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President: Mr. Pary Rodríguez (Vice-President) (Plurinational State of Bolivia)

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In the absence of Mr. Kelapile (Botswana), Mr. Pary Rodríguez (Plurinational State of Bolivia), Vice-President, took the Chair.

The meeting was called to order at 3.05 p.m.

Agenda item 9: Special economic, humanitarian and disaster relief assistance (continued) (A/77/72-E/2022/50)

1. **The President** said that the number of people in need of humanitarian assistance had risen to unprecedented levels in 2021 and was only continuing to rise in 2022, straining the humanitarian system and highlighting the need for more effective, systemic solutions. In 2021, the impact of the coronavirus disease (COVID-19) pandemic had been significant, widening the gaps between countries, increasing vulnerability and exacerbating humanitarian crises, in addition to the suffering caused by climate change and violent conflicts.

2. In 2021 and 2022, the landscape in which urgent assistance was delivered was ever-changing. The COVID-19 pandemic and its effects compounded multiple challenges already faced by humanitarian workers, including violent conflicts, increasing hunger and the devastating impacts of climate change. Women and children were disproportionately affected by humanitarian crises, for example, through a shadow pandemic of violence against women and girls, loss of jobs, limited access to services, inadequate inclusion in decision-making and a stark decline in education for girls in comparison with boys.

Panel discussion: "Humanitarian assistance and lessons learned from the COVID-19 pandemic: working together to ensure children and women are not left behind"

3. **Ms. Uusikyla** (Director, Humanitarian Financing and Resource Mobilization Division, Office for the Coordination of Humanitarian Affairs), moderator, said that full recovery from the multidimensional impact of the pandemic was still a remote prospect for many countries and communities. The unprecedented reversal in poverty reduction had particularly affected the vulnerable, notably women and children, and COVID-19 vaccinations remained inaccessible for many countries, leaving their populations at risk of future surges, new variants, illness and excess deaths. The panel offered a platform to explore responses within the humanitarian community and potential improvements, as well as the collective action required to ensure preparedness and the ability to prevent a future pandemic.

4. **Ms. Russell** (Executive Director, United Nations Children's Fund (UNICEF)), panellist, said that the COVID-19 pandemic continued to wreak havoc on the lives of millions of children. Therefore, now was the time for taking stock and applying the lessons learned during the joint COVID-19 response process. One of the most critical lessons learned was that global emergencies called for global partnerships, especially among United Nations partners. In that regard, the collaboration between the World Health Organization (WHO), the Office for the Coordination of Humanitarian Affairs and UNICEF had been unique, helping to keep the needs of women, children and all those in humanitarian settings at the centre of collective action. The COVID-19 Vaccine Global Access Facility had overseen the largest vaccine procurement and supply operation in history, demonstrating that coordination was critical in order to reach everyone in low- and middle-income countries and communities.

5. The pandemic had led to a deeper understanding of how cascading crises compounded the risks to children and why preparedness interventions required strengthening. The risks faced by children, especially those who were most vulnerable, had exponentially increased during the pandemic, rolling back progress in key areas. The pandemic had also exposed the weaknesses and structural inequities in all of the systems on which vulnerable children depended. Furthermore, the communities hit hardest were those with the least access to such services, especially those affected by humanitarian emergencies.

6. An estimated 100 million more children were now living in poverty because of the pandemic. In 2020 alone, an additional 23 million children had not received essential vaccinations. Nine million children were at risk of wasting, which was the deadliest form of malnutrition, and many of them had no access to treatment. Investment was needed to ensure that action was taken as soon as early warning signs appeared, as waiting for situations to further deteriorate was not an option. In addition, 10 million girls were at risk of child marriage, the mental health of children had been severely impacted during the pandemic and gender-based violence had been increasing.

