

United Nations Crisis Management Policy Activation for 2019-nCoV crisis

DRAFT Terms of Reference

Lead Coordinating UN Entity: World Health Organization

Crisis Manager: Dr Michael Ryan, USG, WHO Executive Director of the Health Emergencies Programme

Crisis Coordinator(s): tbd

Crisis Management Team (CMT)

Composition:

WHO (Chair), DCO, OCHA, IMO, DSS, UNICEF, ICAO, World Bank, WFP, FAO, DGC, EOSG, DPPA/DPO, DOS. Additional members will be included depending on the evolution of the outbreak and its impact globally.

- Crisis Manager to provide strategic direction and establish focal points/teams for key areas to be addressed
- Crisis Coordinator to follow up with teams to support overall communication/coordination/joint action
- Focal points for key issues will be identified to engage with relevant stakeholders to: analyze and prioritize actions; develop strategies, policy positions and plans; and coordinate joint action where synergies exist
- Regional/Country Crisis Management Teams may be activated under the UN to determine gaps and requirements and scale operations

Purpose and function of the CMT:

Purpose:

Facilitate and align whole of UN efforts to enable coherent coordinated action leveraging synergies and ensuring transparency and accountability in response to COVID-19

Key functions:

- **Communication of key information** on the COVID-19 epidemic to all who need it in the UN System and beyond. This information will include epidemiological and public health response updates, latest media talking point and products as well as guidance related to staff health and welfare.
- **Analysis and prioritization of key emerging issues** so that UN SMG and UN Principals are aware and briefed on these issues, their implications and requirements/recommendations for actions/decision/communication
- **Coordination of strategies, policy decisions and plans** including mobilization and allocation of resources as well as delivery and monitoring
- **Joint action where synergies exist** to enable the scaling of operations at country level and addressing public health as well as broader social, economic and travel/trade issues

Key Issues to be addressed together:

- **Immediate and coherent support to national COVID-19 response across all sectors**
 - **Support coordination, resourcing and oversight** of UN COVID-19 operations at country-level

- **Rapidly scale public health preparedness and response** actions as outlined in the Strategic Preparedness and Response Plan at country-level
- **Assess and address the growing social impact** of the epidemic at country-level including the continuation of essential health and education services and providing psycho-social support families affected
- **Assess and address the broader economic impact** of the epidemic at country-level as result of travel/trade measures, interruption of economic activity, falling consumer confidence
- **Safe and effective continuity of UN operations ensuring:**
 - **UN staff** are well informed of COVID-19 and associated precautions
 - **UN system** has a coherent approach for the safety of UN staff health, safety and travel in relation to COVID-19
 - **Each agency** and their various offices have robust business continuity plans in place
- **Global Issues challenges/opportunities to be addressed**
 - **Global voices** to support UN Principals in maintaining strong and coherent global messaging on the evolution, prevention, impact and control of the epidemic by summarizing and synthesizing key data and developments and sharing Organizational responses and policies
 - **Global advocacy and resource mobilization** to drive strong and coordinated advocacy, resource mobilization and accountability for COVID-19 technical, operational and risk communications activities within UN and for Member States requiring support in preparedness for, and control of, health, economic and social impacts
 - **Global supply chain monitoring and intervention** to ensure the continuity of global supply chain to ensure access to essential supplies/equipment for COVID-19 and other humanitarian operations including prioritization of personal protective equipment for health care workers and other front-line workers with an elevated risk of exposure and monitoring of other supply chains such as Active Pharmaceutical Ingredients (APIs)
 - **International Travel, Meetings and Mass gatherings** to address international travel implications including providing risk management guidance for conveyance operators, international meetings and mass gatherings

External UN communications:

External communications to the public and to the media will continue to be coordinated by the UN communication group, which will report to the CMT. The UN communication group will ensure regular coordination and management of external communications on this event, ensuring that the UN system uses the WHO situation reports and dashboards as authoritative sources of public health information for any entity of the UN system. Specific media and external communications issues requiring policy level guidance will be elevated to the CMT.

Operational coordination:

The CMT's role will not be to manage operational coordination. This function will continue to be managed through existing coordination mechanisms at the country, regional and global levels, unless otherwise stipulated by the CMT.

At the global level, humanitarian operational coordination will continue to be managed through the Inter-Agency Standing Committee (IASC) Emergency Directors Group, chaired by OCHA. Global public health operational response coordination will be managed through WHO and its partners such as the Global

Outbreak Alert and Response Network (GOARN). OCHA and WHO will provide briefings to the CMT regularly on significant global developments.

UNCTs will continue to be the main coordination forum for the UN system at country level. UNCTs are chaired by UNRCs, under DCO's global coordination, including activated humanitarian country teams (HCTs) in countries affected by humanitarian emergencies; this operates under OCHA's global coordination, through the IASC mechanisms. Public health aspects of the response will be expected to follow the Strategic Preparedness and Response Plan¹ for 2019-nCoV and the "Resident Coordinators Guide to Preparing for Imported Cases and Human to Human Transmission".

UNCTs/RCs and HCTs/HCs will be encouraged to send queries and requests for support to headquarters through their respective existing HQ support channels. UNCTs and RCs shall send requests through DCO. HCTs and HCs shall send requests through OCHA. The CMT will address those issues benefiting from coordination between Agencies bringing these to the attention of the UN executive management. The Crisis Coordinator(s) will brief the CMT on a regular basis on noticeable developments reported by UNCTs and HCTs.

Meetings managed through VCT with physical presence in New York and Geneva at ASG or above level, format CMT member +1, with delegation possible at Director level, at a minimum.

Secretariat managed by UN Operations and Crisis Centre (UNOCC) in New York, the World Health Organization (WHO) and United Nations Office for the Coordination of Humanitarian Affairs (OCHA) in Geneva.

Deactivation of the CM Policy:

The need for an activated UN crisis management policy will be reviewed weekly and the policy will be deactivated as soon as the situation warrants.

¹ <https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf>