Global Health Cluster Strategy
2017–2019

HEALTH CLUSTER

World Health Organization

WHO is the Cluster Lead Agency and provides secretariat support.

Global Health Cluster Strategy
2017–2019

Table of contents

Foreword

In a perfect world, all crisis-affected people would have equitable access to a range of health services to both prevent and respond to their diverse health needs. Yet in 2016, in the aftermath of the West Africa Ebola Crisis, the Report of the High-level Panel on the Global Response to Health Crises noted that "the high risk of major health crises is widely underestimated, and that the world's preparedness and capacity to respond is woefully insufficient". The panel recommended a series of measures to strengthen the global health architecture to better address threats arising from humanitarian and health emergencies.

As Cluster Lead Agency, the World Health Organization (WHO) fully recognizes that no one organization can respond to a health emergency alone. Partnerships are therefore a key component of the new WHO Health Emergencies Programme (WHE); and the Health Cluster remains a critical platform through which WHO galvanizes the collective capacities of partners in the health and other sectors, to achieve better health outcomes.

Since WHE was established in July 2016, WHO has been investing in Health Cluster capacity to ensure more predictable, dedicated and skilled leadership. In May 2017, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme recognized that "WHO's investment in health cluster coordination is paying off. Partners acknowledge WHO's leadership role in coordinating Health Cluster

partners as well as its critical role as an interface between the government and the humanitarian community". However, WHO recognizes that further investment and flexibility is required to maximize partner capacity and engagement, to improve the quality and predictability of health action based on our respective comparative advantage.

WHO is committed to enabling Health Cluster partners deliver their pledges made during the World Humanitarian Summit, and to adopt the necessary new ways of working to more effectively meet the needs of crisis affected people.

I thank Global Health Cluster (GHC) partners for having come together to develop this ambitious strategy, which provides a blueprint for the Health Cluster partners and wider health community to drive bold action and determine change.

This document sets out the strategic priorities and priority objectives that will guide the work of the Health Cluster for the next three years, and delineates the approaches that the Health Cluster will adopt.

I support this GHC Strategy 2017–2019 and call on colleagues, partners, donors and all stakeholders to commit to its implementation.

Peter Salama
Executive Director
WHO Health Emergencies
Programme

Introduction

The Global Health Cluster (GHC) agencies work collectively to provide timely, effective and appropriate actions to minimize the health impacts of humanitarian and public health emergencies through strengthening of service delivery, addressing gaps, and promoting effective leadership.

The partnership contributes to global capacities for emergency preparedness, response and early recovery; actively engages in collective and coordinated field operations; encourages the participation and capacity development of national partners, and advances existing evidence base and practice. Partners are committed to act in a coordinated manner and to be accountable to those we serve.

The GHC is led by the World Health Organisation (WHO) as Cluster Lead Agency and comprises 49 global partners, observers and associates from nongovernmental organizations (NGOs), the International Federation of Red Cross and Red Crescent Societies (IFRC), the International Committee of the Red Cross (ICRC), United Nations agencies, donor organizations and academic centres and institutions. At country level, over 700 partners currently work collectively to implement the cluster response in 23 countries worldwide.

The GHC Strategy for 2017–2019 represents the collective commitment of partners to achieve better health outcomes for crisis-affected people, to put health at the centre of humanitarian action and to leave no one behind. Through more efficient and effective coordination, access to essential health services will be increased. The strategy reflects the new ways of working emerging from the World Humanitarian Summit (WHS) and incorporates pledges made by the GHC during the WHS Special Session on Global Health. Fundamentally, the strategy is driven by WHO commitments to strengthen cluster leadership and partnership while working within the context of the new WHO Emergencies Programme (WHE).

The GHC Strategy 2017-2019 was developed through a 6 month participatory process led by the GHC unit and the Strategic Advisory Group. Key stakeholders including GHC partners, Health Cluster Coordinators, representatives from WHO Health Emergencies Programme and WHO Heads of Country Office for the 23 cluster countries, and other Global Clusters made substantial contributions through an online survey, a partners strategy workshop and various consultations, with final endorsement by the Strategic Advisory Group.