7. The pandemic had demonstrated how quickly children could fall behind in their learning and how rapid action was required in response. Current evidence showed that at least 70 per cent of children in low-income countries could not read a simple sentence by the age of 10. The existing learning crisis was on the verge of becoming a generational learning catastrophe. Moreover, the economic impact of school closure caused by the pandemic could engender a \$17 trillion

loss in lifetime earnings for the entire generation of schoolchildren in question. There was a narrow window in which to address the learning crisis. The international community should focus on reaching every child and prioritizing remedial programmes to help them with the foundations of all future learning, namely, reading and mathematics.

8. Another key lesson had been the critical role of shock-responsive social protection services that helped families to cope in times of crisis. Such direct assistance had been critical in responding to the pandemic, helping to mitigate the worst economic impacts as a key component of emergency preparedness. Community engagement and youth empowerment were also crucial. To avoid leaving children to bear the cost of the pandemic for the rest of their lives, investment in preparedness was imperative, including by building strong and resilient primary health care and other community systems. UNICEF was committed to working with WHO to that end. In all actions taken, the focus must be on reaching the most excluded and marginalized children, especially children living in emergency situations and poverty, children with disabilities, and girls. That was the only way of ensuring inclusive recovery that benefited every child and every society.

9. **Mr. Petersen** (Assistant Secretary-General, Deputy Executive Director of the United Nations Population Fund), panellist, said that hundreds of millions of people worldwide were currently suffering from hunger, poverty and displacement. Moreover, the suffering caused by COVID-19, climate crises and conflicts was exacerbating the situations of women and girls worldwide. In 2022, 290 million people would need humanitarian assistance and protection and a record 276 million people would face acute food insecurity. During the COVID-19 pandemic and other recent crises, life-saving sexual and reproductive health services had been interrupted, gender-based violence had risen steeply, child marriage cases had increased, inequalities had deepened, maternal deaths had multiplied and the unmet need for modern contraception had grown. The impacts of those catastrophes were disproportionately felt by women and girls.

10. The United Nations Population Fund (UNFPA) had learned that, in order to meet the rising humanitarian needs around the world, sexual and reproductive health services and gender-based violence services must be integrated during emergencies, with a view to creating a stronger, more coordinated response to meet the needs of women, adolescent girls and communities and to reinforce local and national capacities. People affected by conflict, the climate crisis and displacement also

needed mental health and psychosocial support in order to cope with the stress, grief and loss that they faced. UNFPA was working with partners to make such support more widely available. In all actions taken and services provided, UNFPA listened to communities and affected populations, which was a crucial element of working as a humanitarian community.

11. During the current crises, every woman had the right to expect her safety and that of her family to be humanitarian priorities. Furthermore, to help to protect women, the humanitarian community must understand the threats they faced and the support they needed. There was a need for dedicated funding that was commensurate with the challenges faced. While collaboration was under way to address complex emergencies with limited resources, early warning systems must be established and anticipatory action must be taken. Collaboration must also be significantly increased between governments and development, humanitarian, peace and climate actors.

12. Through international cooperation, UNFPA was continuing to provide life-saving services to women and young people affected by humanitarian crises. The previous year, the Agency had reached over 29 million people in 60 countries. UNFPA remained committed to working in collaboration to save lives, reduce suffering and uphold the values upon which the United Nations had been founded. Given the direct threats to humanity, the consequences of inaction had never been more dire.

13. **Mr. Nasir** (Representative, Presidency of the Group of 20 and Permanent Representative of Indonesia), panellist, said that COVID-19 had fundamentally changed how humanitarian assistance was provided. Nonetheless, a new humanitarian challenge had already emerged, namely, the food and energy crisis. Indonesia was prone to disasters, which were becoming more frequent due to climate change. With its population of approximately 273 million spread across thousands of islands, delivering humanitarian assistance in Indonesia was always a significant challenge. Furthermore, women and children were the most affected by disasters and must therefore be given particular attention.

