HEALTH CLUSTER ADVOCACY STRATEGY 2017-2019

April 2018

Endorsed at GHC Partner Meeting, 17-18 April 2018, Brussels, Belgium.

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1. INTRODUCTION

Strengthening Health Cluster advocacy at country, regional and global levels is a Strategic Priority as articulated under Strategic Priority 5 (SP5) of the Global Health Cluster Multi-year Strategy 2017-2019. SP5 recognises the critical role that advocacy plays in supporting and enhancing the actions of Health Cluster partners to prepare and respond to public health and humanitarian emergencies and ensure better health outcomes in affected populations and contexts.   This includes advocacy by the Health Cluster, as well as actively contributing to advocacy actions by other actors, including WHO.

The Health Cluster Advocacy strategy outlines the actions to be undertaken by the Health Cluster at multiple levels in the 2017-2019 period. In the strategy, advocacy is understood to comprise a range of actions to raise identified health issues onto the policy agenda and promote change in policy and practice for the benefit of affected populations. This definition covers activities to generate evidence or information on the need for change, as well as activities to lobby or influence a range of decision makers (at multiple levels) on the specific changes sought. In addition, it includes activities to enhance capacity of the Health Cluster and partners to bring about successful change.

The advocacy strategy aims to ensure the operationalisation of Strategic Priority 5 of Health Cluster Multi-year Strategy 2017-2019. In addition, the strategy provides critical support to, and complements, efforts by WHO to operationalise its "Attacks on Health Care" Advocacy strategy, being implemented in the 2017-2020 period. At the same time, the strategy supports increased engagement of existing and new partners in advocacy efforts, and a strengthened role for the Health Cluster in advocacy.

2. RATIONALE FOR HEALTH CLUSTER ADVOCACY

The Health Cluster Advocacy strategy recognises the important and unique role that the Health Cluster can play in advocacy at different levels - global, regional and country. This includes the opportunity to take advantage of the increased efficiency and impact of collective and coordinated action by the Health Cluster. It acknowledges and leverages the strength of collective and synchronised advocacy

on key issues by Health Cluster partners at global, regional and country levels. In addition, it recognises the benefits of using the umbrella of the Health Cluster as the lead in advocacy on key issues, particularly at country level where issues may be sensitive and/or expose individual agencies to negative consequences. In addition, at Global level, the Health Cluster is uniquely placed to highlight challenging issues that emerge from country operations, as well as those at global level, on the global agenda, and to engage key actors at this level, including WHO.

The strategy therefore presents a range of actions for the Health Cluster and partners that utilise and take advantage of different opportunities, and which can be further tailored to specific regional and country contexts.

In taking forward the identified advocacy actions, the Health Cluster will adopt an approach that ensures that actions are:

- Evidence-informed, including (but not limited to) Health Cluster partner experience
- Complementary to Health Cluster partner service delivery actions
- At multiple levels i.e. global, regional and country levels
- Proactive to address key change areas, as well as reactive as contexts require
- Involve affected populations as far as possible
- Contextualised to take note of the political and social diversity of contexts in which the Health Cluster operates, and tailored appropriately
- Conflict-sensitive

3. GOAL OF HEALTH CLUSTER ADVOCACY STRATEGY

The goal of the Health Cluster advocacy strategy is to contribute to better health outcomes for crisis-affected populations through an enhanced advocacy role of the Health Cluster and partners at global, regional and country levels.

4. KEY AREAS TO BE ADDRESSED IN HEALTH CLUSTER ADVOCACY STRATEGY 2017-2019

In contributing to the goal of better health outcomes for crisis-affected populations, the Health Cluster advocacy strategy addresses 3 key areas identified in the Health Cluster strategy as critical change areas in the 2017-2019 period. These include:

1. The need to ensure greater protection of health care providers and users of health services in crisis-affected situations
2. The need to ensure greater access to, and equity of, health services across and within crisis-affected populations
3. The need for greater visibility and effectiveness of the Health Cluster to support advocacy in crisis-affected contexts

To bring about changes in these 3 critical areas in the 2017-2019 period, a number of specific objectives are identified as follows:

Key change area 1: Improved protection of health care providers and users

Attacks on health staff, facilities and transport, across multiple crisis-affected contexts, have resulted in large loss of life and injuries, as well as constraints on the delivery of services within populations, and access to services by populations (WHO, 2016)[1]. The need to better protect health care providers and users in crisis-affected contexts is therefore a priority area identified by the Health Cluster and partners. The Health Cluster has an important role in advocacy in this area, including (but not limited to) support to WHO's "Attacks on Health Care" Advocacy Strategy.

The specific objectives to bring about change in this area include:

- To promote and embed in practice the standardisation and reporting of attacks on health care providers and users, in partner operations, at country level
- To develop advocacy plans at local and national levels to increase protection of heath care providers and users at country level in conjunction with WHO

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[1] [1] WHO (2016a). Attacks on health care. Prevent, Protect, Provide. Report on attacks on health care in emergencies. Based on consolidated secondary data, 2014 and 2015.

- To champion the protection of health care providers and users at country, regional and global levels, in conjunction with WHO

Key change area 2: Increased access to and equity of health services across crisis-affected contexts

Support to ensure access to health services varies across different crisis-affected contexts. In addition, within contexts, some populations are particularly marginalised or hard-to-reach and lack access to essential services. At the same time, gaps in access to particular services, such as those for Sexual and Reproductive Health (SRH) and mental health, also occur in crisis situations. The need to ensure equitable access to health services across crisis-affected contexts and populations is thus identified as an important issue by the Health Cluster. In addition, the importance of ensuring populations have access to services across sectors that help to ensure better health outcomes, is also recognised. The Health Cluster has an important role to play in advocating for changes in these areas. This includes advocacy to ensure support (financial and other) to all crisis-affected contexts and populations, based on need; advocacy to increase access to health services, particularly for the most vulnerable and marginalised populations, and ensure equitable access to health services at multiple levels; advocacy to address gaps in the health response for essential services and ensure that populations are able to access a package of quality essential services, aligned to national health systems, vulnerability and goals as far as possible; and advocacy to ensure that support is coordinated and integrated, not only within the health sector, but also across sectors.

The specific objectives to bring about change in this area include:

- To promote improved equity in partner response across contexts and populations to ensure "no population is left behind"
- To support increased access to a package of quality essential health services in Health Cluster response,
- To promote increased integration and coordination of multi-sectoral response that enables better health outcomes

Key change area 3: Enhanced capacity, visibility and effectiveness of health cluster to support advocacy in crisis-affected contexts

The important role of the Health Cluster and partners in bringing about change is strengthened when visibility of the Health Cluster is high, and capacity to undertake advocacy (and other) actions, is robust. In particular the ability of Cluster partners to coordinate and collaborate on actions underpins the success of all its activities, including advocacy.

The importance of enhancing the role of the Health Cluster, particularly at country level, to support advocacy (and other) efforts is therefore acknowledged by Health Cluster and partners. This includes: strengthening the engagement between partners at country level and the links to global regional and global levels to underpin advocacy and other efforts; strengthening knowledge and information sharing and its use between partners to enhance best practice and collective impact, and promoting advocacy in country level health clusters, particularly through actions to increase the skills of Health cluster and partners (particularly national actors) to engage in advocacy activities, and generate resources for the work.

The specific objectives to bring about change in this area include:

- To promote increased partner engagement and interaction at country level and links to regional and global levels, to support advocacy and other actions
- To promote increased knowledge and information sharing (e.g. gap analysis, good practice) and its use, between partners at all levels
- To promote increased capacity for advocacy actions within the Health Cluster and partners, particularly at country level
- To support increased resource generation for advocacy- related actions, particularly at country level

5. KEY APPROACHES / ACTIVITIES

Within each change area, a number of activities are identified to bring about the specific objectives. These activities fall into 3 key areas:

1) activities to develop the information and evidence base to underpin advocacy "asks"

2) activities to influence and lobby to bring about change in identified areas, and

3) activities to support increased capacity of the Health Cluster for advocacy, particularly at country level, including activities to promote more effective practices within the Health Cluster and strengthen visibility and impact.

