HEALTH CLUSTER RETREAT WORKSHOP REPORT

Grand Hôtel de Bamako, March 19-20, 2025

Workshop facilitation and secretariat: Health Cluster Coordination Team

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REPORT OF THE 2025 HEALTH CLUSTER RETREAT WORKSHOP

Introduction

This report outlines the progress of the health cluster retreat held from March 19 to 20, 2025, at the Grand Hôtel de Bamako. This retreat brought together more than 40 people, including 8 women representing:

(i) members of the health cluster

- United Nations agencies
- National and International NGOs,
- The Red Cross and Red Crescent movements
- The sections of Doctors Without Borders and
- National authorities represented by officials from the Ministries of Health and Social Development and Family, Women and Children.

(ii) representatives of other clusters activated in Mali and Ocha representing the Inter cluster.

These organizations have an effective presence in the humanitarian regions of Ménaka, Timbuktu, Gao, Kidal, Taoudéni, Mopti and Ségou, but also in the southern regions not classified as humanitarian regions.

The following chapters have been developed in this report, namely:

- Humanitarian context of the country
- Objectives set for this retreat,
- Expected results,
- Working methodology during this workshop,
- Stages of the workshop
- Synthesis of presentations of work at the crossroads and
- Conclusion.

1. Humanitarian context in Mali:

The humanitarian situation in Mali continues to deteriorate. Insecurity, which has spread from the northern region to the central regions of Mopti, Ségou, and Koulikoro, restricts population movements and disrupts livelihoods and access to basic social services such as health, drinking water, education, etc. Clashes between armed groups and intercommunal violence, the Malian Armed Forces (FAMA) hunting down jihadists, and periodic flooding continue to cause displacement of people in need of humanitarian assistance and protection services.

The latest report " Displacement Tracking Matrix » DTM of September 2024, reports 330,713 internally displaced people (IDPs) distributed among 87,623 households since May 31, 2024. The operation affected the regions hosting internally displaced people and returnees, namely Ménaka, Mopti, Ségou, San, Koutiala, Kidal, Bougouni, Kayes, Sikasso, Dioila , Kita, Taoudenni, Bandiagara, Gao, Timbuktu, Koulikoro and Bamako district. Registered children and adult women represent respectively 58% and 26%.

The regions of Ménaka (18%), Mopti (17%), Bandiagara (14%), Gao (13%), Ségou (12%) and Timbuktu (10%) contain the largest number of IDPs recorded by the DTM. The security situation in certain areas located in the center of the country remains a major concern for the populations living in these localities [1].

Furthermore, statistics from the Surveillance Systems (SSA) reported six attacks on the health system, resulting in human losses and injuries. Health infrastructure is severely affected by attacks and a lack of personnel and equipment, which limits its ability to provide basic care. Approximately 4% of health facilities are not functioned and 10% are partially accessible due to various obstacles, including insecurity.

Vulnerable populations, particularly women and adolescents, suffer from limited access to healthcare, leading to high rates of maternal and neonatal morbidity and mortality. Barriers to accessing healthcare in general, as well as reproductive health, exacerbate these problems, particularly for adolescents, who face unwanted pregnancies and health complications.

Assessments conducted by various health partners revealed critical needs, including essential medicines, basic health service provision, quality care and evacuation capacity for medical and surgical emergencies.

Despite the efforts of partners and governments, many of the population's health needs remain unmet, especially for vulnerable groups. The challenge of accessing quality basic health services is ever-present.

According to the 2025 Humanitarian Programming cycle, although the number of people in need is reduced from 7.1 million in 2024 to 6.5 million in 2025, the number of increasingly vulnerable and targeted people has increased from 4.1 million to 4.9 million in 2025, an increase of 16.3%. People number in health need referring to the Health Cluster has increased from 3.5 million people in 2024 to 3.7 million in 2025.

The health cluster is part of clusters activated in Mali and was activated in 2012 to respond to the health populations affected needs by a humanitarian crisis.

In 2025, the Mali health cluster works in coordination with 42 active partners: 10 local/national NGOs, 14 international NGOs, 8 United Nations Agencies, 4 Red Cross and Red Crescent movements, 3 MSF sections and 3 from the Government. It has 6 health-nutrition working groups (subnational clusters) and covers 6 regions of Ménaka, Timbuktu, Gao, Kidal, Mopti and Ségou . In 2024, the health cluster partners supported 4,272 health structures (Reference health centers, Community health Facilities, Temporary health posts, Mobile clinics and Community Health Worker sites), reaching 2,679,097 people in 2024.

