

2021 Economic and Social Committee Humanitarian Affairs Segment

Collective Efforts to Respond to the COVID-19 Pandemic: Lessons Learned and Way Forward

Sponsors and Organizers: IASC Secretariat, OCHA, IFRC, WHO, World Vision

21 June 2.30 to 4 p.m. GVA and 8.30 to 10 a.m. NY time (link to join below)

This is one of the virtual side events to be convened on the margins of the ECOSOC Humanitarian Affairs Segment (HAS), which builds on this year's HAS theme: *“Strengthening humanitarian assistance to face the challenges of 2021 and beyond: mobilizing respect for international humanitarian law, inclusion, gender, innovation and partnerships”*.

Background and objectives of event

The Inter-Agency Standing Committee (IASC) is a General Assembly mandated body, chaired by the Emergency Relief Coordinator, to coordinate system-wide efforts to prepare for and respond to crises. In response to the COVID-19 pandemic, the IASC acted swiftly to respond to the immediate health impact of the pandemic on vulnerable communities, as well as to ensure a coordinated response to sustain life-saving humanitarian assistance the protection. In recognition of the need for a massive scale-up of global magnitude to respond to crisis, the ***IASC activated its first ever global System-Wide Emergency Activation Procedures*** [“Scale-up Protocols”](#) to coordinate system-wide preparedness and response efforts to this unprecedented crisis. The activation translated to strengthened joint analysis, the launch of the first ever Global Humanitarian Response Plan (GHRP) “appeal”, stepped-up surge support, beefed-up supply chain and logistical support, resource mobilization, among other critical areas of work. Under WFP’s leadership, the largest logistics operations was fielded in support of common services, including passenger and cargo services as well as MEDEVAC. In addition, WFP and WHO worked together for the timely establishment of critical field-based hospitals. The IASC also successfully advocated with the Global Vaccine Alliance (GAVI) for a “Humanitarian Buffer” to ensure access to COVID-19 vaccines for high-risk populations in humanitarian settings. Furthermore, urgent IASC guidance was made available swiftly to enable IASC members and partners to respond to the crisis, including guidance notes to address the impact of COVID-19 in Camps and Camp-like settings, in food distribution settings, on gender-based violence, on localization, on stigmatization, prevention of the pandemic in schools, in prisons, and public health and social measures in low capacity settings.

The proposed side event aims to highlight the work of the IASC in responding collectively to the challenges posed by the COVID-19 pandemic, share best practices and lessons learned from coordinated efforts of members of the IASC and partners to respond to this unprecedented crisis. The event is also an opportunity to reflect on how COVID-19 has exacerbated pre-existing vulnerabilities and catalyzed shifts and attention to critical areas to strengthen the preparedness and response efforts including, through localization, strengthened accountability to affected people, among others. Finally, this side-event is an opportunity to shed light on the ongoing risks, both immediate and long-term, of COVID-19 in humanitarian settings and the need to remain on high alert to avert a further deterioration of the vulnerabilities of affected communities.

Discussion points or guiding questions

Key discussion points will include identification of best practices and lessons learned from the IASC's collective response to the COVID-19 pandemic including on:

- The humanitarian system and IASC members moved swiftly and adapted the humanitarian response to COVID-19. Several IASC members have scaled up their operations and established mechanisms in support of the global humanitarian system. A year and half after the pandemic declaration, what are some of the key best practices and lessons learned from IASC's collective response? What have we learned from the IASC's adaptability and innovation?
- The pandemic continues to claim lives across the world with unprecedented primary and secondary impacts felt by millions of people. Public health services and immunization campaigns were disrupted during the pandemic while the roll-out of COVID-19 vaccines demonstrated inequalities in access to vaccines. What does the humanitarian system need to do to avoid a further deterioration of vulnerabilities in low capacity and humanitarian settings? How do you see IASC members supporting vaccine roll-out and overcoming vaccine hesitancy within communities?
- We have seen that robust analysis of the situation, prioritization, enhanced collaboration and mobilization of resources were key to sustain humanitarian operations. WFP, for instance, has put in place one of the largest logistics and medical evacuation systems in place to help humanitarian organizations stay and deliver. What are some of the key take aways from this experience in establishing and maintaining such a system? How do we ensure we are prepared logistically for such a public health emergency in the future?
- The pandemic reinforced once again that local actors are best placed to respond to needs within their communities despite limited availability of funds. Given the unparalleled network of grassroots volunteers of Red Cross Red Crescent Societies across the world and World Vision's real time analysis of the response, what lessons have learned about local action? How can we move to establish more meaningful, equitable and quality partnerships with local actors and communities moving forward?

Key concrete action points and recommendations/take away messages

1. **Despite the roll-out of the COVID-19 vaccines, the pandemic is far from over.** Globally, COVID-19 infection rates and death counts continue to rise with approximately four million people reported to have died as of 2 June. Likewise, COVID-19 variants demand further capacities for testing and medical interventions, which may not necessarily available in most emergency affected settings. As such, the risk of new waves of infections in low capacity and humanitarian settings is real. This calls for continued IASC investment in COVID-19 preparedness and response, including mental health and psychosocial support, and support to governments in the roll-out of COVID-19 vaccines, and where necessary, use of the humanitarian buffer to vaccinate vulnerable populations not included in national plans. The humanitarian community will also need to reinforce delivery systems and engage communities to tackle vaccine hesitancy.
2. **The COVID-19 pandemic underscored the criticality and centrality of protection and accountability to affected populations once again.** The exponential rise in protection risks, gender-based violence and sexual exploitation and abuse incidents demonstrates compounded vulnerabilities of affected populations and calls for robust efforts to translate policy and global commitments to action and impact on the ground. IASC members and the broader humanitarian community needs to double down on their investment in these areas to translate commitments into action.