These activities take place at a range of levels. In addition, influencing and lobbying activities will target a range of audiences. It is envisaged that Health Clusters at country level will adapt activities to their specific circumstances and needs.   In addition, actions will be needed to identify the specific target audiences for influencing/lobbying activities, as well as an analysis of key stakeholders that may support or be a threat to the changes sought.   These activities will form part of specific country level advocacy plans.

Table 1 outlines the overall key areas of change, specific objectives and key approaches/activities and overall time-frames within the 2017-2019 Strategy. A more detailed breakdown of activities and key actors involved, with indicative time-frames is provided in table 2.

6. MONITORING AND EVALUATION

Within each change area, a number of key outcomes, and their indicators, are identified.   As Health Clusters develop their specific advocacy plans, these outcomes and indicators will be adapted to take account of the specific activities and outcomes envisaged in a particular context.

In addition to the monitoring needs for its specific activities, the Global Health Cluster will also have an important role in collating the outcomes at country and regional levels, to support monitoring and evaluation of the overall advocacy strategy, over the 2017-2019 period.

7. RISKS

In exposing issues and highlighting areas where change is needed, advocacy actions can risk generating negative implications for individuals as well as agencies and their programmes.   A thoughtful risk assessment (incorporating due diligence) of advocacy activities and their potential consequences and mitigation, will therefore be part of the advocacy planning process at all levels. In addition,

advocacy actions will reflect considered and collective health cluster and partner views, rather than individual agency agendas.

8. HUMAN AND FINANCIAL RESOURCES REQUIRED

The key actors involved in supporting activities at different levels are outlined in table 2. It is anticipated that Health Cluster and partner' inputs/resources will be needed to ensure the successful implementation of the strategy, at global and country levels. The exact nature of inputs will be determined as part of the implementation process.

9. BUDGET

An indicative budget for the actions outlined will be developed to support the strategy.

10. TIMELINE

The indicated time-frame for addressing specific objectives is outlined in table 1. Specific time-frames for activities are provided in table 2 but will be adapted at country, regional and global and regional levels, as required.

Table 1: Advocacy strategy - strategic objectives and key approaches/activities

Key change area	Specific objectives	key approach/activity			Nature of engagement (Lead or contribute)	Level of engagement (global, regional, country)	Key outcome	Indicator	Time-frame (overall indicative)		
		Building information/ evidence base	Influencing/ lobbying activities	Enhancing capacity, visibility, effectiveness					2017	2018	2019
Improved protection of health care providers and users											
	To promote standardisation and reporting of attacks	Development and capture best practice on safe access		Promote data collection tools/safe access practices across health clusters	Lead	Country level with support from global level	Standardisation and reporting of attacks in x priority countries	x countries with regular reporting	▉		
	To support development of plans to increase protection of health care providers and users	Support review of legislation, policy and guidelines	Support lobbying for changes to legislation, policy and guidelines		Contribute	Country level	Contribute to WHO milestone in priority countries	x countries meeting milestone	▉		
	To support efforts to champion protection of of health care providers and users at national and global levels	Support development of advocacy/lobbying plans	Support opportunities to champion protection of health care providers and users		Contribute	Country level with additional advocacy at global and regional levels	Contribute to WHO milestone in priority countries	x countries meeting milestone		▉	
Increased access to and equity of health services											
	To promote improved equity in partner response across and within contexts	Documentation of resource/implementation gaps	Advocacy on importance of funding/ implementation across and within crisis-affected contexs/populations		Lead	Country level with additional advocacy at global and regional levels	Increased recognition of need for equity of response	Examples of improved equity in responses		▉	
	To support increased access to package of quality essential services in Health Cluster response	Documentation of best practice examples of EPHS		Promotion of best practice examples on EPHS	Contribute	Country level with support from global level	Increased access to EPHS in x countries	x countries implementing EPHS		▉	
	To promote increased integration and coordination of multi-sectoral response	Documentation of effective integration and coordination strategies		Promotion of effective strategies/best practice	Lead	Country level with support from global level	Increased integration and coordination in x priority countries	x countries with increased integration/ coordination		▉	

