

## **Joint IASC Technical Advisory Group (TAG) and PSEA Coordinators Ad Hoc Meeting**

**6 February 2025**

**14:00-15:00 (GVA/CET)**

### **Meeting Summary**

#### **Agenda**

##### **1. Quick echo from the IASC Principals meeting of 28 January**

- Q&A

##### **2. Preparation of 19 February IASC Principals meeting**

- Draft advocacy paper following the US 90-day pause of foreign assistance
- Proposed framing questions for Principals meeting and “calls for action”
- Feedback and discussion

##### **1. Quick echo from the IASC Principals meeting of 28 January**

On the 28 of January, an Ad Hoc meeting of the IASC Principals took place, regarding the temporary pause of US funding. Information on the impact is currently being compiled, including through the OCHA teams and HCTs. The ERC emphasized the need for **unity, solidarity and calmness** and the importance of effectively sharing information to calibrate collective public and private advocacy. He urged Principals to communicate the human impact, identify opportunities for collective action to ensure life-saving operations continue and maintain unity across humanitarian actors. On the 19<sup>th</sup> of February, there will be another IASC Principals meeting and PSEA is on that agenda. The objective of this Ad Hoc meeting, called on behalf of the PSEAH Champion WFP, is to frame this high-level strategic discussion in a way to address key issues and agree on actions the IASC Principals see value in discussing PSEA and taking common actions.

##### **2. Preparation of 19 February IASC Principals meeting**

- Draft advocacy paper following the US 90-day pause of foreign assistance

This draft IASC-OSCSEA advocacy paper suggests key arguments to put forward in our respective advocacy messages and also put forward the importance of PSEA, not only from a human rights and ethical point of view but also for efficiency, effectiveness, and accountability.

- Proposed framing questions for Principals meeting and “calls for action”

The proposed framing questions focused on the fall-out of the US temporary funding suspension on PSEA programming; the need to maintain PSEA on the donors’ agenda; the need to take action where targets remain elusive. Participants highlighted

- the importance of having concrete information and data on the impact of the current pause in US Assistance (data around how many referral pathways are functioning, how many Inter-Agency

feedback mechanisms have been affected, staff roles implicated, etc.). Advocacy must be evidence-based.

- The need to focus on one or two framing questions only and the centrality of the funding pause to the discussion.
- Linkages with the centrality of protection and GBV.
- How we are going to re-prioritize given the deepening gaps - in terms of capacity and resources needed to deliver on PSEA commitments - and how we address these gaps.

The proposed “calls to action” focused on PSEA to remain a system-wide political and operational priority (as part of the larger protection and GBV agendas); advocacy with all key stakeholders, including donors and Member states, on the inherently life-saving character of PSEA and, its contribution to programme efficiency (see advocacy paper developed by OSCSEA and IASC PSEA TAG) ; Country Reps to participate in PSEA Action Plans, including financially. Participants highlighted/suggested

- To update the advocacy messages with other advocacy notes – such as the [Lifesaving, Not optional](#) discussion paper.
- importance of continuing to address PSEA, even internally. Organizations need to take responsibility for the actions of their personnel.
- importance of inter-agency collaboration and for consistently embedding and budgeting for PSEA not only on the third call for action, especially with the current US temporary funding suspension.
- Adjust messaging to donors, think creatively – especially when it comes to working with protection and GBV programming.

**Action point:** The IASC will be sharing a survey with PSEA Coordinators developed by OSCSEA and IASC to better understand the impact of the funding pause.

**Action point:** TAG and PSEA Coordinators to provide concrete inputs into the advocacy messages and share concrete examples of the impact of the US temporary funding suspension.

**Action point:** Adjust and recirculate the framing questions and calls to action.

## Annexes

- List of Participants

No	Name	Organisation
<b>TAG Members/Observers</b>		
1.	Angela Wiens	International Medical Corps/ICVA
2.	Carina Hickling	NORCAP/PSEACap
3.	Christos Mylonas	WHO
4.	Denis Hauser	OHCHR
5.	Eva Modvig	FAO
6.	Georgina Lund	Care International
7.	Gina Bramucci	IRC
8.	Isabella Castrogiovanni	WFP
9.	Ivana Chapcukova	UNICEF
10.	Jennifer Emond	OSCSEA
11.	Julia Schipper	UNOPS
12.	Livia Mueller	UNFPA
13.	Liz Pender	UNFPA
14.	Margaret Lamunu	WHO
15.	Martina Broström	CHS Alliance
16.	Mariam Khokar	IOM
17.	Najla Nassif Palma	OVRA
18.	Natalia Macdonald	WFP
19.	Paulien Vandendriessche	ICRC
20.	Petra Forsstrom De Leon	The Global Fund
21.	Ranya Al-Jaberi	UN Women
22.	Samantha Hutt	CRS
23.	Valeria Bove	OVRA
24.	Yanthe Cornelissen	UNDP
<b>PSEA Coordinators and Acting Coordinators</b>		
25.	Aline Kica Niyonkuru	Burkina Faso
26.	Ammara Aamer Khattak	Pakistan
27.	Anne-Judith Ndombasi	Sudan
28.	Barbara Tineo	Venezuela
29.	Benedetta Cocco	Bangladesh
30.	Lamine Traore	CAR
31.	Edouard Munyeshuli	Mali
32.	Elisa Cappelletti	Lebanon

33.	Ephraim Karanja	Somalia
34.	Fanny Dufvenmark	WoS
35.	Francesca Paola Crabu	DRC
36.	Jean Coty Beausejour	Colombia
37.	Jerry Mohamed Masudi	Chad
38.	Lara Chlela	Haiti
39.	Lian Yong	Ethiopia
40.	Maria Kjersem	Afghanistan
41.	Marta Agosti Pinilla	Palestine
42.	Sofia Canovas Pereda	Ukraine
43.	Stanislas Duvert Kilembe Kimok	ROWCA
44.	Sylvia Opinia	Nigeria
45.	Victoria Eugenia Larroche Giraldo	Myanmar
<b>OCHA/IASC PSEAH Team</b>		
46.	Charlotte Helletzgruber	PSEAH Advisor
47.	Halid Zewdu Feleke	Associate Expert, PSEAH
48.	Kirstie Farmer	PSEAH Advisor
49.	Mai Fitiane	Intern, PSEAH
50.	Wendy Cue	Senior PSEAH Coordinator
51.	Yves Patrice Ndji	IM Officer