Rationale

The need to protect and improve the lives and health of crisis-affected people has never been greater, with over 130 million people in need of humanitarian assistance, including 65 million displaced people – the highest on record. Disease outbreaks are a persistent threat. Over the past 5 years, WHO has documented over 200 epidemic events globally per year.

The Health Cluster recognizes the urgent need to further accelerate collective action – grounded in humanitarian norms – to increase the life-saving impact of humanitarian assistance and achieve better health outcomes. This is increasingly important given the unprecedented level of emergency-related health risks arising from diverse drivers, including climate change and urbanization, terrorism, conflict, and state fragility. In addition, large-scale emergencies are becoming more frequent.

In 2016, the Health Cluster supported 72.2 million people in 24 countries, representing 36% of funding requirements through the global humanitarian appeal. In 2017, the Health Cluster will target 69.1 million people. Given the protracted nature of today's conflicts and the increasing drivers of risk, the need for humanitarian assistance is likely to increase throughout this strategy's timeframe.

While the West Africa Ebola outbreak (2014-2016) has come to symbolize the challenges for global health response capacity, it has also been a catalyst for change within the wider review of how the humanitarian community and others must transform the way they work in order to adapt to the altered operational environment, including the new Inter-Agency Standing Committe (IASC) Level 3 Activation Procedures for Infectious Disease Events.

To remain relevant and effective in the post-Ebola/WHS era, the Health Cluster must adopt a more inclusive and flexible coordinated approach to the preparedness, prevention, response and recovery from health crises, based on the comparative advantage of national and international stakeholders.

We will proactively course-correct issues within the cluster system which hamper our operational effectiveness. We aim to improve how we identify gaps through more evidence-based work. We will respond to the need for lighter and more flexible coordination structures – led by highly experience coordinators. We will clarify how to work with other clusters towards well defined shared outcomes, based on our comparative advantages.

We will adopt innovative ways of working to address new challenges, including:

Localization

Ensure the cluster system builds national capacities via governmental and non-governmental organizations (local NGOs), and enables full coverage of the populations in need.

Bridging the humanitarian-development nexus

The cluster system was not designed to be in place years after the onset of a crisis. In cases of protracted crises, we must find more appropriate coordination solutions with an emphasis on transition from cluster to sector coordination, shifting to multi-year planning and funding with a stronger role of government authorities at national and subnational levels.

Promoting and implementing an all-hazards approach

Deliberately bring together the infectious disease and humanitarian communities through harmonized action by networks representing these communities (GHC, Global Outbreak Alert and Response Network and Emergency Medical Teams). Humanitarian partners in the cluster should be more familiar with infectious disease work and vice-versa.
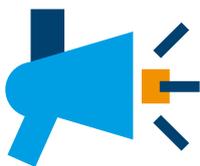
Protecting the health community

Intensify advocacy for access, as well as against attacks on health care.

Overarching principles

The Health Cluster is founded on:

○ **The humanitarian principles of humanity, neutrality, impartiality and independence.**

○ **The principles of partnership (equality, transparency, results-oriented approaches, responsibility and complementarity), between and among affected populations, national governments, the UN, international organizations, NGOs, the Red Cross and Red Crescent Societies, academia and the private sector.**

These principles are guided by the right to health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity,"[1] international humanitarian law and international human rights law.

To maximize resources that best serve affected populations and ensure the cluster adds value, the following GHC operational principles will guide implementation:

○ **Adherence to the IASC Transformative Agenda and IASC Cluster Coordination Reference Module;**

○ **Prioritizing GHC support to cluster/sector coordination platforms based on the country context, capacity and needs.**

1 Constitution of the World Health Organization 1946, http://www.who.int/governance/eb/who_constitution_en.pdf

Vision

To save lives and promote dignity in humanitarian and public health emergencies.

Mission

The Health Cluster collectively prepares for and responds to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate and effective coordinated health action.

