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Asamblea General

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Septuagésimo quinto período de sesiones
Tema 73 del programa
Fortalecimiento de la coordinación de la asistencia humanitaria y de socorro en casos de desastre que prestan las Naciones Unidas, incluida la asistencia económica especial

Carta de fecha 1 de diciembre de 2020 dirigida al Secretario General por los representantes de Marruecos, Suecia y la Unión Europea ante las Naciones Unidas

El 9 de junio de 2020, la Presidencia de la serie de sesiones sobre asuntos humanitarios del Consejo Económico y Social hizo un llamamiento a la acción para apoyar la respuesta humanitaria en la lucha contra la pandemia de enfermedad por coronavirus (COVID-19), cuyo texto tenemos el honor de transmitirle por la presente (véase el anexo)*.

Este llamamiento a la acción contó con un apoyo muy amplio, a saber, el de 173 delegaciones, incluidas la Unión Africana y la Unión Europea (véase el apéndice)*. Este apoyo amplio y diverso, procedente de todas las regiones y de países con diferentes niveles de desarrollo, es un mensaje firme que denota la voluntad colectiva de los Estados Miembros de las Naciones Unidas de estar al lado de los más necesitados y de aliviar su sufrimiento ante la pandemia.

Ahora más que nunca, tras la pandemia de COVID-19, el mundo necesita una acción humanitaria enérgica y basada en principios. Esperamos sinceramente que este llamamiento impulse la acción colectiva de nuestra Organización y contribuya a aliviar el sufrimiento de las personas más vulnerables. En definitiva, el objetivo sigue siendo no dejar a nadie atrás.

* Se distribuye únicamente en el idioma en que fue presentado.

Se ruega reciclar

A este respecto, le agradecería que tuviese a bien hacer distribuir la presente carta y sus anexos como documento de la Asamblea General, en relación con el tema 73 del programa.

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Anexo de la carta de fecha 1 de diciembre de 2020 dirigida al Secretario General por los representantes de Marruecos, Suecia y la Unión Europea ante las Naciones Unidas

Call to action in support of the humanitarian response in fighting the coronavirus disease (COVID-19) pandemic

By the Vice-President of the Economic and Social Council and Chair of the 2020 humanitarian affairs segment, Omar Hilale

As the world faces the unprecedented challenge of responding to the coronavirus disease (COVID-19) pandemic, we must commit to act with urgency and determination to respond to this crisis. We must recommit to doing so through international solidarity, cooperation, unity and humanity.

We must take action now to respond with urgency and determination to meet humanitarian needs and prevent and mitigate further devastating humanitarian impacts of this pandemic. We must support those living in humanitarian contexts, who are among the most vulnerable to consequences of the disease, including women and children, older persons, persons with disabilities, refugees, internally displaced persons and migrants, who are disproportionately impacted by this pandemic.

Currently, there are over 7.1 million confirmed cases and over 408,000 deaths worldwide (as at 11 June 2020). We need to prepare for an increase in the impact of the pandemic in some of the world's poorest countries, especially those affected by humanitarian crises.

We are deeply concerned about the devastating impacts that we are already seeing on some of the world's most vulnerable populations and countries, where the pandemic is exacerbating high levels of pre-existing humanitarian needs, with more than 100 million people already in dire need of life-saving humanitarian assistance. We are seeing poverty levels growing, food supplies falling and prices soaring, children missing vaccinations, meals and schooling, and sexual and gender-based violence increasing.

This pandemic calls for a concerted, coordinated global response based on unity, solidarity, international cooperation and effective multilateralism. Humanitarian assistance is a critical part of that response. We call for the intensification of cooperation and collaboration at all levels to contain, control and mitigate the COVID-19 pandemic.

We commend the coordinated response of the humanitarian system to avert a sharp rise in hunger, poverty, violence and disease as a result of the pandemic and the associated global recession. We commend the efforts and commitment of the Member States, the United Nations and health and humanitarian organizations and personnel on the ground, including the efforts of local, national and international non-governmental organizations, working on the front lines against the pandemic.

Determined steps are needed to address the challenges of this pandemic. We therefore call for the following concrete and practical actions:

1. We urge Member States and other potential donors to support the scaling up of emergency efforts to contain the pandemic and consider funding with urgency the Global Humanitarian Response Plan for COVID-19 to meet its requirements. We must act now and put in place the necessary early action and preparedness measures to save lives and prevent future hardship and suffering. Funding should be rapid and flexible to enable a fast and effective response. It should not replace or divert resources from the response to existing humanitarian needs unrelated to COVID-19.

