Activation of the IASC System-Wide Scale-Up Protocols
Adapted to the Global COVID-19 Pandemic
16 April 2020

Purpose: This document outlines the 'light' and 'adapted' scale-up protocols to be activated for IASC response to the COVID-19 emergency. It describes the collective approach and principles of action to guide the system-wide response. This activation may be updated to ensure it retains currency in view of the exceptional and rapidly evolving situation. These tailored protocols build on the IASC Scale-Up activation for infectious diseases, which reflects the roles of the World Health Organization (WHO) and its Director-General and Member States under the International Health Regulations (2005), and the importance of non-IASC organizations in responding to infectious disease events.

Rationale: The COVID-19 pandemic is an unprecedented global health emergency that will have immediate consequences for countries with existing humanitarian crises. The outbreak threatens to exacerbate current humanitarian situations and create new challenges for humanitarian operations in other countries simultaneously.

A massive scale-up of global magnitude is required to respond to the immediate health needs resulting from the pandemic, ensure continuity of service for pre-COVID needs, and address the associated humanitarian and socio-economic consequences on vulnerable populations, with a focus on reinforcing a localization approach where possible.

Mobilization for global response is already underway, including implementation of actions covered under the IASC Humanitarian System-Wide Scale-Up Activation Protocols[1].

In recognition that:
- The COVID-19 emergency meets the scale up criteria[2] elaborated in the IASC Humanitarian System-Wide Scale-Up Activation Protocols including for Infectious Disease Events ("the Protocols");

- The Protocol for the Control of Infectious Disease Events specifies that in the case of a pandemic, "*response measures, including in particular the leadership model and inter-agency/inter-country coordination arrangements and CERF allocation, will be adapted, expanded and strengthened as appropriate*";

- The Protocols were designed for a response model in one country or small group of neighbouring countries and not for a global response to a pandemic situation;

IASC Principals have agreed to activate a light version of the System-Wide Scale-Up Protocols adapted to the particularities of the COVID-19 emergency, as elaborated in this document.[3]

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[1] WHO verification and completion of Rapid Risk Assessment, WHO declaration of an internal Grade 3 emergency, Launch of IASC COVID-19 Global Humanitarian Response Plan, Release of $75 million from CERF, Establishment of dedicated supply chain and logistics support facilities for COVID-19 response.

[2] Criteria: scale, complexity, urgency, capacity, and risk of failure to deliver at scale to affected populations

[3] The Humanitarian System-wide Scale-Up Activation Protocol for the Control of Infectious Disease Events states "In the event of a multi-country, regional or global infectious disease event (e.g. a 'pandemic'), response measures, including in particular the leadership model and inter-agency/inter-country coordination arrangements and CERF allocation, will be adapted, expanded and strengthened as appropriate. In addition, a leadership and coordination model for contingency and preparedness planning for multi-country, regional or global infectious disease events pandemic should be established."

Overriding Principles of Action:
Responding to a health crisis in the complexity of a humanitarian setting brings distinct challenges for humanitarian actors, as evidenced from previous responses to major health crises. As such, the IASC underscores the following overriding principles of action to guide the global humanitarian effort to respond to the COVID-19 emergency:

- **Humanitarian Principles** (humanity, impartiality, neutrality and independence) are indispensable and integral to the operating context of the COVID-19 response.
- **National/Localized Response**: International humanitarian actors and mechanisms will complement and reinforce the role of national actors and local responders, including where possible national governments & local authorities, and national and local NGOs & civil society organizations.
- **Coordination:** COVID-19 response actions are integrated into humanitarian response architecture and mechanisms and accountabilities, avoiding parallel coordination structures.
- **Core Protection Principle:** The COVID-19 emergency is raising challenging concerns, including marginalization of vulnerable groups, violations of fundamental principles of refugee and human rights law, discrimination, stigmatization, and increase of gender-based violence and child abuse as well as psychosocial needs. As such, the centrality of protection and role of humanitarian actors as protection actors is fundamental to all aspects of operational response. In addition to addressing GBV, there will be a specific focus on strengthening PSEA activities of all partners in the response. Specific attention will also be given to the most vulnerable groups (including elderly, women, children) and those exposed to discrimination (such as migrants, asylum seekers, refugees, etc.).
- **Do No Harm principles and AAP**: Planning and response is informed by Do No Harm principles, robust analysis of the operating context, and integrating community engagement and AAP into response. Given the nature of the pandemic, it is imperative to ensure that all staff deployed to a situation are properly equipped and trained for their protection and to prevent the further spread of the virus.
- **Flexible Funding:** To facilitate and expedite response, IASC actors will advocate for and, where possible, implement flexible funding and simplified reporting and due diligence processes.
- **Humanitarian-development-peace collaboration:** Humanitarian actors and mechanisms will work with national governments, local authorities, and development and peace actors, under RC leadership, to tackle the urgent response actions as well as longer-term socio-economic impacts of COVID-19.
- **Cross-sector:** RC/HCs and HCTs (or UNCTs in RC-only countries) will actively promote multi-sectoral and joined up planning and response to enhance the complementarity, quality and efficiency of response.