[1] Survey report on the future intentions of displaced households, National Directorate of Social Development, MSDS, September 2024

To meet these needs in 2025, the country is requesting USD 771.3 million, including USD 43.3 million for the health cluster.

To improve the health sector results, a retreat has been organized to reflect with the various actors on achievements in terms of progress in implementation, to draw lessons learned through a SWOT analysis, to better guide planning and responses in 2025. The focus will be put on the strategic consultation group challenges of the health cluster and also, regarding the health cluster localization plan, cross-cutting thematic groups integration in the coordination, strengthening inter-sectoral with other sectors and the Humanitarian-Development Nexus operationalization.

2. Workshop Objectives:

2.1. General purpose of retirement

The overall retreat objective is to bring together the various stakeholders in the sector and health Cluster partners, to reflect on 2025 emergency health response and coordination, to exchange on the lessons learned and priority projects for 2025.

2.2. Specific objectives

The specific objectives are:

1. Present the results of year 2024 in terms of response and coordination as well as the results of the cluster performance evaluation (CCPM 2024) in order to identify gaps and purpose the Health Cluster 2025 correction plan;

2. Share experiences and capitalize on difficulties, lessons learned, best practices;

3. Clarify the cluster's perspectives in terms of location, intersectorality and operationalization of the HDP Nexus;

4. Validate priority projects for 2025 with a view to strengthening the cluster's performance.

3. Workshop results:

The following results were achieved during this workshop:

1. 2024-year results in terms of response and coordination as well as the results of the cluster performance assessment (CCPM 2024) were presented.

2. Experiences, difficulties, lessons learned and good practices were capitalized and shared,

3. The health cluster's localization perspectives are defined and an action plan developed,

4. Monitoring of intersectoral initiatives was carried out with the other clusters represented and corrective strengthening measures identified,

5. Main bottlenecks concerning the operationalization of the Nexus Humanitarian-Development-Peace and the localization approach were identified and supporting measures agreed with the partners,

6. Roadmap elements on the localization approach were identified and recommendations made for the coordination team for effective implementation,

7. Consolidation of the ToRs of the Strategic Coordination Group of the Health Cluster to make this group functional to provide strategic thinking within the health cluster,

8. Priority projects for 2025 to strengthen the cluster's performance validated.

4. Methodology

It has been a 2-day retreat organized in the form of a workshop for exchanges and interactive reflections to provide strategic directions in the coordination of partners in the health sector.

To achieve the objectives set during this workshop, keynote presentations were made through introductory talks, the organization of working groups and discussion panels on the major issues and/or priorities identified by the small group set up by the Health Cluster.

The documents were shared with the various groups relating to the six selected themes.

5. Workshop schedule:

5.1. Workshop opening:

The opening ceremony was marked by three speeches:

The Health Cluster Coordinator (HCC) thanked the participants for their presence and congratulated them on their work in the health sector. He explained the agenda, objectives, and expected outcomes of the retreat.

The WHO Representative encouraged the Health Cluster partners during this period of resource scarcity, thanked them for their support, and emphasized that the Cluster will focus on interventions that have a significant impact on the health of the population and access to essential care for the most vulnerable. He emphasized the need to coordinate efforts to meet the needs of the Malian population in accordance with the priorities defined by the health authorities.

The Director General of Health and Public Hygiene welcomed the participants and expressed his gratitude to the Health Cluster stakeholders for their support in improving the health of the Malian population. He stated: "We are satisfied with what the Cluster has done. We invite you to continue to help us. The few resources that exist should be

used wisely to fill the gaps for the benefit of the population and avoid leaving vulnerable populations in a state of permanent assistance."

5.2. Presentations of different themes and the methodology chosen for the working groups

i. Review of cluster response activities in 2024
ii. Presentation of the epidemiological situation

Following these presentations, discussions focused on:

- The integration of traditional practitioners into surveillance;
- The capacity of regions to carry out tests for MADO;
- Availability of results and completion of responses;
- The existence of a common collection tool within the framework of One Health;
- The outlook for some identified challenges;
- Strategies for implementing surveillance activities at points of entry;
- Computerization for the processing of epidemiological surveillance data.