3. **Strengthening health systems while responding to acute emergencies is critical to ensure an effective response to COVID-19.** Restoration of public health services, resumption and scale up of immunization and vaccination campaigns, and emergency risk management remain critical areas of humanitarian response requiring collective response. IASC members will continue to play a significant role in COVID-19 vaccination roll-out and prevention and control measures to mitigate COVID-19's impact on affected populations.
4. **The humanitarian community should translate commitments into action on localization and reinforce in local actors' capacity in epidemic and pandemic preparedness.** COVID-19 reinforced the critical role that local actors and communities play in sustaining humanitarian operations. Since the World Humanitarian Summit in 2016, the IASC has reinforced its work on localisation to bring the voices of local communities and NGOs to the centre of discussions that shape humanitarian response. While some progress has been made in this area of work, IASC members should continue to explore ways to enhance partnerships, strengthen representation and leadership of local actors in key humanitarian coordination mechanisms, and continue to advocate for quality and flexible funding to local actors. IASC members should continue to reinforce in community-level pandemic and epidemic preparedness particularly at community-level given their key role in preventing, detecting, and controlling diseases. Such investments will have life-saving impact, build resilience and speed early recovery.
5. **IASC members should leverage opportunities for new partnerships including the GAVI and Gates Foundation.** The humanitarian community's collaboration with emerging actors in public health has been key to the establishment of the humanitarian buffer, a last resort mechanism for vulnerable populations not included in national plans.
6. **Reinforce Humanitarian-Development-Peace Collaboration to address the socio-economic impacts of COVID-19 including food insecurity and protection risks.** The World Bank estimates that the pandemic has pushed between 88 to 115 million people into extreme poverty and further deepened vulnerabilities of affected populations in low resource and humanitarian settings. IASC members should leverage opportunities for stronger humanitarian, development and peace collaboration including through identification of best practices, provision of support to field leadership, and financing of the nexus while preserving humanitarian space.
7. **Strengthened Public and Private Advocacy to ensure respect for International Humanitarian Law, International Human Rights Law, and enable humanitarian access.** Control measures to prevent the spread of COVID-19 have unintentionally led to increased humanitarian access challenges, impeding humanitarian operations at a time when they are needed the most, in particular by restricting the movement of frontline humanitarian personnel, medical equipment and drugs, as well as essential goods. IASC members will continue to engage in public and private advocacy on behalf of affected populations and enable humanitarian access by influencing state and non-state armed groups behaviours and policies to deliver assistance and protection.
8. **Protect frontline workers and volunteers by establishing COVID-safe programming and advancing duty of care approaches.** This would facilitate a sustainable footprint for humanitarian organizations supporting epidemic and pandemic preparedness at a critical juncture. IASC members have made significant inroads on duty of care through the development of [Minimum Standards on Duty of Care in the COVID-19 Context](#) and will continue to invest in duty of care and epidemic and pandemic preparedness to protect staff and respond to needs effectively and efficiently.
9. **Continue to invest in Risk Communication and Community Engagement** to increase vaccine confidence. IASC members have made several investments on risk communication and community engagement during the pandemic. Such investments can help address vaccine hesitancy and misinformation about COVID-19 vaccines helping to save lives and reinforce confidence in health services including immunization.

Format of the side event

- The side event will use a panel discussion format followed by questions and answers from the audience.

Chair and moderator

- Mervat Shelbaya, Chief, IASC secretariat

Panel composition

Panelists

- 1- Mr. Peter Graaff, Director, Special Initiatives, Health Emergencies Programme and Coordinator of the UN Crisis Management Team, World Health Organization (WHO)
- 2- Mr. Stephen Cahill, Director of Logistics, World Food Programme (WFP)
- 3- Ms. Wafaa Saeed, Director a.i., Coordination Division, Office for the Coordination of Humanitarian Affairs (OCHA)
- 4- Ms. Gwendolyn Pang, Deputy Director, Asia Pacific, International Federation of Red Cross and Red Crescent Movement (IFRC)
- 5- Ms. Jennifer Neelsen, COVID-19 Global Response Director, World Vision International

Background Material

- 1- [IASC System-Wide Scale-Up Protocols - Adapted to Respond to the COVID-19 Pandemic](#)
- 2- [Interim Guidance on Public Health and Social Measures for COVID-19 Preparedness and Response Operations in Low Capacity and Humanitarian Settings](#)
- 3- [One year on COVID-19 Response](#)
- 4- [COVID-19 Strategic Preparedness and Response Plan](#)
- 5- [The IFRC 12-month report on the COVID appeal](#)
- 6- [One light, one tunnel: how commitments to COVID-19 vaccine equity can become reality for last mile communities](#)
- 7- [The greatest need was to be "listened to": The importance of mental health and psychosocial support during COVID-19](#)
- 8- [Asia Pacific COVID-19 Safe Best Practices Guide](#)

Connection details to join the event

2021 ECOSOC HAS Side Event: ***Collective Efforts to Respond to the COVID-19 Pandemic: Lessons Learned and Way Forward***

<https://ocha.webex.com/ocha/j.php?MTID=mf17b97b451431f8514e98aa7f2a1386e>

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