We also urge further support to local, national and international humanitarian non-governmental organizations, and other relevant actors, as appropriate, who play an important role in humanitarian response. We also recognize and support the Central Emergency Response Fund and country-based pooled funds, which have already played a key role in the humanitarian response and will continue to do so. What has been achieved so far has been possible because of the generous funding; we must continue, through additional funding that is proportionate to the scale of the problem we face and which maintains funding for pre-existing humanitarian needs. We are only as strong as the world's weakest health system. None of us will be safe until we are all safe.

2. We therefore call upon Member States to work closely with the United Nations and to facilitate the provision of humanitarian assistance. This includes fast-tracking the passage of health and humanitarian personnel, at borders and in-country, and ensuring their health, safety and well-being. Without such access and movement, humanitarian assistance may be unable to reach those in need, increasing humanitarian suffering and loss of life and needs of affected people may be exacerbated, as service provision declines, humanitarian suffering and loss of life will escalate and funding requirements will increase. This includes the safe and unhindered access and movement of health and humanitarian personnel and goods, including expedited customs procedures for medical supplies and equipment such as ventilators, personal protective equipment and other health and humanitarian goods. We urge Member States to support, facilitate and enable expeditious and effective supply lines for humanitarian goods and personnel, and avoid restrictions or barriers to humanitarian supply chains that would delay or impede humanitarian assistance.

3. Health and humanitarian personnel should be designated as essential workers, given their direct and indispensable role in delivering life-saving assistance. It is also critical to reaffirm and adhere to the humanitarian principles.

4. We underscore that respect for international law, including international humanitarian law, is essential to contain and mitigate outbreaks of COVID-19. We condemn acts of violence, attacks and threats directed against health and humanitarian personnel.

5. We also call upon Member States and other relevant stakeholders to take steps to prevent, within their respective legal frameworks, speculation and undue stockpiling that may hinder access to safe, effective and affordable essential medicines, vaccines, personal protective equipment and medical equipment, as well as other humanitarian supplies and equipment as may be required to effectively address COVID-19. We call for the universal, timely and equitable access to and fair distribution of all quality, safe, efficacious and affordable essential health technologies and products, including their components and precursors that are required in the response to the COVID-19 pandemic as a global priority, and the urgent removal of unjustified obstacles thereto.

6. We must ensure a gender-responsive humanitarian response and stress that responses to the COVID-19 should address the specific needs of women and girls, including by preventing and responding to increasing levels of sexual and gender-based violence and other forms of violence, exploitation and abuse. We must recognize how COVID-19 is exacerbating existing vulnerabilities among women and girls. We also call on all relevant actors to recognize and ensure the full, active and meaningful participation and leadership of women and girls in the immediate response and longer-term recovery.

7. We also call for maintaining the continuity of humanitarian assistance, which is especially necessary to protect children from violence, abuse or exploitation,

to ensure the health, safety and well-being of children, including vaccination programs and access to education. While children are not considered to be the most affected by the direct effects of this pandemic, its broader impacts on children risk being catastrophic and among the most lasting consequences for societies as a whole. Children face increased risks of sexual exploitation and abuse, abduction, child labour, forcible recruitment, early and forced marriage and other forms of violence. Children with disabilities are among those most dependent on face-to-face care, including health and education, which have been suspended as part of social distancing and lockdown measures.

8. We also underscore the need for a disability- and age-inclusive humanitarian response to the COVID-19 pandemic that addresses the specific needs of persons with disabilities and older persons. Older persons are among the most visible victims of the crisis, but their specific needs are often overlooked. Persons with disabilities are at increased risk of neglect and abuse and face a range of physical, institutional and social barriers in accessing life-saving assistance, including water, sanitation and public health. In addition, pre-existing stigmatization and social exclusion of persons with disabilities risks being exacerbated as a result of COVID-19.

9. We urge Member States, the United Nations and humanitarian organizations to increase efforts to provide cross-sectoral mental health and psychosocial support services that are integrated into humanitarian programmes for preparedness, response and recovery to meet the needs of affected populations, which are vital to overcoming the additional psychological and psychosocial distress experienced as a result of COVID-19 and to supporting recovery and people's resilience. People in humanitarian contexts whose mental health and psychosocial needs are often overlooked require more attention, and the pandemic risks exacerbating existing mental health conditions, inducing new conditions and limiting access to already scarce mental health and psychosocial services.

10. We urge further action to address the humanitarian impacts of rising global severe acute food insecurity, exacerbated by recent locust infestations in some developing countries, in the face of the pandemic, which is driving significantly higher levels of food insecurity, especially for women and children. People likely to face the most severe impacts are those who were already acutely poor and food insecure prior to COVID-19 and who rely on humanitarian assistance, remittances and seasonal migration or daily informal labour markets.