The facilitators provided answers to all these questions.

iii. Introductory presentation of the retreat which highlighted the context, objectives and methodology of group work and their distribution as follows:
    - Management of epidemics and natural disasters and interaction between RRM and health clusters for an effective and efficient response,
    - Implementation of the global health cluster localization strategy through a health cluster roadmap,
    - The contribution of partners to information management and deliverables of the health cluster
    - The health cluster coordination bodies and intersectoral collaboration: Nutrition, WASH, Food security and health including cross-cutting themes,
    - Innovative alternative strategies for mobilizing resources in the health sector,
    - Analysis of the preliminary report of the Self-assessment of the performance of the CCPM health cluster

5.3. Production of working groups:

The participants, initially divided into six groups for the cross-functional work, were eventually divided into five. The last group, which addressed localization in addition to self-assessment, also addressed localization.

For each, a moderator and a rapporteur were chosen and for each theme, the participants identified the points that worked, those that worked less well, the possible solutions, the lessons learned as well as the best practices.

After the various presentations, some points of attention were noted, namely:

- Need to implement a tool to monitor partners' response capacities during epidemics and disasters

- Importance of diversifying advocacy actions to mobilize more emergency funds for epidemics and disasters,
- Urgency of sharing information on incidents in the health system between the different SSA platforms, Working Group Access and incident monitoring by the protection cluster, etc.
- Need to strengthen coordination between health cluster and Rapid Response Mechanic (RRM) stakeholders
- Urgency of strengthening local capacities in healthcare management to ensure an agile response better adapted to local care,
- Need to raise awareness among stakeholders for the establishment of a Focal Point for data reporting at the National Health Cluster level,
- Need to strengthen the support of regional clusters in the implementation of the HNRP
- Need to implement a capacity building plan for members of the health cluster,
- Need to equip members of the health cluster to participate in multi-sectoral assessments,
- Urgency of adapting the ToRs of the health cluster and the advisory consultation committee to the current context by considering the Sexual and Reproductive Health (SRH) and Mental Health and Psychosocial Support (MHPS) thematic groups, the strategic advisory group, and interactions with other sectors,
- Importance of integrating SRH and MHPS into the rapid assessment tool and popularizing it,
- Need to improve data archiving for documentation and ensure the institutional memory of the health cluster,
- Usefulness of strengthening intersectoral collaboration between the health cluster and other sectors,
- Importance of encouraging all members of the health cluster to transmit their data to the coordination level,
- Need for harmonization and pooling of humanitarian and development funding to compensate for the freeze on American funding,
- Need to monitor mechanisms in place for better transparency of governance for accountability to donors and beneficiaries,
- Urgency of integrating National and Local NGOs into coordination teams at different levels,
- Need to specify/disaggregate the needs of women, men, girls, boys and people with disabilities (people with specific needs) in monitoring interventions and reporting
- Need for all stakeholders to regularly update the information activities platform,
- Need to process complaints within the time frame with the involvement of communities at the level of circles, communes and villages .

5.4. What worked, what didn't work so well, possible solutions, best practices and lessons learned by theme

Theme 1: Management of epidemics and natural disasters and interaction between RRM and health cluster		
Sub-theme	**What worked 3 to 5**	**What worked less well**
Coordination during epidemics and/or disasters	- Good sharing of information between stakeholders - Strong mobilization of stakeholders - Good collaboration between the state and partners	- Insufficient synergy of action by partners during epidemics - Insufficient emergency funds - Difficulty in implementing response plans - Poor response from health actors in disaster management
Possible solutions	- Strengthen advocacy actions to mobilize more emergency funds for epidemics and disasters	
Best practices	- Implementation of a tool for monitoring partners' response capacities during epidemics and disasters - Good inter-cluster collaboration (protection, nutrition, WASH) - Continuous disease surveillance - Production and sharing of SITREPs	
Lessons learned	• Implementation of the ONE HEALTH approach is fundamental to epidemic management • Strengthening the health system through staff training	

Sub-theme	What worked 3 to 5	What worked less well
Interaction between health clusters and RRM during population movements	- Involvement of the Health cluster in the development of the EMR questionnaire - Rapid and effective collaboration (support) of health stakeholders during rapid multi-sector assessments. - Targeting malnourished children in displaced households during multi-sectoral needs assessments. - Strengthened coordination between health cluster, RRM and protection cluster actors - Coverage of health gaps in certain areas (e.g.: Ségou) - Active participation in the monthly meeting of the RRM coordination at national level - Sharing of joint multi-sectoral assessment reports during RRM in certain Zones	- Insufficient coverage of the health response in certain areas (Timbuktu, Gao and Mopti) - Insufficient emergency health funding - Low participation of health stakeholders in coordination meetings at regional level.
Possible solutions	- Strengthening coordination between stakeholders and RRM - Create mobile health infrastructures (or temporary health centers) in remote or hard-to-access areas. - Strengthening mobile teams to cover health gaps - Strengthening local capacities (in management and healthcare for an agile response better adapted to local needs. - Mobilizing funds for emergency health.	
Best practices	- Joint mission (health actors, RRM, Protection) - Transmission of alerts and assessment reports to stakeholders (by the protection and RRM cluster	
Lessons learned	- Better coordination of actions during evaluations with all stakeholders	

