



## **Health Cluster Forum**

26-28 June 2018 (Ramada Encore Geneva Hotel, Geneva, Switzerland)

## DAY 1: Tuesday, 26 June 2018

TIME	SESSION	PURPOSE, OUTCOME, BACKGROUND DOCUMENTS
8.30-	REGISTRATION	
9.00		
09.00- 09.30	SESSION1.1 Introduction to participants and facilitators  Focal points: Emma Fitzpatrick, Elisabetta Minelli, GHC	
9.00- 9.30	Guided group discussion	<ul><li>Purpose</li><li>Understand expectations of participants in the Forum.</li></ul>
09.30- 10.15	SESSION 1.2 Strengthening the understanding of how Focal point: Linda Doull	clusters align with WHO at the global, regional and country level
9.30- 10.15	Presentation and Q & A (Linda Doull)	<ul> <li>Purpose</li> <li>Present an overview of the Global Programme of Work 13 and the Director General Transformation exercise</li> <li>Present and overview of the GHC Strategic Priorities 2018-2019</li> <li>Expected outcome</li> <li>Understanding on how clusters and cluster partners can best align within WHO to strengthen coordination and the overall response to health emergencies</li> <li>Background documents</li> <li>Global Programme of Work 13</li> <li>GHC Strategy 2017-2019 and GHC workplan 2018</li> </ul>
10.15- 10.45	COFFEE BREAK	

10.45- 12.30	SESSION 1.3 Humanitarian Development Nexus – global policy and country implementation Session chair: Alaa Abou Zeid, Operational Partnerships, EMRO Focal points: Andre Griekspoor, WHE/EMO, Arun Malik, Sudan; Adandji Yaoklou Mawuémiyo, Shafiq Muhammad, Nigeria	
10.45- 11.15 11.15- 11.45- 11.15	Humanitarian development nexus – global policy (Andre Griekspoor)  Case study  Humanitarian Development Nexus in Sudan – (Arun Mallik)  Case study  Humanitarian Development Nexus in Nigeria – (Adandji Yaoklou Mawuémiyo, Shafiq Muhammad)  Plenary summary	<ul> <li>Purpose</li> <li>Review the Humanitarian Development Nexus and what this means for the health sector and how it influences humanitarian partners' programming.</li> <li>Discuss how and what the clusters should do to implement the Humanitarian Development Nexus.</li> <li>Expected outcome         An understanding of how best health cluster can work towards and incorporate the Humanitarian Nexus activities and reflect the Grand Bargain Commitments to strengthen cluster coordination and the tools available to support this at country level.     </li> <li>Background documents         TBD     </li> </ul>
12.30- 13.30	LUNCH	
13.30- 15.00	SESSION 1.3 continued Humanitarian Development	Nexus – global policy and country implementation.
13.30- 14.25	Joint analysis  - What does this entail? Can you please outline the steps the cluster shall take to conduct a joint analysis?  - Who are the actors – beyond the humanitarian actors - that the cluster should involve when doing the HNO?  - Where can the health cluster get the data and information needed to strengthen the	See above

	health component of the HNO?	
	<ul> <li>Planning</li> <li>What does the cluster need to consider?</li> <li>Can you please outline the steps the cluster shall take to conduct a joint planning?</li> <li>Who needs to be part of the discussions from the humanitarian and development arena?</li> <li>Where can the cluster find information?</li> </ul>	
	<ul> <li>Coordination <ul> <li>To what extent and should the cluster include the development needs in HPRs?</li> <li>How can the cluster ensure that the needs of the cluster (and cluster partners) are adequately addressed in the development plans?</li> </ul> </li> </ul>	
14.25- 14.45	Report back and plenary discussion	
14.45- 15.15	COFFEE BREAK	

15.15- 17.00	SESSION 1.4 Cash-based interventions for health programmes in humanitarian contexts  Focal points: Andre Griekspoor, WHE/EMO; Maria Luiza Galer, Ethiopia	
15.15- 16.00 16.00- 16.15 16.15- 17.00	Health Cluster Working Paper on the use of Cash based interventions for health programmes in humanitarian contexts (Andre Griekspoor)  Case Study: Response Options Analysis and Planning (ROAP) practical implications, including choices on cash-based intervention in Ethiopia (Andre Griekspoor)  Guided discussion and group work Engaging with other sectors on the use of CASH in a response. Identification of common challenges and suggested solutions, actions.	<ul> <li>Purpose</li> <li>Present the Health Cluster Position Paper on the use of CASH in an emergency response.</li> <li>Discuss challenges of the use of multi-purpose cash in response.</li> <li>Explore challenges and tips to overcome these challenges in interactions with other sectors on the use of CASH in a response.</li> <li>Expected outcomes</li> <li>Understanding of the challenges and benefits of the use of CASH in response plans.</li> <li>How HCCs can defend and ensure that the needs of the health response are adequately addressed at all times and reflected in HRPs.</li> <li>HCCs made aware of the support available to them.</li> </ul> Background documents
		Working paper on cash-based interventions for health programmes in humanitarian contexts
17.00- 17.30	SESSION 1.5 Wrap of day 1 Linda Doull, Global Health Cluster Coordinator	
17.30- 18.30	Welcome Reception Hotel Ramada Encore Geneva	