14. Indonesia had provided special protection for women and children from gender-based violence in the context of disasters, including through gender-responsive settlement policies and programmes for the development of disaster-resilient villages and disaster-responsive youth. In addition, during the COVID-19 pandemic, the Government had protected women and children from multi-hazard risks and mainstreamed the issues they faced into national COVID-19 programmes.

Educational support had also been provided to students at all levels to enable remote learning. A key governmental strategy had been to avoid implementing a complete lockdown, instead striking a balance between addressing public health concerns and avoiding disruption to the economy. That was particularly important for Indonesia, as the livelihoods of most of the population depended on the informal sector, in which many women were employed.

15. One of the most important lessons learned during the pandemic was that there was no one-size-fits-all approach in terms of response. For that reason, Indonesia had engaged with the Association of Southeast Asian Nations, as well as its neighbours and regional partners, in order to strengthen coordination mechanisms and cooperation in addressing the pandemic. In addition, his country had continued to rescue Rohingya refugees during the pandemic, providing temporary shelters, medical services and basic provisions. Moreover, the pandemic had demonstrated the importance of collaboration between all stakeholders, including the public, at the local, regional and national levels. Meanwhile, economic growth in Indonesia was projected to remain at approximately 5 per cent during the current year, higher than that of many developed countries.

16. Indonesia had chosen “Recover together, recover stronger” as the theme of its presidency of the Group of 20 (G20) that year, in an effort to galvanize solidarity, cooperation and multilateralism in the recovery from COVID-19 and with a view to addressing future humanitarian crises. To that end, the G20 was also giving priority to strengthening the global health architecture.

17. **Mr. Castellanos** (Under-Secretary-General, International Federation of Red Cross and Red Crescent Societies), panellist, speaking via video link, said that the International Federation of Red Cross and Red Crescent Societies (IFRC) network had reached over 950 million people in 192 countries through risk communication, community engagement and accountability, and had prioritized putting communities at the centre of its work. COVID-19 had taken millions of lives, amplified inequalities and increased vulnerabilities worldwide, particularly among women, children, older persons and persons with disabilities. Many people were currently living with the threats of the climate crisis, conflict, disaster, displacement and disease. The humanitarian crisis caused by COVID-19 had been defined by profound and persistent inequalities and driven by how the world had responded, and had affected the most vulnerable communities. Hidden pandemics related to mental health and gender-based

violence had also proliferated. Everyone, especially children and youth, needed to have access to mental health support to foster their mental, physical and emotional well-being.

18. Despite the suffering and loss caused, the pandemic had also taught lessons related to recovery, averting a future health emergency and addressing current humanitarian challenges. The lessons included investing in whole-of-society preparedness and enabling local actors to lead crisis responses and contribute to global health security priorities. While many governments and humanitarian and development organizations had made efforts to be part of the solution, many faced immense challenges associated with archaic processes, policies and procedures that were not fit for purpose. The supply chain cycle had also been compromised, affecting equitable access worldwide. During the recovery from the COVID-19 pandemic, social protection mechanisms, particularly for the most vulnerable, should be expanded by scaling up mental health services, creating safe spaces for girls and women, providing young people with more equitable access to health care, and taking holistic approaches to education to expand learning solutions. There was now an opportunity to build stronger, more sustainable and more integrated health systems.

19. The pandemic had also created opportunities, accelerating the development of digital solutions by governments and institutions and testing the capacity of communities to use technologies. Investment should be made in digitalization to build on the gains made. Decision-making power must be given to community actors, and actions taken should be based on their needs and concerns. In order to understand and address context-specific barriers, working with local organizations that had unique relationships with communities was necessary. The power of partnerships must also be leveraged. Resilience could only be built by broadening collaboration beyond the humanitarian and development sectors. The private sector, local governments and grassroots communities also had a role to play. Bringing assistance, hope and dignity to the most vulnerable and marginalized communities around the world was an imperative at a time when such support was most needed.

