

Distr.: General  
7 December 2020  
Arabic  
Original: English

## الجمعية العامة



الدورة الخامسة والسبعون

البند 73 من جدول الأعمال

تعزيز تنسيق المساعدة الإنسانية والمساعدة الغوثية  
التي تقدمها الأمم المتحدة في حالات الكوارث،  
بما في ذلك المساعدة الاقتصادية الخاصة

رسالة مؤرخة 1 كانون الأول/ديسمبر 2020 موجهة إلى الأمين العام من ممثلي المغرب  
والسويد والاتحاد الأوروبي لدى الأمم المتحدة

في 9 حزيران/يونيه 2020، أطلق رئيس الجزء المتعلق بالشؤون الإنسانية في المجلس الاقتصادي والاجتماعي دعوة إلى العمل دعماً للاستجابة الإنسانية من أجل مكافحة جائحة مرض فيروس كورونا (كوفيد-19)، يشرفنا أن نحيل نصها طيه (انظر المرفق)\*.

وقد حظيت تلك الدعوة إلى العمل بتأييد واسع النطاق من 173 وفداً، من بينها الاتحاد الأفريقي والاتحاد الأوروبي (انظر الضميمة)\*. وهذا التأييد الكبير والمتنوع من جميع المناطق ومن بلدان بلغت مستويات مختلفة من النمو رسالة قوية تبين إرادة جماعية لدى الدول الأعضاء في الأمم المتحدة في الوقوف إلى جانب أشد المحتاجين وتخفيف معاناتهم في مواجهة الجائحة.

والآن، وأكثر من أي وقت مضى، في أعقاب جائحة كوفيد-19، يحتاج العالم إلى العمل الإنساني القوي والقائم على المبادئ. ووجدنا أمل صادق في أن هذه الدعوة إلى العمل ستدعم العمل الجماعي الذي تضطلع به منظماتنا، وأنها ستسهم في تخفيف معاناة أشد الفئات ضعفاً. ويظل الهدف في نهاية المطاف هو عدم ترك أحد خلف الركب.

\* يُعَمَّن باللغة التي قُدِّم بها فقط.



الرجاء إعادة استعمال الورق

141220 101220 20-16395 (A)



وفي ذلك الصدد، نرجو ممتنين تعميم هذه الرسالة ومرفقها باعتبارها وثيقة من وثائق الجمعية العامة في إطار البند 73 من جدول الأعمال.

(توقيع) عمر هلال

السفير

الممثل الدائم للمغرب لدى الأمم المتحدة

(توقيع) أولوف سكوغ

السفير

رئيس وفد الاتحاد الأوروبي لدى الأمم المتحدة

(توقيع) آنا كارين إنيستروم

السفيرة

الممثل الدائمة للسويد لدى الأمم المتحدة

مرفق الرسالة المؤرخة 1 كانون الأول/ديسمبر 2020 الموجهة إلى الأمين العام من  
ممثلي المغرب والسويد والاتحاد الأوروبي لدى الأمم المتحدة

## **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. 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.

**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

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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

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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