Sub-theme	What worked 3 to 5	What worked less well
Logistics management during, during and after epidemics/health events	- Existence of mobile teams to provide health services - Inter-agency flexibility (logistical means) - Mutual support of actors in internet connection - Availability of the cold chain at all levels	- Weak support for the DGSHP in internet connection in the context of data sharing - Lack of synergy of action between NGOs - Difficulty accessing certain places - Delay in timely delivery of products to beneficiaries in remote areas - Contingency stock shortages - The unavailability of UHNAS flights in certain areas such as Menaka
Possible solutions	- Support for SSE/DGSHP with internet subscription - Pre-positioning of contingency stocks at central and regional level for epidemic management - Establish solid networks for the delivery of medical products	
Best practices	- Coordination between stakeholders enabled the delivery of products and facilitated the movement of staff to serve beneficiaries.	
Lessons learned	- Pooling of logistical resources during joint missions	

Theme 2: Implementation of the global localization strategy within the Mali health cluster ,		
Sub-theme	**What worked 3 to 5**	**What worked less well**
Identification of Local NGOs, Local Associations in the Health Sector Integration of Local NGOs into the decision-making centers of national and regional coordination teams Collaboration with Local NGOs in the implementation of projects for their empowerment in accessing resources	- Existence of a global map of health cluster stakeholders including NGOs and local associations - Existence of a global localization strategy; - Chairing of cluster meetings at regional level by the Regional Health Directorates, - Funding of National NGOs by FHRAOC and CERF through Agencies	- Lack of diagnosis on the identification of the specific needs of NGOs and National Associations (Capacity building, equipment and materials, etc.), - Lack of roadmap for localization activities, - Low capacity of local actors at different levels, - Poor access to health sector resources for the implementation of activities by NGOs and National Associations
Possible solutions	- Diagnose the needs of National NGOs and local associations: skills, management and programmatic capacities in the implementation of projects, - Develop a roadmap linked to the health cluster's overall strategy on localization - Develop a consensual capacity building plan, coaching of National/Local NGOs	
Best practices	- Coaching of National NGOs by certain International NGOs facilitates the empowerment of NGOs and Local Associations, - The update of the global mapping of the health cluster will allow the rapid identification of NGOs and Local Associations active in the field,	

	- The integration of the obligation to work with local NGOs, the audit of local NGO capacities in the FHRAOC facilitates access to the resources of these NGOs .
Lessons learned	• Simplifying procedures, engaging stakeholders, strengthening communication, establishing clear deadlines, encouraging a culture of transparency facilitate access to resources • Availability of support doctors to the DRS to support the mapping of NGOs operating in the regions

Theme 3: Contribution of partners to information management and deliverables of the health cluster		
Sub-theme	**What worked 3 to 5**	**What worked less well**
Reflection on the communication circuit within the cluster, with the Government The tools available to contribute to the deliverables/products expected from the cluster Sharing information and involving stakeholders in the HNRP process Information from Activity info RRM and areas for improvement	- Regularity in the dissemination of information and bulletins. - Existence of data collection and sharing tools: mailing list , data collection matrix, dashboard, monthly newsletter, ad hoc information sharing. - Regularity in the regular sharing of weekly epidemiological bulletins. - Active participation of partners in HRP processes. - Feedback from regional focal points to the national level - Periodic reporting of info/RRM activities.	- Little visibility of the response of health sector partners to their interventions compared to other sectors, - Low involvement of donors - Weak coordination support for regional HNRP workshops. - Low contribution from partners to data collection: limited technology for creating dashboards, poor information in the matrix

Possible solutions	- Raising awareness among stakeholders for regular data reporting to facilitate decision-making - Use of advanced applications (e.g. Power BI), automation of data processing. - Advocacy for funding bulletins adopting more efficient technology (Provision of digital equipment, capacity building) - Strengthening support for regional sub-clusters in the implementation of HNRPs - Establishment/strengthening of a reminder mechanism and monitoring of partners. - Organization of training/reorientation sessions for partners on RRM Activity info.
Best practices	-
Lessons learned	•