20. **Ms. Soeripto** (President and Chief Executive Officer, Save the Children (United States of America)) said that COVID-19, conflict, climate change and increasing challenges to civic space had created a perfect storm of risk and vulnerability for children’s rights worldwide, creating an unparalleled child protection crisis. Tragically, children continued to be killed, injured and exploited in conflicts around the

world. In addition, the significant invisible harm suffered by children often had lifelong consequences. For the first time in decades, child marriage and child labour rates were increasing. School and education were life-saving, and were the highest priority for children and parents. Nonetheless, hundreds of millions of children remained out of school or learning, or received substandard levels of education. Education also remained underprioritized and underfunded in humanitarian responses. Thousands of schools had been damaged or demolished in conflicts around the world. Children's health was suffering, including their mental health, and many lacked routine immunizations. A disproportionate number of children were among the 49 million people on the brink of starvation and famine.

21. At a time when principled humanitarian action was needed more than ever, the space for civil society was shrinking across the globe, which meant that actors such as Save the Children could not always assist the most vulnerable communities. Human rights actors were discredited and undermined, and restrictive counter-terrorism measures and sanctions prevented the delivery of products and services to those most in need. While those sanctions were not specifically aimed at the most vulnerable, they nonetheless affected them. It had also become more perilous to speak up in defence of children when their rights were violated or their lives threatened.

22. In terms of lessons learned, a commitment to humanitarian principles and evidence-based action was essential, in partnership with the private sector, local actors and United Nations agencies. Remaining adaptable and flexible at all times was also crucial. For example, Save the Children had been scaling up its catch-up clubs to ensure that children did not suffer from loss of learning owing to the time spent out of school. However, more needed to be done, and the humanitarian community must put children at the heart of its actions, by way of robust and holistic funding for child-focused humanitarian and development assistance. Such investments must be multi-year in nature and span cycles of conflict and peace. In general, children only received single-digit percentages of any humanitarian development funding, even though they represented 30 to 35 per cent of the global population and often 50 per cent of the most vulnerable populations.

23. Accountability and justice for children must also be enhanced, ending impunity for violations of children's rights, including the denial of humanitarian access and attacks on schools, hospitals and critical infrastructure. All accountability mechanisms should be made child-sensitive to allow children to act as witnesses. Moreover, children should be given the civic and political skills needed to speak up for their own

rights, particularly at the United Nations. Lastly, the survival of independent civil society should be supported, while protecting humanitarian space and principles.

24. **Ms. Sherif** (Director, Education Cannot Wait), panellist, speaking via video link, said that Education Cannot Wait had launched a report demonstrating that 222 million children, 50 per cent of whom were girls and adolescent girls, were currently experiencing disruptions or severe compromises to their education. That figure was a consequence of the involvement of children and adolescents in armed conflict, in addition to climate-induced disasters and the effects of COVID-19. There were also millions of adolescent girls in Afghanistan who were banned from attending secondary school. In that connection, political decisions must be made in conformity with the Universal Declaration of Human Rights and the Convention on the Rights of the Child. Joint programming and coordination were needed, together with anticipatory action as a preventive measure.

25. Data related to COVID-19 indicated that 50 per cent of refugee girls in secondary school might never return to school as a result of the pandemic. Meanwhile, they were at risk of early child marriages and pregnancies, trafficking and domestic and sexual violence. In the humanitarian context, they had already been suffering immensely owing to conflict- and climate-induced disasters, in addition to COVID-19. In response to the pandemic, Education Cannot Wait had been working with all United Nations agencies involved in education, as well as civil society – including local organizations and women's organizations – and host governments.

26. When WHO had declared the COVID-19 pandemic, Education Cannot Wait had immediately released its reserve of \$25 million, thereafter working with strategic donor partners and the private sector to provide educational support to 30 million children and young people, 50 per cent of whom were girls and adolescent girls. A coordinated response, in line with the reform of the Secretary-General, had made it possible to take action quickly. Bureaucracy needed to be further reduced and there should be greater accountability to the girls and adolescent girls being served, while working with host governments. Speed was very important in the case of a catastrophe such as the pandemic.