DAY 2: Wednesday, 27 June 2018

TIME	SESSION	PURPOSE, OUTCOME, BACKGROUND DOCUMENTS
09.00 12.30	Session Chair: Michel Yao, Emergency	Chanisms - ensuring principles of partner coordination Operations Manager, AFRO osie Jeffries, Bangladesh, Sara Halimah, OPT; Paul Cox, WHE/EOC
09.00- 09.20	Working with EOCs, the DRC example (Paul Cox)	Purpose Review selected alternative coordination mechanisms, discuss ways in which clusters may need to adapt and strengthen
09.20- 09.50	Break out groups How can the cluster ensure strong collaboration with EOCs?	collaboration with evolving coordination networks and processes.
	<ul><li>a. How do we avoid duplication of coordination efforts?</li><li>b. How can the health cluster coordinate partner input within the EOC?</li></ul>	Expected outcome Increased understanding of ways that the cluster can collaborate with other response mechanisms to strengthen coordination and the overall health response.
09.50- 10.15	Report back to plenary	<ul> <li>Background documents</li> <li>Emergency Response Framework</li> <li>Framework for a Public Health Emergency Operations Centre November 2015</li> <li>IASC L3 Declaration for Infectious Diseases events.</li> <li>Emergency Medical Teams</li> </ul>
10.15- 10.45	COFFEE BREAK	
10.45- 11.15	Case study: Cluster interface with EMTs oPt trauma response. (Sara Halimah)	See above.
11.15- 11.45	Case study: Cluster interface with GOARN and EMTs – case management of infectious disease, Bangladesh (Tony Stewart, Rosie Jeffries)	
11.45-	Break out groups	

12.10	How can the health cluster integrate and profit from working with EMTs and GOARN?  a. What are the challenges of working together with the other partners' networks?  b. What can we do to overcome these challenges?	
12.10- 12.30	Report back to plenary	
12.30- 13.30	LUNCH	
13.30- 17.00	SESSION 2.2 Ensuring an integrated response Session Chair: Wilma Doedens, UNPFA Focal points: Linda Doull, GHC; Elisabe NMH/MER; Jean McCluskey consultant	th Roesch, GHC; Veronique Urbaniak, GHC; Fahmy Hanna,
13.30- 13.45	Update of current Inter-cluster initiatives at the global level (Linda Doull)	Purpose Reiterate the added value and what we aim to achieve through working more closely with other sectors and developing joint operational frameworks.
13.45- 14.15	Presentation and guided discussion Sexual and Reproductive Health Rights in emergencies: an integrated response. (Veronique Urbaniak)	Purpose Present an update on current SHRH project and discuss partners' engagement.  Expected outcomes To discuss ways health clusters can engage in these initiatives.
14.15- 14.30	Presentation of GBV in emergencies project (Elisabeth Roesch)	<ul> <li>Purpose</li> <li>To understand the essential elements of a health response to GBV.</li> </ul>
14.30- 15.00	<ul> <li>Group work</li> <li>What actions do you currently prioritize to address GBV within the health sector?</li> </ul>	<ul> <li>To share information across contexts about the priorities for current health responses to GBV and related challenges.</li> <li>To present an overview of the GBV in emergencies project.</li> </ul>
	What are the challenges you face in providing	Expected outcomes