Theme 4: Management of health cluster coordination bodies and intersectoral collaboration: Nutrition, WASH, Food security and health including cross-cutting themes		
Sub-theme	**What worked 3 to 5**	**What worked less well**
1. Conducting meetings, pace, work environment, discussion space 2. Capacity building of health cluster members;	- Regularity of holding cluster meetings (national and sub-national) - Relevance of the topics covered - Sending invitations by email on time (one week before the meeting) with reminder	- health cluster meeting minutes - Low participation of member organizations in cluster meetings - Low contribution of members to cluster deliverables (Bulletins, matrices, evaluation reports, etc.)

3. Review of the ToR of the Strategic Advisory Group of the Health Cluster and its functionality 4. Adaptation of the health cluster's ToRs 5. Annual health cluster work plan 6. Interactions with cross-cutting thematic groups and the effective presence of the health cluster in these different groups 7. Interaction with the SSR and SMSPS GT 8. Interaction between the national coordination team and regional teams 9. Intersectoral collaboration lines with the 4 clusters (Nutrition, WASH, Food Security and Health) and integration of protection	- Inclusive participation in decision-making during cluster meetings - Regular participation of the epidemiological surveillance section of the DGS in the health cluster - Existence of the health cluster's TDRs - Designation of RRM focal points and location of cross-cutting thematic groups and effective presence of the health cluster in these different groups - Activation of the SSR and SMSPS thematic groups - Existence of regional health cluster teams in all regions - Good intersectoral collaboration with Nutrition and Protection clusters (Example: integration of health and nutrition clusters at the regional level, sharing of intersectoral indicators such as clinical management of sexual violence with the GBV sub-cluster for protection, designation of a GBV focal point)	- Poor consideration of the activities of the GT SSR and Mental Health working groups during cluster meetings and interventions by other actors in the field - Lack of identification of training needs and capacity building of health cluster members - Non-validation of the ToRs of the Strategic Advisory Group of the Health Cluster - ToR of the health cluster not adapted to the current context after the addition of the SSR, SMSPS thematic groups, the strategic advisory group, interactions with other sectors - Low participation of the health cluster coordination in meetings of the SSR and SMSPS thematic groups - Lack of consultation frameworks between the health cluster and the SSR and SMSPS thematic groups - Low involvement of cluster members in the process of developing HRP (Humanitarian Response Plan) plans in the health sector - Low participation of RRM focal points in meetings of cross-cutting thematic groups - Irregularity in the participation of health cluster members in multi-sectoral assessments in the regions,

		- health sector needs assessment tool , - Insufficient archiving of documentation of the health cluster's achievements, - Weak intersectoral collaboration between the health cluster and the WASH and Food Security clusters
Possible solutions	- Reserve a time slot during meetings for other working groups affiliated with the cluster - Strengthening the involvement of partners in the HNRP process at national and regional level and the mechanism for collecting information from other field actors in the health cluster - Develop and implement a capacity building plan for cluster members - Update and validate the ToRs of the health cluster and the Health Cluster Advisory Group - Develop inclusively the annual health cluster and HNRP work plans for the health sector - Improve the participation of RRM focal points in meetings of cross-cutting thematic groups - Organize periodic consultation meetings between the health cluster and the SSR and SMSPS thematic groups - Improve the participation of the health cluster coordination in meetings of the SSR and SMSPS thematic groups - Strengthening the participation of the health cluster in multi-sectoral assessments - Carry out a wide dissemination of the rapid assessment tool of the health sector needs after integration of the SSR and the SMSPS	

	- Improve the archiving of documentation in order to consolidate the achievements (institutional memory) of the health cluster - Strengthen intersectoral collaboration between the health cluster and other nutrition, protection, WASH and food security clusters.
Best practices	- Holding face-to-face and online meetings allowing members to participate anywhere - Deployment of multi-purpose mobile teams and/or advanced medical posts to improve the accessibility of health services in crisis zones - Activation of the SSR and SMSPS thematic groups - Active participation of the health cluster in the regional access working group - Strengthen collaboration with the protection cluster, which will be able to: i. provide solutions through advice and guidance on the protection situation in conflict-affected areas; ii. Awareness-raising and capacity-building; iii. Risk management (assessment and sharing of information); iv. Exchange of good practices.
Lessons learned	• Improving the accessibility of health services in crisis areas through mobile teams • The use of NTI (Zoom, Teams, Meet , etc.) helps improve remote participation of members in cluster meetings • The activation of the SSR and SMSPS thematic groups makes it possible to address SSR issues (Example: SSR targets in the HRP 2025 Mali) • The proven need for humanitarians in crisis situations

