HEALTH CLUSTER

GLOBAL HEALTH CLUSTER

Strategy 2020 – 2025

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FOREWORD

From the outset of the Global Health Cluster Strategy 2020-2023, the world was rocked by the COVID-19 pandemic resulting in the greatest global public health and socio-economic crisis in decades.

The direct and indirect impact of the pandemic have been well-documented, including the response of the international humanitarian system in providing life-saving assistance to the millions of already crisis affected people in need. The Health Cluster through its extensive global and country level partnership, rapidly adapted its approach to support implementation of the IASC Global Humanitarian Response Plan for COVID19 and played a pivotal role in maintaining essential humanitarian health assistance through country-specific Humanitarian Response Plans.

Since 2020, the global number of people in need has risen from 168 million to 299 million[1]. The target population supported by the health cluster has increased by 58% from 63 million to 107 million and funding requirements increased by USD 1.5 billion. However, COVID-19 is only partly responsible for this increased need; other drivers of risk and vulnerability dominate including proliferation of conflict and accelerating effects of the climate crisis resulting in more destructive natural hazards, increased displacement and migration and the erosion of public (health) services and social protection measures.

The UN predicts these trends will continue, the 2024 Global Humanitarian Overview identifies nearly 300 million people in need, of which 180 million are targeted for assistance. The health cluster will target 87.2 million[2]. Governments and the international community must therefore consolidate and accelerate efforts to address the convergent drivers of risk and vulnerability and reverse the unacceptable impact on human health and well-being.

In response, the Global Health Cluster Strategic Advisory Group in consultation with WHO and partners agreed to extend the 2020-2023 Strategy for a further two years (2024/2025) in alignment with the WHO Global Program of Work to promote, provide and protect health. During this time, the Global Health Cluster will intensify areas of work based on lessons learned and the WHO global framework for health preparedness and response; to strengthen the quality and reach of health cluster action.

Given the highly constrained humanitarian funding environment, the health cluster strategy will prioritize actions to meet the needs of the most hard-to-reach and vulnerable populations – particularly women and children. This will be achieved through a rigorous focus on the delivery of impactful, life-saving interventions; adopting efficient, integrated community-led delivery strategies, whilst leveraging non-traditional funding sources to strengthen and sustain locally led health services, close to affected communities.

[1] Global Health Observatory 2023
[2] Estimate as end December 2023, may change once all 2024 HRPs published.

Collective action for better health outcomes

When emergencies occur, coordination is necessary. No one organization can respond to a crisis alone. Health Clusters exist to relieve suffering and save lives in humanitarian emergencies, while advancing the well-being and dignity of affected populations.

Currently there are 31 Health Clusters/Sectors, of which two are regional coordination mechanisms, that collectively respond to humanitarian and public health emergencies to improve the health outcomes of affected populations through timely, predictable, appropriate and effective coordinated health action. Health Cluster action is guided by the following strategic approaches:

People at the centre of the response. The Health Cluster takes into account the different needs and capacities of women, girls, boys and men of all ages, people with disabilities, and other characteristics. Such awareness informs what we do, how we do it and with whom.

Empowered leadership. Health Cluster partners remain committed to supporting national authorities, other stakeholders and communities who have primary responsibility for taking care of the people affected by natural disasters and other public health and man-made emergencies occurring in their territory.

Collective action and results. The Health Cluster strengthens existing global, regional and national/ local humanitarian management or coordination systems and diversifies collaboration with all stakeholders in the humanitarian space.

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

31 Health Clusters/ Sectors ARE ACTIVE

65 partners AT THE GLOBAL LEVEL

Over 900 partners IN COUNTRIES

HEALTH CLUSTER

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.

STRATEGIC PRIORITIES AND PRIORITY OBJECTIVES

STRATEGIC PRIORITY 1

STRENGTHEN COORDINATION FOR LOCAL, NATIONAL, REGIONAL AND GLOBAL[3] ACTORS TO PREVENT, PREPARE FOR, RESPOND TO AND RECOVER FROM PUBLIC HEALTH AND HUMANITARIAN EMERGENCIES.