27. There was a clear socioeconomic divide in terms of who had access to digital solutions. For example, in sub-Saharan Africa, there was a lack of electricity, Wi-Fi and digital products. The biggest lesson learned from that divide was the importance of sharing those

resources, including by funding education in emergencies and crises. Education must be considered a life-saving priority in the humanitarian sector. Moreover, it was crucial to ensuring the empowerment of girls and the achievement of gender equality. The main lesson learned was that any future pandemics, crises and wars should be addressed by prioritizing and funding education and sharing resources.

28. **Ms. Campbell** (United States of America) said that protection must be a key component of global responses to COVID-19. Action was needed on several levels, to address urgent needs and think strategically about improving systems for future crises and empowering local stakeholders. The pandemic had increased the need for and barriers to assistance, particularly for displaced populations. Furthermore, aid workers required the most up-to-date and innovative tools to guide their work.

29. Protection efforts must also be made in relation to documentation and civil registration. While her Government advocated the inclusion of refugees and stateless persons, civil registration must also be expanded so that lack of documentation did not present a barrier to the use of life-saving services, particularly for those most vulnerable to violence, exploitation and abuse. Meanwhile, decision-making processes related to school closures should be localized and informed by the availability of viable alternatives to ensure that child protection and education needs were met. Long-term investment in gender equality, including not only funding but also collaboration with communities to mitigate risks, was also necessary to prevent gender-based violence.

30. **Ms. Sorto Rosales** (Observer for El Salvador) said that her Government had taken anticipatory measures to protect the health of the population from COVID-19, seeking the best strategies to ensure well-being and strengthening social protection systems. Measures had included prioritizing digital innovation; programmes to ensure the continuity of education, including support for persons with disabilities; and primary health care. El Salvador was also committed to ensuring that women and girls fully enjoyed their rights, including the right to a life free from violence, on an equal footing.

31. She asked which concrete actions should be mandated by Member States to the United Nations and country offices in order to prepare for future crises and to avoid reversing the progress made in the three fundamental pillars of sustainable development, reducing impacts on women, children, migrants, persons with disabilities, indigenous peoples and others in situations of vulnerability.

32. **Ms. Poenateetai** (Thailand) said that, in order to build back better following the COVID-19 pandemic, access to quality, affordable health services was fundamental. There was much work to be done in order to fill the gaps, strengthen national health systems, ensure equitable access to life-saving health technologies, promote primary health care, achieve universal health coverage and sustain routine immunization programmes for children. That was particularly true for the most vulnerable, including women, children, migrants and those who had disproportionately suffered from the impacts of the pandemic.

33. The role of women in pandemic prevention, preparedness and response must be strengthened, and they must be protected and supported, particularly in terms of their health and safety. Moreover, communities had a significant role to play in responding to health emergencies. In accordance with the Bangkok Principles for the implementation of the health aspects of the Sendai Framework, health should be integrated into emergency and disaster risk management strategies. Lastly, a legally binding pandemic treaty would be instrumental in enhancing capacities and preparedness for the next pandemic.

34. **Ms. Tangen** (Observer for Norway) said that sexual and gender-based violence had increased dramatically during the pandemic, with those affected by humanitarian crises often most at risk. Norway would continue to advocate a stronger operational response, more global funding and recognition of the key roles of national and local organizations, including women's organizations. The COVID-19 pandemic had also significantly impacted education, leading to school closures and increased dropout rates, which made children even more vulnerable. Education was essential in situations of conflict; schools and universities provided safe spaces and routines, while connecting students to life-saving resources such as nutrition and mental health services. In conflicts and crises, children paid the highest price. Ensuring better protection for them and their future was crucial.

