Crisis Management Team on COVID-19

Wednesday, 15 April 2020

08:00 hrs (New York) / 14:00 hrs (Geneva/Rome)

Chair: Dr Michael Ryan

Introduction

- The Chair welcomed new participants and acknowledged the commitment of senior leadership from across the UN-system.

**Update Area 1 – Public health**

- The Chair briefed on the epidemiological situation, citing almost 2 million confirmed cases and 100,000 deaths worldwide. Countries with the greatest number of cases remain Iran, US and some Western European countries, including Italy, Spain, Germany and France. However, of greater concern is the increasing number of cases in Eastern Europe and South America, including in Belarus, Russia and also Turkey.
- Some countries such as Singapore, Republic of Korea and China have achieved a steady state without increasing cases; however, these countries are still being extremely careful to ensure they don’t have a bounce-back in cases.
- The Chair noted that all countries are struggling to put in place the necessary health care infrastructure for testing and quarantine. Some vulnerable populations, including those living in remote areas and indigenous peoples, will need different measures and solutions.
- The Chair briefed on the development of guidance on transition measures for countries that plan to ease and transition out of the lock-down phase, and on specific guidance related to COVID-19 during Ramadan and measures that should be taken. The Interim Guidance for Safe Ramadan Practices in the Context of COVID-19 will be released by the end of the week.
- The Chair informed that the Secretary-General and WHO Director General will launch a new initiative in the next two days aimed at leveraging public, philanthropic and private partnerships to accelerate the delivery, distribution and acceptance of a sustainable vaccine solution.
- The Chair further informed that the initial data indicates low seroprevalence, i.e. the prevalence of the virus pathogen in population is low. Hence, the concept of “herd immunity” may not be realistic and the need for a vaccine has become more necessary. He noted that the development of an effective vaccine for mass vaccination is not the only challenge; there are challenges related to scaling production, deployment and coverage, logistics and distribution, vaccine acceptance and equity of access. He stressed that fair allocation and distribution should be based on need, not the ability to pay. In this regard, WHO will issue a high-level document to outline the approach and process for coordinating these issues. The document will guide further conversations within the UN system and in the broader community, including with civil society.
• **WHO** informed that the COVID-19 Strategy Update, incorporating lessons learned to date and refined policy guidance for country level action, has been released today. At the end of April, SPRP 2, will be released, which will include more detailed guidance, including on transition measures. The key takeaway from the lessons to date is that the early imposition of control measures by some countries (e.g. South Korea, Singapore) has allowed them to minimise the impact on the broader community, while those countries that responded late and imposed exceptional measures have faced massive social and economic consequences. The new SPRP will complement the Global Humanitarian Response Plan, the Socio-economic Plan and other mechanisms.

**Key issues of the week for elaborated discussion**

*Update Area 3 – Human Rights*

• OHCHR briefed on how efforts have been made to embed human rights into states’ responses, civil society and other sectors, and ensure they are addressed in the recovery. The two priority areas are: leave no one behind; and, ensure people are aware and are responding to human rights impacts.

• Last week at the Security Council, the Secretary-General made his message clear and equivocal, pointing out the challenges for human rights and calling for protection of the most venerable. The High Commissioner echoed this call at the Human Rights Council last week.

• OHCHR has also worked to share good practices and provide practical guidance to UN partners, including on mitigating economic impact and assisting migrants and victims of gender-based violence. This week OHCHR and UNICEF will release guidance on children in detention.

• OHCHR is undertaking advocacy through UN experts and the High Commissioner when a stronger line is required for specific issues – notably on the issue of sanctions. Open and direct channels with governments have been successful on the issue of detainees in Iraq and Haiti, on unnecessary restrictions on freedom of expression in Honduras, and on children in Senegal.

• Based on the mandate from the Executive Committee, OHCHR is looking to have its Indicator framework rolled into a socio-economic plan through a task force on the human rights aspects of the pandemic. OHCHR will release practical guidance on this next week.

• OHCHR has one key “ask” of the CMT: speaking and acting as one is critical; RCs and country teams are asked to use the OHCHR messaging to be clear and consistent at country level. Support for a government should not be at the expense of human rights. Collaborative efforts are needed to work with country teams on joint advocacy on a number of fronts, including forms of inequality and discrimination, stigma and xenophobia, disproportionate impact on women and domestic violence, exposure of underspending in public welfare areas, such as water and sanitation, and political rights.

*Political Impact of COVID-19*

• Echoing the statement by the Secretary-General to the Security Council on 9 April, **DPPA** briefed six risks to peace and security arising from COVID-19: 1) the crisis has eroded public trust in public institutions; 2) economic fallout creates major risks for civil unrest; 3) the crisis has led to the postponement of elections and referendums, creating associated political tensions; 4) Uncertainty in some regions has led to increased military activities, e.g. in Libya both sides have increased air strikes;
5) increased terrorist activities, e.g. in the Sahel; 6) peace processes stalled in some places, e.g. Syria where coordination has been hampered due to travel and mass gathering restrictions.