1.1 Enhance understanding and interface amongst all coordination mechanisms.

- Different settings require contextually appropriate coordination mechanisms. When the cluster is activated, it will ensure understanding of and effective interface between different existing and/or newly established coordination mechanisms. The cluster will advocate for clear criteria to trigger activation of complementary emergency coordination mechanisms and clarify how the health cluster will complement and not duplicate other coordination structures.

- For outbreak response, the cluster will collaborate with key stakeholders to develop guidance on outbreak coordination. The Health Cluster will work with WHO and OCHA to establish a clear structure when the IASC scale-up for infectious disease protocol has been activated, as well as for smaller outbreaks.

- Recognizing that the government leads the majority of outbreak responses, the Health Cluster will clarify how the cluster should support the government leadership as well as continue to address the wider humanitarian health need.

- The cluster will actively engage with development actors to strengthen the humanitarian development nexus.

[3] Strategic Priority 1: The implementation of the Health Cluster Coordination Learning Programme
Strategic Priority 2: Increasing Health Cluster Partner engagement and participation in learning and training activities and as part of Health Cluster Coordination Training Teams
Strategic Priority 3: Ensuring the quality of all learning and capacity development activities
Strategic Priority 4: Strengthening and improving coordination with other Capacity Development Stakeholders

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1.2 Strengthen coordination preparedness at country level.

- Promote prevention, preparedness and readiness action(s) by country health cluster to more effectively mitigate impacts and support communities to manage multiple risks and impacts from interconnected disasters and crises.
- Work with national authorities and support national contingency planning, building on pre-existing systems and resources, to coordinate capacity development and action prior to and in transition from an emergency, to improve the overall effectiveness, efficiency and timeliness of response and recovery.
- Ensure partners are operationally ready to rapidly and effectively respond to health emergencies.

1.3 Ensure capacity to fulfil coordination functions for national and sub-national coordination platforms in acute and protracted emergencies.

- Build capacity on coordination at all levels by implementing the Health Cluster capacity development strategy 2020-2025 priorities and objectives.
- Facilitate and promote appropriate coordination surge[4], in collaboration with the WHO and partners at country, regional and global level.
- Facilitate and promote sustained coordination capacity for Country Health Clusters/Sectors, including a Health Cluster Coordinator and Information Management Officer. The Health Cluster will advocate for the role of a dedicated Health Cluster Coordinator to be clarified with and empowered by the Head of WHO Country Office, according to the "Coordination Guidance for Heads of WHO Country Offices".
- Encourage both international and national/local partners and both women and men to take up cluster co-coordination roles at both national and sub-national level and advocate for funding to sustain these positions.

[4] Ex. Global Health_Emergency Corps

STRATEGIC PRIORITY 2

STRENGTHEN INTER-CLUSTER AND MULTI-SECTOR COLLABORATION TO ACHIEVE BETTER HEALTH OUTCOMES.

2.1 Strengthen global commitment for inter-cluster and multi-sector action.

- Influence and inform global and other cluster policy and guidance on inter-cluster and multi-sector collaboration. Ensure endorsement and commitment from Emergency Directors of relevant agencies.
- Develop standardized guidance and tools for the delivery of integrated services, based on geographic and thematic areas.
- Identify and promote engagement pathways for improved inter-sector coordination mechanisms, particularly health and nutrition.

2.2 Provide support to Country Health Clusters/Sectors on inter-cluster and multi-sector action

- Strengthen support to Country Health Clusters/Sectors to mainstream Inter-Agency Standing Committee and Global Health Cluster policy and guidance on inter-cluster action to improve a coordinated and integrated response at all levels.

- Ensure Health Cluster Coordinators and Heads of WHO Country Offices promote health within inter-cluster and multi-sector actions.

