and funding to women-led and women's rights organizations,

j) Parties to conflict should avoid the use of explosive weapons with wide-area effects in populated areas, and Member States are encouraged to advance a political declaration to address the humanitarian impact resulting from such use, including commitments to avoid such use and to develop related operational policies and practices;

k) Member States, the United Nations, and humanitarian organizations should promote partnerships and complementarity among international, regional, national, and local actors and reinforce the role and capacities of local actors and institutions. They should also scale up risk communication and community engagement strategies and approaches before, during, and after emergencies, with affected people and communities at the centre of such efforts, especially women and youth;

l) Member States, the United Nations and humanitarian and development organizations should scale-up efforts to prevent and reduce internal displacement, protect and assist internally displaced persons and achieve durable solutions, in line with the Guiding Principles on Internal Displacement and other international standards;

m) Member States, the United Nations and humanitarian organizations should increase efforts to provide and fund sustained access to cross-sectoral mental health and psychosocial support services integrated into humanitarian programmes, and to reinforce local and community-based efforts;

n) Member States should ensure that counter-terrorism measures comply with international humanitarian law, international human rights law and international refugee law, and do not impede principled humanitarian activities, including medical activities; exclude humanitarian and medical activities from the scope counter-terrorism measures; and ensure that safeguards for humanitarian activities are known and effective;

o) Member States, the United Nations and humanitarian organizations should strengthen their capacities to mainstream the inclusion of persons with disabilities into programmes, policies, and strategic frameworks, improve the collection, sharing and use of

data disaggregated by age, sex and disability and ensure the participation of persons with disabilities and their representative organizations at all stages of the humanitarian programme cycle;

p) Member States, the United Nations, and humanitarian organizations should continue to scale up anticipatory approaches to humanitarian crises, early warning early action systems, forecasting, and emergency preparedness, to curb the scale of humanitarian impacts. They should: improve risk data analytics across sectors; reinforce systematic risk monitoring, early warning and preparedness capacities at local, national, regional and global levels; and expand flexible, coordinated and predictable financing for anticipatory action;

q) Member States, the United Nations, humanitarian, development and peace organizations and other relevant actors should continue to strengthen collaboration, including joint analysis and joined-up planning to reduce risks and vulnerabilities and increased multi-year financing geared towards achieving collective outcomes, while fully respecting humanitarian principles for humanitarian action;

r) Member States and the private sector are urged to support and fully fund humanitarian response plans, including in public health emergencies, and continue their generous support for country-based pooled funds and to fund the Secretary-General's Central Emergency Response Fund with a target of \$1 billion, and encouraged to deepen and expand support;

s) Member States and humanitarian organizations should focus on integrating health risks, including disease outbreaks, into humanitarian assessment, planning, implementation, monitoring, and evaluation.

t) Member States and the private sector are urged to work with the COVAX facility and to ensure vaccine equity and safe, equitable and affordable supply, access and distribution of vaccines as global public goods and urgently provide full funding to enable vaccination of high-risk populations and frontline workers, including health and humanitarian workers.

u) Member States are urged to fulfil their responsibility to the health and vaccination of all people within their borders, regardless of residency and legal status, including people living outside government-controlled areas, populations in conflict settings, refugees and asylum seekers, internally displaced people, undocumented migrants, and stateless persons, and other marginalised people. They are urged to provide support to the humanitarian buffer under COVAX as a last resort mechanism.