11. We underscore that coherent and complementary needs analysis and planning between humanitarian and development actors are more important than ever. We must ensure that efforts are made to support the strengthening of health systems so that they can be better prepared for future disease outbreaks. We urge continued coherence and collaboration across the United Nations system in its response to COVID-19, as well as strengthened collaboration with international financial institutions. We stress the need for coordinated efforts by all relevant United Nations system entities to address the COVID-19 outbreak, in line with their respective mandates, and for them to accelerate their response to the pandemic.

12. We urge all to heed the relevant calls by the Secretary-General to address COVID-19, including the call for an immediate global cease-fire, so as to lessen the devastating humanitarian impacts of armed conflicts and enable greater focus on responding to the pandemic.

13. We reiterate the importance of a continued and coherent United Nations-led humanitarian response. As the seventy-fifth anniversary of the founding of the United Nations approaches, this pandemic has served to underscore that international cooperation and the role of the United Nations are more vital than ever. The

devastating impacts of this pandemic may cause more people to be affected in humanitarian crises; we must do all we can now in partnership to prevent, mitigate, respond and prepare. It remains vital for the United Nations to continue to build its partnerships and work with relevant actors, including non-governmental organizations, civil society, the private sector and international financial institutions, for they are vital partners in the fight against this pandemic. Together, we must continue to strengthen prevention, preparedness and humanitarian response in the fight against this pandemic.

Apéndice

Final list of delegations that have joined the call to action in support of the humanitarian response in fighting the COVID-19 pandemic

1. Afghanistan
2. African Union
3. Albania
4. Andorra
5. Angola
6. Antigua and Barbuda
7. Argentina
8. Armenia
9. Australia
10. Austria
11. Bahamas
12. Bahrain
13. Bangladesh
14. Barbados
15. Belgium
16. Belize
17. Benin
18. Bhutan
19. Bolivia
20. Bosnia and Herzegovina
21. Botswana
22. Brunei Darussalam
23. Bulgaria
24. Burkina Faso
25. Burundi
26. Canada
27. Cabo Verde
28. Cambodia
29. Central African Republic
30. Chad
31. Chile
32. China
33. Colombia

34. Comoros
35. Congo
36. Costa Rica
37. Côte d’Ivoire
38. Croatia
39. Cyprus
40. Czech Republic
41. Democratic Republic of the Congo
42. Denmark
43. Djibouti
44. Dominica
45. Dominican Republic
46. Ecuador
47. Egypt
48. El Salvador
49. Equatorial Guinea
50. Estonia
51. Eswatini
52. Ethiopia
53. European Union
54. Fiji
55. Finland
56. France
57. Gabon
58. Gambia
59. Georgia
60. Germany
61. Ghana
62. Greece
63. Grenada
64. Guatemala
65. Guinea
66. Guinea Bissau
67. Guyana
68. Haiti
69. Honduras

70. Iceland
71. Indonesia
72. Ireland
73. Italy
74. Jamaica
75. Japan
76. Jordan
77. Kazakhstan
78. Kenya
79. Kiribati
80. Kuwait
81. Lao People’s Democratic Republic
82. Latvia
83. Lebanon
84. Lesotho
85. Liberia
86. Libya
87. Lichtenstein
88. Lithuania
89. Luxembourg
90. Madagascar
91. Malawi
92. Malaysia
93. Maldives
94. Mali
95. Malta
96. Marshal Islands
97. Mauritania
98. Mauritius
99. Mexico
100. Micronesia
101. Monaco
102. Mongolia
103. Montenegro
104. Morocco
105. Mozambique

106. Namibia
107. Nauru
108. Nepal
109. Netherlands
110. New Zealand
111. Niger
112. Nigeria
113. North Macedonia
114. Norway
115. Oman
116. Pakistan
117. Palau
118. Panama
119. Papua New Guinea
120. Paraguay
121. Peru
122. Philippines
123. Poland
124. Portugal
125. Qatar
126. Republic of Korea
127. Republic of Moldova
128. Romania
129. Rwanda
130. Saint Kitts and Nevis
131. Saint Lucia
132. Saint Vincent and the Grenadines
133. San Marino
134. Samoa
135. Sao Tome and Principe
136. Saudi Arabia
137. Senegal
138. Serbia
139. Seychelles
140. Sierra Leone
141. Slovakia

142. Slovenia
143. Somalia
144. South Africa
145. South Sudan
146. Spain
147. Sri Lanka
148. State of Palestine
149. Sudan
150. Suriname
151. Sweden
152. Switzerland
153. Tajikistan
154. Thailand
155. Togo
156. Tonga
157. Trinidad and Tobago
158. Tunisia
159. Turkey
160. Turkmenistan
161. Tuvalu
162. Uganda
163. United Arab Emirates
164. United Kingdom
165. United Republic of Tanzania
166. United States of America
167. Uruguay
168. Uzbekistan
169. Vanuatu
170. Viet Nam
171. Yemen
172. Zambia
173. Zimbabwe