35. **Ms. Daniels** (International Organization for Migration) said that migrants were often denied access to health services, including vaccinations, as a result of the mistrust and prejudice that they faced. For women migrants, who were overrepresented among low-skilled migrant workers, the situation was even worse. Women often faced greater obstacles in terms of access to essential uninterrupted health care, including sexual and reproductive health services. The International Organization for Migration monitored barriers related to access to health-care services for migrants, particularly

women and children, and continued to advocate expanding the role of migrants in the design, implementation and monitoring of local and national COVID-19 responses.

36. Women played an important role in ensuring that their communities had access to health-care services, including those that were critical for the survival of women and children during an emergency. Strengthening routine vaccination was also necessary, particularly for crisis-affected communities, regardless of their legal status. Furthermore, education and community engagement approaches must be adapted to national situations, and mental health and psychosocial support services were also key.

37. **Mr. Elliott** (Food and Agriculture Organization of the United Nations) said that the pandemic had compounded existing drivers of food insecurity. Once again, women, children, youth and indigenous peoples were the worst affected. Worldwide, the gender gap relating to food insecurity had grown; food insecurity had been 10 per cent higher among women than men in 2020, compared with 6 per cent in 2019. Women were also more likely to lose income in informal work and to be affected by decreases in remittances. Since the start of the pandemic, the Food and Agriculture Organization of the United Nations had been working to ensure that the most vulnerable could access both food and livelihood support to enable continued food production and continuity of markets, while reducing the risk of COVID-19 transmission. Data were also being used to measure multiple risks and assess the impacts of COVID-19 in countries affected by food crises, enabling close collaboration with Governments and other partners to address the direct effects of the virus and its secondary impacts on food security and nutrition. His organization would continue to support Governments in integrating risk mitigation measures, to reach groups most affected by COVID-19 restrictions and to tackle increased prices of food and agricultural inputs.

38. **Ms. Shange-Buthane** (Observer for South Africa) said that the COVID-19 pandemic had exposed sharp economic and social inequalities and widened inequality gaps, with women and girls facing increased and intersecting forms of discrimination and exclusion. In times of crisis, young women and girls were among the most vulnerable groups in society; therefore, their voices must be heard. The impact of school closures during the pandemic on the health and well-being of girls was concerning. Schools usually provided a safe and healthy environment for children, and education played an important role in the economic empowerment, autonomy and long-term health of women and girls. During the pandemic, South Africa had learned about

the key importance of coordination across the whole of government and support from other partners and sectors, using existing coordination structures that facilitated national response measures. Her Government had also declared gender-based violence to be another pandemic that needed to be addressed and had provided the necessary resources to that end.

39. **Mr. Fontaine** (Director, Office of Emergency Programmes, United Nations Children's Fund (UNICEF)), speaking on behalf of the Executive Director of UNICEF, said that protection measures were essential to addressing the long-term effects of school closures and missed educational opportunities resulting from the COVID-19 pandemic. During the pandemic, the need to consider all aspects of the crisis holistically, and to respond in an integrated manner, had become clear. School closures were having an impact on education, but also on protection, with approximately 10 million girls at risk of child marriage and not returning to school, and 9 million children at risk of child labour by the end of 2022. While the consequences of school closures had not yet been fully calculated, at one point 1.6 billion learners had been out of school, with the most impacted being the youngest and those from displaced communities. Furthermore, prior to the pandemic, 50 per cent of children in low-income countries could not read a simple sentence by the age of 10, a figure now believed to have increased to 70 per cent. The World Bank had also estimated that young people would lose \$17 trillion in earnings if the learning crisis was not addressed.

40. In addition to preparedness, one of the most important aspects of a successful response to a public health emergency was the trust of communities in the leadership of the country. That trust came from addressing inequities and providing access to health care and routine immunization. Resilient health systems made a significant difference in terms of building trust at the community level. Measures to be taken in order to address the learning crisis resulting from COVID-19 included re-enrolling and retaining children in schools, assessing the quality of learning as a way to influence policymaking and decision-making, prioritizing literacy and mathematics, increasing remedial programmes, and developing systems to help the mental health and psychosocial well-being of children.