- DPPA briefed on the progress made on the Secretary-General’s call for a global ceasefire to enable greater focus on COVID-19 response; 107 Member States, seven regional organizations and 14 armed groups have endorsed the call to date, including groups in Colombia, Syria and Ukraine. Despite public endorsement by many governments and armed groups, the USG noted that impact on the ground is mixed. Special Envoys and Special Representatives around the world are trying to support these efforts.
- The Peacebuilding Commission has issued a statement echoing the call for ceasefires. The Security Council has been debating whether the pandemic is a peace and security issue, and only met on 9 April for the first time to discuss the impact of COVID-19 on peacekeeping, political and humanitarian missions. The Council is considering whether or not to have a resolution on COVID-19.
- Many Special Political Missions have reduced their footprints in country to essential staff only.
- Many host countries where the UN has missions are seeking assistance to cope with the pandemic.

**Impact of COVID-19 on Women**

- UN WOMEN highlighted various gender issues exacerbated by COVID-19, including gender-based violence; economic impact borne by women, girls and invisible women workers; food security affecting women; and, engaging women in the use of digital tools and education.
- Last week, UN WOMEN released a policy report analysing how women – who are disproportionately employed in the informal sector – are hard hit by the crisis and need more targeted intervention, also noting that women employed in healthcare need additional support in areas like public transport and proper PPE. In response to gender-based violence, the policy brief highlighted the need for governments to respond by providing shelter and essential services.
- The Deputy Chair highlighted fragility and vulnerability as the common thread in today’s briefing and further pointed out the need for the UN entities to be joined-up and to collaborate.

**Brief Update on Other Workstreams**

**Area 2.1 – Finance and Economic Long-Term Impact**

- The World Bank reported on the regional economic impact of COVID-19 in its bi-annual economic updates released for its Spring Meeting this week.
- Further, it advised that the IMF had issued its World Economic Outlook on Tuesday, warning of an expected 3 per cent contraction of the global economy—characterised as the steepest downturn since the Great Depression—while also noting that a 5.8 per cent growth is possible in 2021.
- The Bank has an approved 36 projects totalling US$2.1 billion, with 37 projects in the pipeline. Financing mechanisms are being discussed in meetings this week.
- The Deputy Chair noted that there could be an opportunity to reflect on the global and regional outlooks in more depth next week.
Area 2.2 – Socio-Economic Impact

- **DCO** briefed on the progress made on the socio-economic framework, which has been revised to include five core pillars: health response, social impact, economic productivity and jobs, community and social cohesion, and macroeconomic advice and stabilization measures.
- The framework will be finalized by this Friday and disseminated over the weekend.

Area 2.3 – Travel and Trade (ICAO, IMO, IOM)

- **ICAO** reported two main issues: continuation of technical issues regarding cargo and passenger flights, and increased health surveillance measures for travellers. Countries have requested to access passenger information, including their identity, travel history and health, bearing in mind the need to respect privacy of individuals.
- ICAO will issue a concept note to UN entities next week for further discussion on this type of requests.

Area 4 – National Action Plans and Country Readiness (OCHA/DCO)

- **OCHA** briefed that US$400 million has been received as commitments from donors, with US$1 billion pledged towards the US$2 billion Global COVID-19 Humanitarian Response Plan (HRP).
- OCHA is working to issue an update to the HRP on 7 May, which will add countries; and the USG reported increased interest from partners and stakeholders in humanitarian response in low-resource settings.
- OCHA noted also that sustaining humanitarian operations is a major preoccupation, with MEDEVAC and logistics being two issues that humanitarian workers on the front lines are concerned with.

Area 5 – Critical Supply Chain and Goods (WHO/WFP/UNICEF)

- **WHO** informed that a note on supply chain was sent out at the request of the Secretary-General. Three purchasing consortiums have been established: one on PPE, one on diagnostics and the third on clinical management. The consortium on diagnostics is more advanced. More guidance on how countries can purchase through these mechanisms will be worked out.
- WHO also informed on the platform which is being developed to match demand from countries with supply.
- **WFP** informed that two medical facilities to support UN staff with COVID-19 are in progress (one field hospital being built by WFP in Accra, Ghana; the other coordinated by the Secretariat/UNON in Nairobi) and will be ready by end April. Five more hospitals are planned. Eligibility criteria are being discussed to ensure as wide and flexible coverage as possible.

Area 6 – Protection of UN Staff and Staff Travel (DOS)

- **DOS** highlighted the work of the MEDEVAC Task Force and noted that prevention and containment at the country-level remain the best strategy for protecting UN staff. DOS noted that the bulk of UN personnel are working in developing countries with high vulnerability and low public health capacity.
• In addition to the ongoing work on establishing new treatment centres in West and East Africa, the task force is looking to have access to referral hospitals across borders, including in Egypt, India and Uganda for evacuation of COVID patients. Issues remain over coverage of personnel (estimated dependency is 900,000 personnel if troops, dependents, NGOs and diplomats are included). There is also a need to work out coordination mechanisms and cost-sharing arrangements. A paper on MEDEVAC has been submitted to the Deputies Committee and will be discussed by the Executive Committee on 16 April.