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Enhanced capacity, visibility and effectiveness for advocacy											
	To promote increased partner engagement at country level and links with regional and global levels to support advocacy			Development of advocacy focal points	Lead	Country level with links to regional and global levels	Focal points established in x priority countries	x countries with active focal points in place			
	To promote increased partner knowledge and information sharing at all levels	Actions to support capture of information and knowledge across partners		Promotion of knowledge/ information sharing	Lead	Country level with support from global level	Increased knowledge and information sharing	x countries with increased information sharing			
	To promote increased capacity for advocacy actions within the Health Cluster, particularly at country level	Review/identify key policy issues/challenges for action at country level		Support to country level advocacy plans/training	Lead	Country level with support from global level	Increased capacity to undertake advocacy actions	x priority countries with advocacy plans			
	To support increased resource generation for specific advocacy/other Health Cluster actions, particularly at country level			Support to country level resource mobilisation plans for advocacy-related activities/other activities	Lead	Country level with support from global level	Increased resource generation	x priority countries with resource plans			

Table 2: Advocacy strategy - Key activities and time-lines for action

Key change area	Specific objective	Key approach activity	Specific activities to bring about change	Key actors involved	Time-line (indicative)								
					Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019	Q2 2019	Q3 2019	Q4 2019
Improved protection of health care providers and users													
	Promote and embed standardisation and reporting of attacks												
		Development and capture of best practice on safe access											
			Collation of practices within key contexts	GHC; selected country cluster partners		▓							
			Analysis of best practice examples	GHC; selected country cluster partners		▓							
			Write up of best practice examples	GHC				▓					
			Dissemination of best practice examples across partners/contexts	GHC comms unit					▓				
		Promote data collection tools/safe access practices across clusters											
			Promote roll-out of tools across clusters	GHC comms unit	▓	▓	▓	▓					
			Follow up on use of tools across clusters	GHC				▓	▓	▓			
	Development of plans to increase protection of providers and users												
		Review of legislation,policy and guidelines (with WHO)											
			Identification of priority contexts	GHC, WHO	▓								
			Review and analysis of current legislation, policy and guidelines	Selected country cluster teams; WHO country teams		▓	▓						
			Identification of gaps/areas to strengthen legisilation/policy/ guidelines	Selected country cluster teams; WHO country teams			▓						
		Lobbying of changes to legislation/policy/guidelines (with WHO)											
			Development of key messages to underpin lobbying activities	Selected country cluster teams; WHO country teams; GHC comms					▓				
			Identification of key targets (persons/insitutions) for lobbying activities	Selected country cluster teams; WHO global and country teams; GHC					▓				
	Champion protection of health care providers and uses at national and global levels												
		Development of advocacy/lobbying plans (with WHO)											
			Development of key messages based on analysis of legislation/policies/guidelines	Selected country cluster teams; WHO country teams					▓				
		Support opportunities to champion protection (with WHO)											
			Identification of key champions at country and global levels	GHC; WHO (global and country); selected country cluster teams, GHC comms					▓				
			Identification of key opportunteis to promote issue	GHC, WHO (global and country); Selected country cluster teams; GHC comms					▓	▓			