41. **Mr. Petersen** (Assistant Secretary-General, Deputy Executive Director of the United Nations Population Fund) said that the international community, together with local partners, must prevent gender-based violence from becoming normalized as a result of the pandemic. Long-term investments were also necessary to ensure that societies and communities could cope

with pandemics, crises and natural disasters whenever they occurred. A gender perspective must be mainstreamed into such efforts from the beginning, and the specific protection-related needs of women and girls, particularly in terms of family health and reproductive health, must be taken into account.

42. Data were an essential part of the new strategic plan of UNFPA, which was integrating its humanitarian response and activities to achieve its long-term strategic targets and outcomes. Preparedness could be ensured by investing in data in advance. Localization of responses was also necessary; in 2021, almost 40 per cent of UNFPA humanitarian funding had been channelled to local partners, a percentage set to increase. Working with partners and women's organizations at the local level was crucial, as were long-term investments made in advance in order to build trust.

43. An important lesson learned from the COVID-19 pandemic was the need to work together with professional health organizations in response activities. It was vital to ensure that health systems were resilient by improving preparedness and making long-term investments together with partners. The impact of school closures on children could not be underestimated. UNFPA was working in cooperation with local governments to set up hotlines providing psychosocial support to young people. UNFPA was also leading the humanitarian community's gender-based violence area of responsibility, adapting the area's governance structure to include local women's organizations to respond to field priorities, thereby strengthening capacities and the possibility of quick responses.

44. **Mr. Nasir** (Representative, Presidency of the Group of 20 and Permanent Representative of Indonesia) said that the establishment of a catalogue detailing the various approaches and lessons learned by different countries would be useful for reference and implementation purposes. A prevention, preparedness and response mechanism was needed. The G20 was currently working with the World Bank to create a financial intermediary fund to help developing countries to prepare for and prevent pandemics. The fund could be used to build infrastructure in national health systems, including hospitals and, in cooperation with the private sector, factories for vaccines and other medicines. The initial target for the fund was \$1 billion; pledges had already been received from certain countries.

45. In Indonesia, the educational curriculum had been downsized and decentralized to help prepare for the future. While literacy and mathematics were consistent areas of focus, local communities had been given the

autonomy to include other important subjects. Such an approach would help to strengthen preparedness in the event of a future pandemic.

46. **Ms. Soeripto** (President and Chief Executive Officer, Save the Children (United States of America)) said that, when schools reopened after closures, the most vulnerable children were often the most likely not to return, or to drop out completely or have learning gaps once they returned, which led to intergenerational poverty. Dropping out of school also had a significant health impact. When girls were less educated, they were more likely to become pregnant. Because the mortality rates among such young mothers and their children were much higher than the overall infant and maternal mortality rates, maternal health and under-5 mortality were likely to be affected in the long term as a result of children dropping out of school.

47. Since every community was different, local leadership, civil society and the private sector should examine individual contexts when considering measures to alleviate the effects of missed educational opportunities. The data used to establish such measures should be comprehensive; for example, such data should take into account girls and children with disabilities, and should afford a good understanding of community power imbalances. Measures for improvement included establishing universal health coverage, expanding social protection systems to include the most vulnerable and ensuring that education was accessible to all. Pandemic preparedness planning had existed prior to COVID-19; therefore, political will was necessary to implement the existing advice.

48. The world would need 69 million teachers over the coming decades, in addition to millions more social workers and community health-care workers. In certain countries, entire health workforces needed rebuilding. Those professionals should be remunerated in a way that was commensurate with the value they brought to communities.

49. **Mr. Castellanos** (Under-Secretary-General, International Federation of Red Cross and Red Crescent Societies), speaking via video link, said that a call for action on mental health was crucial. A recent survey of young people from over 90 countries had clearly shown that such action was urgent. Disasters and crises did not happen in isolation and preparedness for a multi-hazard response was essential. The current lack of action on mental health and multi-hazards increased the risk of gender-based violence. Institutions must therefore pay significant attention to preparedness and safeguarding actions in order to identify protection-related issues earlier.