- Support Health Cluster Coordinators to influence the Inter-Cluster Coordination Group and in the inter-cluster coordination process (joint assessment, analysis, planning, programming, monitoring and evaluation).

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STRATEGIC PRIORITY 3

STRENGTHEN OUR COLLECTIVE AND RESPECTIVE HEALTH INFORMATION MANAGEMENT USE.

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

- Mainstream systems and tools for standardized reporting, analysis, monitoring and communication of public health data and other key information according to agreed Public Health Information Services (PHIS) and other standards[5].
- Systematically support Country Health Clusters/Sectors to implement PHIS and other standards[6] and increase capacity for improving standards of the Health Cluster teams and partners.
- Ensure information can be accessed easily by partners at all levels, through use of existing and emerging information technologies.

3.2 Improve the use of information for operational decision-making and evidence-based advocacy.

- Improve analysis of multi-sectoral and multi-source public health information services data.
- Improve the visibility and distribution of Health Cluster products including through agreed feedback mechanisms.

[5] GHC Information Management Task Team (IMTT) works in collaboration with inter-agency OCHA led Information Management Working Group (IMWG): https://www.humanitarianresponse.info/en/topics/imwg

[6] See above.

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3.3 Demonstrate the effectiveness and impact 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.
- Monitor the quality and coverage of response through proactively benchmarking the cluster progress.
- Externally evaluate the Global Health Cluster to inform Global Health Cluster Strategy from 2026.

STRATEGIC PRIORITY 4

IMPROVE THE QUALITY OF HEALTH CLUSTER ACTION

4.1 Promote and strengthen partners' technical and operational capacity to deliver health services.

- Continue mapping partners' technical and operational capacity[7] and prioritize gaps in coverage and quality. Forge new partnerships with current and external stakeholders at all levels to ensure coverage and strengthen quality service delivery.

- Engage with WHO technical teams and partners to develop and implement technical and operational guidance for capacity building based on identified gaps.

- Ensure all partners have access to technical and operational guidance required to deliver a minimum package of essential services that is context specific, available in local languages and accessible formats to support wider access and participation by local organizations.

- Identify and facilitate provision of technical expertise through surge support. Liaise with GOARN, EMTs and SBPs and other partner networks as deployment mechanisms to ensure appropriate technical capacity is in place.

- Strengthen engagement with WHO technical and operational departments, key partners and fora, such as Humanitarian Health Supplies Working Group (under Interagency Pharmaceutical Coordination Group) and the Global Logistic Cluster, to enhance procurement and delivery of quality assured, safe and effective medicines.

[7] Reference International and National Partners' Capacity Surveys Report: https://healthcluster.who.int/partners/partners-capacity-survey

4.2 Identify, develop and mainstream guidance on key humanitarian and public health strategic issues.

- Actively participate in IASC Results Groups[8] and Grand Bargain workstreams[9] to influence policy under the IASC Strategic Priorities to develop inter-agency common narrative and policies and establish good practices.
- Develop Health Cluster guidance to support country implementation of cross-cutting issues, with a focus on humanitarian-development-peace-nexus (particularly intra-health sector engagement), cash-based interventions, localization, AAP, gender equity, health of displaced persons and migrants, protection and the impact of climate change. Guidance will prioritize actions targeting the most vulnerable and hard-to-reach populations.
- Strengthen capacities and mechanisms for participation, representation and leadership for local and national actors in the health cluster (both at global and country level) in alignment with IASC Guidance, through the development and implementation of a strategy on localization.
- Strengthen accountability to affected populations through the implementation of robust coordination accountability systems through which they can influence the type, delivery and quality of assistance they receive. Promote engagement of community based, women-led and youth-led organizations to support the design, implementation and monitoring of approaches to address humanitarian and public health issues.

4.3 Systematically capture and disseminate knowledge.

- Systematically capture and share country and partner knowledge, expertise and good practices, to learn from experience and adapt appropriate local solutions for identified gaps and areas of concern.
- Proactively convene and support partners in disseminating and implementing available guidance.