15.00- 15.15 15.15- 15.30	services to survivors of GBV, in particular survivors of intimate partner violence and rape?  Plenary reports  Plenary presentation	<ul> <li>Health cluster coordinators are equipped with information about the components of a health response to GBV and what global guidance and activities exist to support their work in this area.</li> <li>Background documents</li> <li>GBV in emergencies information sheet</li> </ul>
15.30- 16.00	COFFEE BREAK	
16.00- 17.00	SESSION 2.2 continuedEnsuring an integrated resp	onse
16.00- 16.20	Overview of progress on the Project to Develop strategies to improve coordinated and integrated response to cholera and AWD outbreaks within humanitarian crises (Jean McCluskey)	<ul> <li>Purpose</li> <li>To understand the objectives of the project and how the final product may support improving coordinated and integrated response to cholera and AWD outbreaks within humanitarian crises.</li> <li>Expected outcomes</li> <li>Identification and verification of critical areas in cholera response and preparedness needed to be addressed in in the joint operational framework to cholera and AWD outbreaks within humanitarian crises.</li> </ul>
16.20- 16.40	Group discussions What are the critical areas needed to be addresses in in the joint operational framework to cholera and AWD outbreaks within humanitarian crises.	See above.
17.00	Plenary reports	
17.00- 17.30	SESSION 2.3 Wrap of day 2 Linda Doull, Global Health Cluster Coordinator	

DAY 3: Thursday, 28 June 2018

TIME	SESSION	PURPOSE, OUTCOME, BACKGROUND DOCUMENTS
	Morning session chair: Linda Doull	
09.00	SESSION 3.1 Information Management	
10.30		e Hugonnet, WHE/HIM; Boris Pavlin, WHE/HIM; Samuel Petragallo, /HE/HIM; Stéphanie Daviot, DTM global support team, IOM
09.00- 09.25- 09.40- 09.45- 10.05- 10.30	Lessons learned from PHIS roll-out and creation of Integrated Information Management Units (Stephane Hugonnet, Boris Pavlin)  Update on the HeRAMS tool (Samuel Petragallo)  Tracking Health Cluster Deliverables (Linda Doull)  IOM DTM tool and how this can support the work of the health clusters (Stephanie Daviot)	<ul> <li>Purpose</li> <li>Discuss lessons learned from PHIS roll-out, further and improvement needed and investment required</li> <li>Discuss country based Information Units and integration with the work of the health cluster</li> <li>Reiterate the importance of ensuring health cluster deliverables – Bulletins and CCPM.</li> <li>Introduce the IOM DTM tool and how this can support the work of the health clusters.</li> <li>Expected outcomes</li> <li>Increased understanding of the DTM and how this can support the work of the health clusters.</li> <li>Commitment of clusters to producing bulletins and conducting CCPM in 2018</li> <li>Background document</li> </ul>
		Overview of bulletins produced and CCPM conducted.
10.30-	COFFEE BREAK	
11.00		
11.00-	SESSION 3.2 Ensuring essential quality of care – the re	
12.30	Session chair: Patricia Kormoss, WHE/EU Focal points: Fawad Khan, Iraq; Sean Casey, Pacific	RO
11.00- 11.15	What do we mean by essential quality of care, benefits and pitfalls to different approaches (Andre	Purpose Discuss the role of the cluster coordinators and cluster partners in

11.15- 11.35 11.35- 11.55- 12.40 12.40- 13.00	Griekspoor)  Overview of the EMT quality control standards (Sean Casey)  Case study: The Iraq Cluster Quality of Care (QoC) tool and approach (Fawad Khan)  Break out groups  Break out groups report to plenary, plenary discussion and summary	relation to Essential Quality of Care, and how clusters can adapt available tools.  Expected outcomes Identification of:  What clusters can do to prevent harm?  What clusters can do to improve quality of care?  The role of the cluster in external validation of implementing partners.  What tools and support exists for cluster coordinators and partners.  What still needs to be developed / made available to support clusters vis a vis Essential Quality of Care.  Background documents
		<ul><li>Iraq Cluster Quality of Care (QoC) tool</li><li>EMT quality control standards</li></ul>
13.00- 14.00	LUNCH	
14.00- 15.30	Strengthening the understanding of how clusters align Focal points: Rick Brennan, WHE/EMO; Michel Yao, W WHE/EURO SESSION 3.3	with WHO at the global, regional and country level (HE/AFRO; Alaa Abou Zeid, WHE/EMRO; Patricia Kormoss,
14.00- 14.45	Presentation (Rick Brennan)	Purpose Present the implications to the work of the cluster of the WHE structure and the Emergency Department at global, regional and country levels within the context of the GPW 13 and the Director
14.45- 15.30	Open discussion	Expected outcome Understanding on how best clusters best interact within all three levels of the WHO to strengthen coordination and the overall health response.

15.30- 16.00	COFFEE BREAK	
16.00- 17.00	SESSION 3.4 Final recommendations and commitme Focal point: Linda Doull, Global Health (	
16.00- 16.15	Recommendations (Linda Doull)	Purpose Summarise recommendations and commitments made throughout the Forum.
16.15- 17.00	Plenary discussion	Expected outcome Commitment by all participants to implement agreed recommendations.