50. Accessing the hardest-to-reach areas not only helped to save lives, but also enabled earlier identification of cases of diseases that could trigger pandemics, allowing for the containment of potential viruses. Local action was essential, as was community engagement and accountability, so that the needs of communities were taken into account. If the donor community waited for situations to become dire before addressing them, it would be too late for lives to be saved.

51. **Ms. Sherif** (Director, Education Cannot Wait), speaking via video link, said that protection was central to humanitarian efforts; the pandemic-related loss of educational opportunities must be considered holistically. School feeding was crucial, as no child could learn while hungry or living on the verge of starvation. Prioritizing water, sanitation and psychosocial services was also essential. Children who had lived through events such as conflict, dispossession or sexual violence were traumatized and could not learn. Psychosocial services were therefore the foundation of any recovery effort, particularly in connection with education.

52. It was crucial for the women and girls served by the system to trust those providing assistance, as well as their community representatives or governments. Building trust would allow the creation of the safe spaces required. The principles and frameworks developed for the United Nations by the Secretary-General through his reform must be adhered to, including through collaboration, new ways of working and localization. Those tools were ready to be used to address the pandemic and its aftermath.

53. The Transforming Education Summit, to be held in New York in September 2022, was an opportunity to focus on those left furthest behind, notably girls and adolescent girls in situations of crisis. In order to empower them through education, financing from all 193 Member States as well as the private sector was necessary. In the countries of the Development Assistance Committee of the Organisation for Economic Co-operation and Development, education cost approximately \$10,000–\$11,000 per year per child. Meanwhile, in countries affected by humanitarian crises, only about \$100–\$150 was available per child. Ensuring holistic education that included protection, mental health services, school feeding, water and sanitation, and measures to mitigate the effects of another pandemic was unrealistic with such an amount. Governments, United Nations agencies and civil society should work together to support the financing of education, as the Secretary-General had urged in his message, issued that day, to the Education Cannot Wait

conference and campaign launch. Education Cannot Wait would be hosting a high-level financing conference in 2023, which was an opportunity to make a difference to girls who were currently out of school.

54. **The President** said that the COVID-19 pandemic had affected health and economies, exacerbating inequality and deepening poverty. It was necessary to invest in preparations for future pandemics on the basis of the lessons of previous global and regional health crises. The COVID-19 pandemic had destroyed livelihoods worldwide and intensified extreme poverty. The lockdowns around the world had carried a significant cost for the poorest and most vulnerable, who depended on a daily income for their subsistence. The informal sector must therefore be sustained, including during humanitarian and health crises. The pandemic had disproportionately affected the most vulnerable, notably in relation to basic public services, including health and education.

55. With regard to investment in education, responses must be flexible and adaptable, particularly when supporting the readaptation of children after the pandemic. Education laid the groundwork for sustainable development, including the reconstruction of countries affected by health crises, disasters and conflicts. Another significant cross-cutting lesson had been the recognition of the hidden pandemics that accompanied humanitarian crises. Conflicts, disasters and the pandemic had profound effects on mental health and social dynamics, particularly when gender-based violence was a factor. The use of technology, early warning systems, actions to identify and prevent the spreading of diseases, and coordination with local actors and systems were examples of actions that could strengthen capacity in terms of prevention, preparation and response.

56. Without investment in health and education, and in social protection and sustainable development systems, the negative effects of the pandemic would persist. Humanitarian actors had a crucial role to play in supporting those who were particularly vulnerable. The experiences of the panellists and Member States would, if combined, result in a truly comprehensive strategy with the ability to change lives. The huge challenge of addressing future global health crises would be met only through strong, inclusive multilateralism guided by equality, justice, solidarity and reciprocity. The Transforming Education Summit was an opportunity to join forces in highlighting priorities in the field of education.

The meeting rose at 5 p.m.