Key strategic approaches

The Health Cluster will accelerate collective action, as locally as possible and as internationally as necessary, to ensure crisis-affected communities receive immediate life-saving support and continued access to essential health services. Action will be guided by the following strategic approaches:

People at the centre of response

The Health Cluster will promote a people-centred approach, by placing the affected population at the heart of decision-making and action. This will lead to better health outcomes, improve cluster accountability and accessibility for affected communities. The Cluster will prioritize safety and dignity of those in need alongside its desire to meet humanitarian needs, whilst also reducing those needs, and increasing resilience. This approach takes into account the diverse needs and capacities of women, girls, boys and men of all ages, people with disabilities, and a range of other characteristics. Such awareness informs what we do, how we do it and with whom.

Collective action and results

The Health Cluster will strengthen existing global, regional and national/local humanitarian management or coordination systems and diversify collaboration with all stakeholders in the humanitarian space, including other clusters, governments, civil society, development actors, academia, the private sector and communities. It will ensure lifesaving service delivery and encourage coordinated multi-sectoral programming which meets the complex needs of affected people and advances the evidence base and practice. We will promote joint operational planning and collective results.

Empowered leadership

Health Cluster partners remain committed to supporting national authorities and other stakeholders who have primary responsibility for taking care of the people affected by natural disasters and other emergencies occurring in their territory.[2] Partners ensure that adequate and empowered leadership is in place to coordinate the health sector response at global, national and subnational levels, as well as to coordinate effectively with other clusters or sectors which impact health.

This strategy will allow the Health Cluster to empower Health Cluster Coordinators through the Strategic Priorities and Priority Objectives, which will lead to timely deployment and an adequate number of

2 As stated in General Assembly Resolution 46/182 of 1991, paragraphs 3- 5, http://www.un.org/documents/ga/res/46/a46r182.htm

appropriately experienced staff; availability of funding for coordination functions; effective and supportive management of cluster staff; and representation of and advocacy for cluster(s) at the Humanitarian Country Team (HCT) and in other fora.

Capacity

The Health Cluster will support efforts of all actors to build the technical, operational and coordination capacity of national and local health partners to prevent, prepare for, respond to and sustain essential services in times of emergency.

Strategic Priority 1.

Strengthen the coordination, technical and operational capacity of national-, regional- and global-level actors to prevent, prepare for, respond to and recover from public health and humanitarian emergencies.

Priority Objectives

1.1 Enhance capacity of the health authorities and partners to coordinate a health response at national and subnational levels.

In order to meet the coordination needs in different environments, Health Cluster partners should be flexible and supportive of innovative coordination structures. These may include government or NGO-led as well as co-led clusters or sectoral working groups. To work with these alternative coordination structures, Health Cluster partners should: strengthen preparedness (e.g. cluster coordination training) and encourage government focal points to lead emergency health coordination platforms wherever possible (which will assist with transition); promote NGO co-leadership of activated Health Clusters in partnership with WHO; and, when necessary, support of alternative emergency health coordination platforms where WHO has no presence or clusters are not activated.

1.2 Identify and leverage strengths of health stakeholders to enhance preparedness and provide timely and consistent operational support to country Health Clusters.

Undertake regular mapping and analysis of health stakeholder capacities, including local health actors who may not be a part of the cluster. Link these local actors to cluster partners in their area of operation to expand coverage of health services. Identify gaps in health service delivery and support the scale up of capacity at country, regional and global levels to ensure equitable coverage of the health response. Cluster partners will enhance capacity of international and national health actors through technical, administrative, and operational assistance during the response and based on context.

1.3 Provide transition support to appropriate coordination solutions within national structures.

Develop practical guidance for systematic Health Cluster transition planning for government counterparts, local health actors, and development donors and partners. Provide guidance on how and when to promote regular reviews of health coordination architecture to include these development actors.

1.4 Provide appropriate technical and operational support to Country Health Cluster teams and partners.

Identify technical gaps within the cluster which hinder a quality humanitarian health response and provide timely trainings to partners to address these gaps, either through WHO as the Cluster Lead Agency or through the cluster partners. Provide appropriate capacity-building solutions (e.g. standardized toolkits and response templates, linkages with existing training resources through other clusters and customized trainings) to strengthen the pool of skilled national and international cluster coordination team members and partners, in order to enhance the quality and effectiveness of health sector preparedness and response.

Ensure regular joint country support missions to review operations, with greater involvement of all partners and Health Cluster Coordinators and Information Management Officers from other clusters.