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Outcome	Objective	Activity	Sub-activity	Responsible	Timeline
Increased access to and equity of health services					
	Promote improved equity in partner response				
		Documentation of resource/implementation gaps			
			Collation of resource/ implmentation gaps	GHC, selected country cluster teams	�
			Analysis of implicaitions of current gaps for health outcomes etc	GHC, selected country cluster teams	▪
			Write-up and dissemination	GHC; GHC comms	▪
		Documentation of best practice examples of EPHS			
			Collation of best practice examples in key contexts	GHC; selected country cluster partners	▪
			Analysis of best practice examples	GHC	▪
			Write-up and dissemination	GHC; GHC comms	▪
		Advocacy on importance of funding/implementation across and within crisis-affected contexts			
			Collation of funding/implementation gaps	GHC; selected country cluster teams	▪
			Analysis of implications of current gaps for health outcomes etc	GHC	▪
			Development of key messages	GHC, GHC comms	▪
			Identification of opportunities for advocacy	GHC, GHC comms	▪
		Promotion of best practice			
			Dissemination of best practice examples across partners/contexts	GHC comms	▪
	Promote access to package of quality essential services				
		Documentation of effective strategies/best practice examples			
			Collation of best practice examples in key contexts	GHC; selected country cluster teams	▪
			Analysis of best practice examples	GHC	▪
			Write-up and dissemination	GHC; GHC comms	▪
	Promote increase integration and coordination of multi-sectoral response				
		Documentation of effective integration and coordination strategies			
			Collation of best practice examples in key contexts	GHC; selected country cluster teams	▪
			Analysis of best practice examples	GHC	▪
			Write-up	GHC	▪
		Promotionof effective strategies/best practice			
			Dissemination of best practice examples across partners/contexts	GHC comms	▪

Goal	Objective	Activity group	Activity	Responsible	Timeline
Enhanced capacity, visibility and effectiveness for advocacy					
	Promote increased partner engagement at country level to support advocacy				
		Development of Country level focal points for advocacy			
			Development of TORs for country level focal points	GHC	▉
			Circulation of TORs for feedback/review by key partner organisations	GHC; selected country cluster teams; partner agencies	▉
			Trial of focal points in x number of key contexts	GHC; selected country cluster teams; partner agencies	▉▉▉
			Scale-up as useful	GHC; country cluster teams; partner agencies	▉
	Promote increased partner knowledge sharing at multiple levels				
		Development of information sharing mechanisms			
			Development of information/knowledge sharing template	GHC	▉
			Pilot of of template across x key contexts	GHC; selected country cluster teams	▉▉
			Scale up as useful	GHC; country cluster teams	▉▉▉
		Promotion of knowledge/information sharing			
			Analysis of key information/knowledge examples	GHC	▉
			Dissemination of best knowledge/information sharing examples	GHC comms	▉
	Promote increased capacity for advocacy actions				
		Review/identify key policy issues/challenges for action at country level			
			Support to analysis of key policy issues/challenges within key contexts	GHC; selected country cluster teams	▉
		Support to country level advocacy plans			
			Support/mentoring for development of advocacy plans in key priority countries	GHC; selected country cluster teams; partner agencies	▉▉▉
		Support to country level advocacy training			
			Audit of advocacy capacity needs in priorty contexts	GHC; selected country cluster teams; partner agencies	▉
			Review of key training resources within partners at country level	GHC; selected country cluster teams; partner agencies	▉
			Identfication of mentoring resources within partners at country level	GHC; selected country cluster teams; partner agencies	▉
			Support to training/mentoring plans for key priority countries	GHC; selected country cluster teams; partner agencies	▉▉

	Support increased resource generation for specific advocacy/other health cluster actions at country level													
		Support country level resource mobilisation plans												
			Development of budgeted plans in key priority countries	GHC; selected country cluster teams						▓				
			Support/mentoring for development of advocacy plans in key priority countries	GHC; selected country cluster teams							▓			

Key:

▓▓▓▓	Indicative time-frame (to be determined by Health cluster and partners		
▓▓▓▓	Indicative time-frame (to be determined in conjuction with WHO)		