Theme 5: Innovative alternative strategies for mobilizing resources in the health sector ,		
Sub-theme	**What worked 3 to 5**	**What worked less well**
Identification of the different existing sources of resource mobilization for health: • Presence of **traditional donors:** ECHO, USAID, GFFO, NAVARA, GAVI, CERF, FHRAOC, Coopé. Belgian, SIDA, Embassy of Japan • **Non-traditional landlords:** - **Gulf Countries** : United Arab Emirates, Qatar, Asia, BRICS, Turkey, Philanthropic Organization Bill and Melinda Gate Foundation , Salif Keita Foundation etc. - **Private funds: Companies** , Employers, Chamber of Mines, Economic Operators, Banks, etc. - **Diaspora** : High Council of Malians Abroad , Higher Council of the Malian Diaspora, Community Structures (association of Malians established in France)	- Presence of **traditional donors:** ECHO, USAID, GFFO, NAVARA, GAVI, CERF, FHRAOC, Coopé. Belgian, SIDA, Embassy of Japan - Compliance with commitments for health financing made in 2024 by donors, - Coverage of gaps left by MINUSMA by donors such as the Global Fund, - Compliance with deadlines for the deployment of humanitarian interventions	- Budget cuts, suspension of aid from a number of donors - Inequality of opportunity in calls for expressions of interest - Low diversification of Advocacy for resource mobilization - Little solicitation from non-traditional lessors - Low solicitation from the diaspora

Possible solutions	- Establish a map of non-traditional donors, - Evaluate the missions and visions of new donors. - Develop a health sector resource mobilization plan	
Best practices	- Coordination around resource mobilization	
Lessons learned	• The fragility of partnerships • Lack of diversification in the mobilization of resources by humanitarian actors (non-traditional donors) • Impact of political decisions on the financing of traditional donors	
Sub-theme	**What worked 3 to 5**	**What worked less well**
Innovative strategies for mobilizing resources from each identified source	- Coordination mechanism - Submission to calls for funds - Donor Policy - Diversity of donors - Relevance of humanitarian programs and projects	- Reduction in the number of lessors, - Risk of closure of certain NGOs - Lack of willingness for organizations to create new partnerships, - The impact of political decisions
Possible solutions	- Establish a map of non-traditional donors - **(PBF)** mechanisms **(** Development of conditional financing based on the achievement of health objectives (vaccination coverage rate, reduction of maternal mortality, etc.).	

	- **Mixed Finance (** Collaborating with the private sector and foundations) - Develop targeted strategies by proposing projects that respond in a coordinated manner to humanitarian needs - **Microfinance mechanisms and community insurance** - Encourage mutual health insurance and inclusive insurance to reduce dependence on external funding. - Model tested in West Africa with community health mutuals - **Social bonds and impact investing** - Issuance of **social bonds** to finance health projects with measurable impact. - **Crowdfunding mechanisms (** Mobilizing the diaspora through **crowdfunding platforms** for community projects.) - Establish a thematic dialogue platform with different types of donors - Diversify partnerships and sources of funding - Promote the consortium between UN Agency, INGOs and NGNOs
Best practices	- Pooling of NGO resources
Lessons learned	• Inadequacies/Fragility of resource mobilization mechanisms

Sub-theme	What worked 3 to 5	What worked less well

How to increase the chances that health sector advocacy can be "attractive" to potential donors	- Existence of coordination mechanisms (cluster, working group) - Availability of evidence (proof) - Availability of intervention mapping tools (e.g. FONGIM Dashboard)	- Difficulty in coordination at the decentralized level
Possible solutions	- **Mechanisms for strategic dialogue with emerging donors** - **Harmonization and pooling of humanitarian and development funding** - Better integration of the **Health Cluster into national health planning frameworks** to attract long-term funding. - **Universal Health Coverage (UHC)** programs to maximize World Bank funding. - Propose multi-sectoral humanitarian actions (health focus), - Promote reliable expertise and project relevance - Ensure project monitoring and evaluation. - Establish transparency and inclusive governance mechanisms to ensure accountability to donors - Establish an NGO consortium mechanism	
Best practices	- Existence of targeted and coordinated strategies aligned with the country's health policy,	
Lessons learned	• Limits of coordination mechanisms	