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[8] IASC Results Groups - https://interagencystandingcommittee.org/results-groups. The current groups are operational response; accountability and inclusion; collective advocacy; humanitarian development collaboration; and humanitarian financing.

[9] Grand Bargain workstreams - https://interagencystandingcommittee.org/grand-bargain. The workstreams are: greater transparency; more support and funding tools to local and national respondents; increase the use and coordination of cash-based programming; reduce duplication and management costs with periodic functional reviews; improve joint and impartial needs assessments; a participation revolution; increase collaborative humanitarian multi-year planning and funding and reduce the earmarking of donor contribution; harmonise and simplify reporting requirements; enhance engagement between humanitarian and development actors.

STRATEGIC PRIORITY 5

STRENGTHEN HEALTH CLUSTER ADVOCACY AT LOCAL, COUNTRY, REGIONAL AND GLOBAL LEVELS.

5.1 Improve protection of health care providers and users.

- Promote and embed in practice the standardization and reporting of attacks on health care providers and users, in partner operations, at country level.
- Emphasize the public health impact of attacks on affected populations.
- Champion the protection of health care providers and users at all levels, in conjunction with WHO.
- Strengthen community and partner capacity in GBV risk mitigation across health cluster response.

5.2 Increase safe access to and equity of health service across crisis-affected contexts.

- Promote improved equity in partner response across contexts and populations to ensure increased access to a package of quality essential health services in Health Cluster response.
- Promote increased integration and coordination of multi-sectoral response that enables better health outcomes.

5.3 Enhance capacity, visibility and effectiveness of the Health Cluster to support advocacy in crisis-affected contexts.

- Develop health cluster positions on various priorities, such as localization, humanitarian-development-nexus, etc. and participate in global level events to advocate for these positions with a unified voice.

- Promote increased knowledge and information sharing and its use, between countries and partners at all levels.

- Promote increased capacity for advocacy actions within the Health Cluster and partners, particularly at country level.

Photo Credits

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With the support of Premiere Urgence Internationale, a partner of the occupied Palestinian territory Health Cluster, young girls and boys and their families are empowered to protect themselves and to stay physically and mentally healthy and strong. – © PUI, occupied Palestinian territory, 2021

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Medical Teams International contributed along with the Ethiopia Health Cluster in the reactivation of two primary health care centers in Northern Ethiopia through mobile health and nutrition team (MHNT) support and donation of equipment and supplies – © Medical Teams International – Ethiopia, 2021

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In Iraq, the Health Cluster COVID-19 Task Force has coordinated and supported partners in providing services under the COVID response, such as awareness messaging; procuring and supplying Personal Protection Equipment (PPE), medical equipment and supplies; construction of COVID-19 hospitals, etc. – © UNICEF – Iraq, 2021

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International Rescue Committee (IRC)has provided long-standing support to the Whole of Syria Health Cluster. Since 2015, with the support of the country's Co-Coordinator, effectively contributing to the humanitarian program cycle, identifying and estimating the health needs of the Syrian population and developing a health response strategy as part of the Syria response plan. – © International Rescue Committee / Delil Souleiman – Mahmoudli, Syria, December 2021

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In July 2021, the occupied Palestinian territory Health Cluster hosted two workshops on the Humanitarian Response Plan for 2022. The aforementioned workshops were conducted at Gaza and the West Bank. – © occupied Palestinian territory Health Cluster – Gaza, oPt,2021

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A mobile clinic from Concern Chad, a member of the Chad Health Cluster, arrives at a rural community in Lake Chad region to support local Ministry of Health staff with mother and child consultations, vaccination and prenatal care. © Concern Worldwide / Laurent De Ruyt , Chad, 2020

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A trained MSF community health worker providing malaria case management in an advanced medical post in the health district of Dori, in Sahel Region, Burkina Faso. September 2021. – © MSF – Burkina Faso, 2021