1.5 Provide adequate and appropriate surge capacity to support national and subnational coordination platforms.

Develop and maintain innovative ways to increase surge coordination and technical staff through rapid deployments to assist with coordination, technical support and information management capacities (such as the Health Cluster Support Project).

Strategic Priority 2.

Strengthen inter-cluster and multi-sector collaboration to achieve better health outcomes.

Priority Objectives

2.1 Joint identification and comprehensive analysis of priority needs, response planning and gaps to support operational decision-making and service delivery.

Improve health outcomes through strengthened inter-sectoral collaboration for joint assessment and analysis of identified vulnerabilities and needs of the affected population; agreed-upon collective outcomes; prioritized interventions and targeting of vulnerable groups and geographical areas; joint response planning; and monitoring and ongoing review of gaps. While there are many joint assessment tools (such as Multi-Sectoral Initial Rapid Assessment), operational practicalities such as what information is needed and how to collect it through cluster partners still remains vague. The GHC will expand existing dialogue to shape inter-cluster work with the Nutrition, WASH, Food Security and Protection Clusters, to inform guidance and tools on how to engage cluster partners in a more coherent and harmonized approach to response planning. This will, in turn, better inform the strategic response plans and service delivery.

2.2 Identify programmatic synergies between and among sectors/clusters to prevent, prepare for, respond to and recover from public health and humanitarian emergencies.

Develop tools and guidance for the delivery of integrated services, including standardized frameworks, templates, and outlines for technical responses (such as cholera), conducting country-level inter-sectoral monitoring missions and assessing met needs versus gaps. These tools, along with the Inter-Cluster Coordination support missions, will assist with the country-driven development and implementation of joint operational frameworks and strategies for common response scenarios. The goal is to maximize the effectiveness of multi-sectoral programmes while providing indicators to measure their effectiveness.

Explore and implement innovative coordination solutions that may require a combined multi-sector focus, particularly at subnational level, making effective use of available resources, based on partners' (such as NGO partners and other Cluster Lead Agencies) comparative advantage.

Global Health Cluster Strategy 2017–2019

Strategic Priority 3.

Strengthen our collective and respective health information management and use.

Priority Objectives

3.1 Improve the standardization, quality and timeliness of public health and humanitarian information.

Finalize and mainstream systems and tools for standardized reporting, analysis, monitoring and communication of public health data and other key information according to agreed standards.

Develop and disseminate the core set of information products to support evidence-based decision-making as defined in the Public Health Information Services (PHIS) Standards.[3] This will be achieved through systematic and supported country roll-out, with clear objectives and milestones against which effectiveness and service improvement will be measured.

3.2 Demonstrate the impact and effectiveness of the Health Cluster at country and global levels.

Ensure all country Health Clusters are fit-for-purpose and appropriate to their context, through regular monitoring and evaluation of the 6+1 core coordination functions using the IASC Cluster Coordination Performance Monitoring (CCPM) tool. Undertake annual coordination architecture reviews and monitor the quality and coverage of response.

Global Cluster performance will be evaluated by the GHC Strategic Advisory Group.

3 Standards for Public Health Information Services in Activated Health Clusters and Other Humanitarian Health Coordination Mechanisms – May 2017

Global Health Cluster Strategy 2017–2019

Strategic Priority 4.

Address strategic and technical gaps.

Priority Objectives

4.1 Develop guidance on coordination options for different operational contexts.

Develop GHC positions and strategies that address coordination solutions for different response requirements in acute and protracted crises, public health response and infectious disease hazards emergencies.[4] Position papers will be informed by IASC guidance and should focus on the cluster's relationship with host governments, the Global Outbreak Alert and Response Network, Emergency Medical Teams, other technical and operational networks, other IASC partners, and clusters/sectors as appropriate. While the revised WHO Emergency Response Framework[5] provides some guidance, each context is different and specific strategic templates will be developed in order for country clusters and the humanitarian workforce to best define how they will work together for the common goal.