• DOS further highlighted the potential danger in South Sudan, where 30,000 UN personnel and partners are deployed, and some personnel have been confirmed COVID-19 positive. DOS has been deploying testing kits and medical equipment to UNMISS and is preparing for the worst-case scenario.

• DHMOSH expressed concern for the psychosocial impact and wellbeing of staff, noting the requirement for intensive support in this regard, including proper PPE for medical staff and working with national governments to guard against irrational decision making. Further guidance is forthcoming on this issue.

• Reports received on an evolving situation in a UN medical clinic where all staff have tested positive, reportedly due to PPE failure and supply chain issues; requests have been received for WHO advocacy and intervention with host government to avoid arbitrary closure of UN facilities in response.

Area 7 – Food Security and Human/Animal Interface (FAO)

• FAO and AU ministers will meet tomorrow to discuss food security and the pandemic’s implications for nutrition in Africa. FAO is supporting the G20 SAU Presidency at an exceptional G20 Agriculture Ministers’ meeting on COVID-19 response on 21 April. FAO will also meet with North and South American agriculture ministers in late April to discuss implications of the pandemic in the Americas.

• FAO continues to monitor the findings at Animal-Human interface to identify the potential role of animals in COVID-19 transmission.

• Various knowledge products are released on the FAO website, including soon-to-be-released products on the prevalence of under-nutrition and on impact on small island developing countries.

Area 8 – External Communication.

• WHO informed of initiatives to work with technological companies to push health information to the public using Whatsapp, Facebook and Viber. These initiatives could reach 4.2 billion people using different platforms and local languages.

• In addition, WHO has mobilized Google, Twitter and Instagram to delete misinformation and push public health information from WHO to the top of their search engine.

• DGC informed that it has been working with WHO and others on a campaign against misinformation, and the Secretary-General issued a statement yesterday on misinformation.

Area 10 - Donor Coordination

• DCO informed that a letter will be sent out to a first round of country teams that are eligible to apply to the Secretary-General’s multi-lateral trust fund.
Meetings decisions and action points *(See action items matrix for overview of actions pending/ongoing by CMT members)*

1. **Public health:**
   - **Action:** WHO will deliver a concept note on an initiative to accelerate the delivery, distribution and acceptance of a sustainable vaccine solution to CMT participants.
   - **Action:** WHO to issue guidance on planning for and conducting a conditions-based transition out of social distancing measures.

2. **Social impact:**
   - **Action:** DCO to circulate a draft to operationalize the SG Report, to be finalized on 17 April.

3. **Human rights:**
   - **Action:** DCO/UNDP to nest human rights indicators within socio-economic planning.

4. **Financial and economic implications:**
   - **Action:** World Bank to distribute its regional economic updates through today’s COVID-19 CMT Crisis Update via UNOCC.

5. **National action plans and country readiness:**
   - **Action:** OCHA to continue revision of the Global COVID-19 Humanitarian Response Plan on a “rolling basis” (next version to be released on 7 May).
   - **Action:** DCO to echo OHCHR unitary approach at country level on human rights; providing guidance and amplification to ensure the UN speaks with one voice.

6. **Travel and trade impact:**
   - **Action:** ICAO to deliver a concept note to the CMT explaining the evolving public health surveillance measures being applied to travellers by governments and making recommendations to the CMT for policy response.

7. **Impact on critical supply chain and goods**
   - **Action:** SCICC to establish a monitoring tool to provide visibility on the supply and delivery of essential health items in support of the COVID-19 response, and on pipeline management of partner humanitarian cargo movements.

8. **Protection of UN clinic/staff**
   - **Action:** Enhance critical COVID-19 guidance on a ‘model of care’ to incorporate sustainable psychosocial support to UN personnel infected with COVID-19.
   - **Action:** Report on outcome of MEDEVAC paper to be discussed by the Executive Committee on 16 April.

9. **Food Security and human-animal interface:**
    - **Action:** No action point from this meeting.

10. **External communication**
    - **Action:** DGC to back-brief the CMT next week on planning for the UN Communications Initiative to counter misinformation, announced by the Secretary-General.

11. **Mass gatherings and large meetings events management**
    - **Action:** [discussed offline] Recalling specific guidance on COVID-19 related public health measures to be implemented during Ramadan to be issued by WHO, the CMT
recommends a public call in support of religious leaders and faith-based organisations around Ramadan by the Secretary-General, under the auspices of the “SG’s Initiatives”.

12. Any other business.
   - **Action**: Deputy Chair invites the World Bank to provide a key issue brief on Update Area 2.1 – Finance and Economic Long-Term Impact at the next meeting.
   - **Action**: Deputy Chair proposes a key issue brief by OCHA on resource-limited settings, including fragile states at the next meeting.
   - **Action**: Deputy Chair proposes a key issue brief by DOS on MEDEVAC at the next meeting.

Next Meeting

- Wednesday, 22 April at 08:00 hrs (New York) / 14:00 hrs (Geneva)