Procedure and Implications

ACTIVATION, DEACTIVATION, SCOPE DURATION	
Geographic Scope	Global IASC Scale-Up activation with a **specific focus on all Global Humanitarian Response Plan (GHRP) countries** with the option to extend to additional countries by decision of IASC in consultation with the relevant RCs
Duration	- Initially for **6 months**.

	- May be renewed by the IASC for an additional 3 months (for a maximum of 9 months total*).*
Activation Procedure	- **ERC announces** the humanitarian system-wide scale-up activation (*following consultation with the WHO DG and the IASC Principals*) to the UN SG, Chair of the UN Sustainable Development Group (UNSDG), the UNSDG and the UN Operations and Crisis Centre (UNOCC). - The ERC announces activation via e-mail to all IASC Principals, Invited Principals and issues Note to the HCTs via the HCs (or UNCTs via the RCs).[4] -
Deactivation Procedure	The **Principals will at the end of the activation** period review the situation and formally deactivate the Scale-Up or, if deemed appropriate, extend it further. **At the country level, an exit strategy will be drawn up by the Country Team in line with WHO's Strategic Preparedness & Response Plan (SPRP), and accounting for other multilateral plans as appropriate, and should include:** i) a statement on how the leadership model will evolve at the end of the activation and how the transition would be managed; ii) a strategy to mobilize and deploy the required capacity to take over from the initial surge support for core functions required past the initial period of Scale-Up activation; iii) an agreement on how reporting lines, roles and responsibilities will evolve at the time of Scale-Up deactivation.

Global Support to Country Operations	
Joint Analysis	- **Joint Analysis Working Group** co-chaired by WHO and OCHA with IASC member participation to consider WHO's analysis of risk factors vs. number of vulnerable people vs. capacities in-country (international and national), with due consideration of information and needs analysis contributed by IASC members (e.g. refugee/protection analysis to be provided by UNHCR, etc.)
Supply Chain	- Aligning support in terms of the prioritization of the provision of critical humanitarian supplies being carried out by the WHO-led Supply Chain Interagency Coordination Cell (includes IASC member secondments) and UN secretariat efforts based on above mentioned analysis.
Logistics	- Same as above.
Surge support	Will allow for maximum flexibility and adaptability in view of competing demands and requests for surge support in multiple contexts, as well as constraints imposed with travel restrictions and under the 'do no harm' principle.
Resources / Funding	Will be aligned with the countries specified in the GHRP and will be adapted depending on the rapidly evolving situation and the likelihood of additional countries being affected (which will be reflected in the revised GHRP) based on joint analysis.

COORDINATION MODALITIES – Country-level

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[4] *In emergencies, which involve refugees, the UNHCR representative has the mandate to prepare for, lead and coordinate the refugee and, where applicable, returning refugee responses. The Joint UNHCR-OCHA Note on Mixed Situations: Coordination in Practice clarifies leadership and coordination arrangements in the situation where a Humanitarian Coordinator has been appointed, and a UNHCR-led refugee operation is also underway.*

Leadership Models & Establishment of HCT	▪ The overall response is under the empowered leadership of the HC (or RC if no HC is designated). Where the situation so requires, the ERC in consultation with the IASC may designate the RC as HC in line with standard IASC procedures. Such designation automatically triggers the establishment of a Humanitarian Country Team.
Linkages and Reinforcement of Existing Coordination Structures	▪ COVID-19 response actions are integrated into existing IASC and refugee response architecture and mechanisms and accountabilities, avoiding parallel coordination structures. ▪ Ensuring clarity of linkages between the IASC, refugee response coordination, and national coordination structures from the outset.
Clusters/cluster-like mechanisms[5]	▪ Standard Cluster activation procedures apply on a country-by-country and as-needed basis using IASC criteria for activation, endorsement by HCT and IASC Principals. ▪ Where IASC Clusters are not activated, other existing sectoral coordination mechanisms are reinforced by in-country and Cluster Lead Agencies and Global Clusters as appropriate. ▪ In line with IASC guidance, clusters are activated in consultation with national authorities, including on coordination modalities to ensure reinforcement of national capacity and close cooperation, context permitting.
Establishment of sub-national hubs/coordination mechanisms	As required, with sufficient logistics and communications capacity to reach affected people; Mechanisms should include opportunity for NGOs/civil society (national and international) involvement.
Establishment by WHO of a common, interagency epidemiology and response Situation Report	To be updated at least weekly to guide the international response and planning.

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[5] Should clusters be activated in a country with an ongoing refugee response, the 2014 Joint UNHCR/OCHA Note will apply.