4.2 Identify, develop and mainstream guidance and tools to support the Health Cluster response.

Ensure wide distribution and support application of the revised Health Cluster Guide. Strengthen and develop tools that support the collective actions of partners to improve the impact of the health response. GHC partners will intensify their engagement in developing position papers and practical guidance on the implementation of innovations in health response, including current work on cash-based interventions and developing minimum service packages for priority health needs in diverse contexts. Guidance for the local purchase of quality medicines will also be developed.

4.3 Capture and disseminate good practices and lessons learned.

Recognize, capture and systematically share country and partner knowledge, expertise and good practices in order to learn from experience and adapt appropriate local solutions for identified gaps and areas of concern, focusing specifically on capacity-building and accountability at both country and local level.

4.4 Establish an online repository of technical guidance for response to humanitarian emergencies.

Enhance the Health Cluster website as the first point of entry for coordination and technical guidance.

---

4 IASC Reference Document - Level 3 (L3) Activation Procedures for Infectious Disease Events, 1 December 2016
5 WHO Emergency Response Framework, http://www.who.int/hac/about/erf_.pdf

4.5 Develop and disseminate practical guidance and tools to support effective protection mainstreaming and Accountability to Affected Populations (AAP).

Ensure that the actions we take, how we take them, and with which partners and stakeholders, are based on identified and differentiated needs and capacities of affected populations in order to promote meaningful access, safety and dignity. To this end, any and all joint assessments will include tools and methods to engage with and integrate feedback from affected populations to inform health programme and activity design and implementation.

Further, cluster partners will be given the tools to increase participation from affected populations during the response, as well as a mechanism for feedback and complaints. Similarly, for the protection, participation and empowerment of affected populations, guidance based on minimum IASC protection standards, will be developed and rolled out on how partners can avoid causing harm while promoting equality, impartial assistance and services, while remaining accountable to beneficiaries.

Strategic Priority 5.

Strengthen Health Cluster advocacy at country and global levels.

Priority Objectives

5.1 Advocate to better protect health care providers and service users.

Promote and ensure standardized monitoring and reporting of attacks on health care and the impact on service access. The collection and verification of data on attacks on health care has been developed, and will be rolled out systematically, with training, to country level Health Clusters. This information in turn will be used in a qualitative and quantitative way to provide information and an "ask" to the relevant audiences.

5.2 Increase advocacy for improved access and equity of the health response.

Document and apply effective strategies, including remote operations, to deliver health services in high threat or difficult-to-access environments, including for populations on the move.

Influence key stakeholders to achieve better health outcomes through the provision of a more integrated and coordinated multi-sectoral response, based on need.

Work towards ensuring equitable partner response across all crisis-affected countries.

5.3 Strengthen knowledge and information sharing among health partners at all levels.

Encourage regular partner contribution to all relevant health information activities and products. Ensure that information is relevant, accurate and readily available for all partners. Facilitate knowledge-sharing tools and platforms, host regular meetings and strengthen communication.

5.4 Develop a global advocacy and resource mobilization strategy.

Develop an advocacy strategy that differentiates between policy-related advocacy and resource needs, and stipulates roles and responsibilities at global, regional and country levels of partners and the Cluster Lead Agency.

While there are global-level funds to support specific development and roll out of guidelines and frameworks, the country-level clusters still remain under-funded. Guidance will be provided to Health Cluster Coordinators and partners on how best to advocate for additional resources for the Health Cluster at the country level with donors.

GHC annual workplan

The GHC will develop annual workplans, with detailed activities, timelines and responsible entities, in support of this strategy. This workplan will also include resources available for activities and where resources are needed which will in turn guide the resource mobilization strategy.

The annual workplan will be approved and adapted as appropriate by the GHC Strategic Advisory Group following consultation with partners during GHC Partner Meetings.

Monitoring, evaluation and review

The GHC Strategic Advisory Group will oversee the implementation of the annual workplan and the strategy and report back to partners on a biannual basis.

A monitoring framework will be developed in order to ensure regular and harmonized tracking of the strategy's implementation. The framework will serve as a basis for regular review and analysis of the global situation, revision of strategy and setting priority objectives and activities.

Further, measureable indicators will be developed at country level to test the strategy and pinpoint gaps. As each context varies, indicators will be tailored to the country. Country clusters will be supported in developing these benchmarks.

Photo credits