Theme 6: Analysis of the preliminary report of the Self-assessment of the performance of the CCPM health cluster		
Sub-theme 6.1	**What worked 3 to 5**	**What worked less well**
Support for service delivery	- Identification of needs, gaps and response priorities; Cluster mapping	- Meetings; Cluster strategic decisions/No strategic steering committee
Possible solutions	- Increase member participation by creating a WhatsApp group, setting up a strategic orientation committee	
Best practices	- Promptness in responding to alerts	
Lessons learned	• Regular online/in-person meetings	
Sub-theme 6.2	**What worked 3 to 5**	**What worked less well**
Informing HC/HCT strategic decision-making	- Needs assessments - Proposal of advocacy messages to the HC/HCT	- Insufficient sampling
Possible solutions	- Include all stakeholders in needs assessments	
Best practices	- All alerts are evaluated	

Lessons learned	• Systematic assessment of all health event alerts facilitates early detection and rapid response, enabling the reduction of morbidity and mortality risks for vulnerable populations.	
Sub-theme 6.3	**What worked 3 to 5**	**What worked less well**
Planning and strategy development	- Existence of SOPs, prioritization of proposals/needs - Development of response plans for all health events	- Gap in terms of financing, - Low resource mobilization for all plans
Possible solutions	- Advocacy with donors to address gaps - Solicit non-traditional donors for financing of various plans	
Best practices	- Resilient and efficient national health system - Publication of the Humanitarian Needs and Response Plan (HNRP) regularly	
Lessons learned	• Availability of SOPs facilitates operations in humanitarian areas	
Sub-theme 6.4.	**What worked 3 to 5**	**What worked less well**
Advocacy	- Production of advocacy messages for resource mobilization: - Coordination-level discussion on advocacy issues	- Lack of diversification of advocacy with different potential donors, - Lack of resource mobilization plan for the health cluster

Possible solutions	- Establish a map of traditional and non-traditional donors in the health sector, - Produce an advocacy plan and integrate it into the 2025 health cluster work plan - Development of a resource mobilization plan
Best practices	- Production of advocacy messages addressed to donors
Lessons learned	•

Sub-theme: 6.5	**What worked 3 to 5**	**What worked less well**
Monitoring and reporting	- Regularity in the preparation of the Cluster bulletin; - Identification of needs, gaps and response priorities; - Situation analyses; - Technical standards and guidelines; - Preparation plans developed; - Mechanisms for consultation and involvement of the people concerned Populations in decision-making.	- Low participation by health cluster members; need to strengthen accountability mechanisms at regional level - integration of the needs of women, girls, boys and men in the monitoring of interventions and in reporting
Possible solutions	- Availability of reports and information bulletins to all stakeholders	

Best practices	- Several options available to participate in cluster meetings at the national level; regular sharing of minutes with feedback from members - Dissemination of data on national and international networks and digital platforms	
Lessons learned	•	
Sub-theme 6.6	**What worked 3 to 5**	**What worked less well**
Preparing for recurring disasters	- Existence of a response plan for recurring disasters	- Insufficient enforcement and monitoring
Possible solutions	- Inform the collection and monitoring tools by all stakeholders	
Best practices	- Allows the mobilization of resources and the coordination of actors in the response	
Lessons learned	• Update the cluster-level disaster plan	
Sub-theme 6.7	**What worked 3 to 5**	**What worked less well**
Responsibility to affected populations	- Existence of numbers and suggestion boxes for reporting complaints or suggestions, mechanism for involvement at the regional level	- Complaints and suggestions are not always followed up in most cases, there is no mechanism for involving communities at the circle, commune or village level.
Possible solutions	- Process complaints in a timely manner, involve communities at the district, commune and village level	

Best practices	- The existence of toll-free numbers and suggestion boxes helps to reduce the level of corruption, and the involvement of communities allows for better ownership of the project's actions.
Lessons learned	•

Following the presentations of discussions from different thematic groups in plenary sessions, questions and discussions, the following recommendations were made:

No.	Findings	Action points	Means of verification	Managers	Due date
	Theme 1: Management of epidemics and natural disasters and interaction between RRM and health cluster				
		RECOMMENDATIONS			
1	Insufficient synergy of action by partners during epidemics and poor implementation of developed plans	Revitalize ad hoc meetings during epidemics and/or natural disasters for better synergy of partner actions	Reports of meetings organized during an epidemic and/or disaster	Coordination	Immediate
2	Low participation of health stakeholders in multi-sectoral evaluations (participation, non-harmonized collection tool, etc.)	Participate in various multi-sectoral assessments and share assessment reports and rapid needs assessment tools integrating SSR and SMPS	MIRA with participation of NGOs from the health sector, Tool available	Actors Coordination	Before the end of May 2025
	Theme 2: Global strategy for localizing the health cluster				
		RECOMMENDATIONS			
3	Poor integration of local NGOs in the decision-making centers of national and regional coordination teams	Integrate local NGOs into coordination teams both at the national level and in the different humanitarian regions according to the 3 strategic priorities of the global localization plan of the health cluster	Localization roadmap available	Coordination	No later than the end of May 2025
4	Lack of localization strategy for the Mali health cluster	Develop a roadmap for localization activities linked to the overall health cluster strategy	Localization roadmap available	Coordination	No later than the end of May 2025

No.	Findings	Action points	Means of verification	Managers	Due date
	Theme 3: Information management and deliverables of the health cluster				
		RECOMMENDATIONS			
5	Several incidents occurring at the health system level are not reported and/or shared with other humanitarian platforms	Establish a formal circuit for sharing information on incidents recorded as part of the monitoring of the SSA health system and vice versa with other platforms set up by humanitarian actors, in particular the access and incident monitoring working group by the protection cluster, etc.	Circuit available	Coordination of the health cluster (PF HeRAMS /SSA)	By the end of the first half of 2025
6	Little visibility of the interventions of health sector actors in the country's various humanitarian publications	Supporting health sector stakeholders so that all their interventions appear in various humanitarian publications	Humanitarian publications	Coordination of the health cluster	Immediate
7	Low contribution from partners to data collection: limited technology for creating dashboards, poor information in the matrix	Support the DGSHP in obtaining advanced applications (ex-Power BI) for the automation of data processing	Advanced application available at the DGSHP	Coordination and actors	1st semester 2025
	Theme 4: Analysis of the health cluster coordination bodies and intersectoral collaboration				
		RECOMMENDATIONS			
8	Poor consideration of the activities of the GT SSR and Mental Health working groups during cluster meetings and interventions by other actors in the field	Add a communication slot during statutory meetings of the health cluster on the GTs	Health cluster meeting agenda	Coordination	Immediate

No.	Findings	Action points	Means of verification	Managers	Due date
9	ToR of the health cluster not adapted to the current context after the addition of the SSR, SMSPS thematic groups, the strategic advisory group, interactions with other sectors	Update the various TDRs (health cluster, GCS, etc.) .	Adapted ToRs	Coordination	Before the end of May 2025
10	Weak intersectoral collaboration between the health cluster and the WASH and Food Security clusters	Strengthen intersectoral collaboration with other WASH and food security clusters: areas of convergence of interventions, determination of an emergency intervention package, joint multisectoral projects	Joint planning available	Coordination	Before the end of May 2025
	Theme 5: Innovative alternative strategies for mobilizing resources in the health sector				
		RECOMMENDATIONS			
11	Insufficient diversification of resource mobilization strategies in the health sector	Explore other sources of resource mobilization outside of traditional donors	List of lessors	Coordination	1st semester 2025
12	Low mobilization of resources in favor of the health sector (less than 50%)	Develop a resource mobilization plan	Plan available	Coordination	1st semester 2025
	Theme 6: Analysis of the preliminary report of the Self-assessment of the performance of the CCPM health cluster				
		RECOMMENDATIONS			
13	Inadequate monitoring of beneficiary complaints	Designate a focal point for accountability of the health cluster	Designated Accountability Focal Point	Coordination	1st semester 2025
14		Participate in the implementation of the accountability roadmap for humanitarian actors	Accountability Roadmap available	Coordination	1st semester 2025

6. Conclusion :

The workshop allowed the various sector stakeholders and Cluster partners to take stock of the 2024 emergency health response and coordination, to identify what worked and what worked less well during 2024, and to highlight the lessons learned, best practices for documentation to be integrated into the 2025 work plan in the context of a freeze on American funding.

7. Annexes

The work of the groups around the themes discussed, some images and the video of the opening ceremony via this link [Cluster Retreat]

Opening Ceremony: Representative of WHO, DGSHP and HCC Overview of participants in the conference room

Overview of participants Family photo of participants