

Global Health Cluster Interim Terms of Reference

These interim Terms of Reference are effective as of January 2015 and will be reviewed in December 2015 in alignment with the new multi-year GHC strategy.

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1. Preamble

Humanitarian reform seeks to improve the effectiveness of humanitarian response by ensuring greater predictability, accountability and partnership. In 2005, the Inter-Agency Standing Committee (IASC) Cluster Approach was created to more effectively address gaps and strengthen humanitarian response through enhanced partnership and clarifying organisational roles and responsibilities with the different technical sectors of response.

Created in 2005, the Global Health Cluster (GHC) has promoted and supported collective action at global and country level to ensure more effective, efficient and predictable humanitarian health action. Whilst significant improvements have been made over the past 10 years guided by the current IASC Transformative Agenda, further reform is needed to strengthen the global capacity for humanitarian health action.

Within this context, the World Health Assembly (WHA65.20 - 2012) called on the WHO Director-General 1) to have in place the organizational capacity and resources to enable itself to discharge its function as the Global Health Cluster Lead Agency and assume a role as Health Cluster Lead Agency in the field; 2) to define the core commitment, core functions and performance standards of the Organization in humanitarian emergencies, including its role as the Global Health Cluster Lead Agency and as Cluster Lead Agency in the field.

The Emergency Response Framework (2013), developed by the WHO Global Emergency Management Team, explicitly mentions the Global Health Cluster as the mechanism to achieve WHO's coordination function in emergencies. During its special session on Ebola, the 136th Executive Board (2015) called on Member States and relevant actors in humanitarian situations with health consequences to support WHO in fulfilling its role as lead agency of the Global Health Cluster within its mandate.

As the leading humanitarian health platform, the Global Health Cluster must remain relevant and responsive to the increasing demands and complexity of current and future health emergencies. To achieve this, the GHC has acknowledged the need to transform its current ways of working to ensure country health clusters have the necessary capacity and support to undertake the key functions required to develop and implement an effective health sector response and to more effectively influence key stakeholders in humanitarian health policy and practice.

2. Vision and Mission

The GHC vision is to be the global health platform for organizations to work in partnership for minimizing mortality, morbidity and disability due to humanitarian emergencies, whilst promoting the well-being and dignity of affected populations¹.

The GHC mission is to work to minimize the health impact of humanitarian emergencies. The platform strengthens global capacities for emergency preparedness, response and recovery, engages in collective action and coordinated field operations, and advances the evidence base and practice in preparing for responding to and recovering from humanitarian health crises. Partners are committed to act in support of national capacities and to be accountable to affected populations².

¹ GHC Strategic framework 2014-2015 available at http://www.who.int/hac/global_health_cluster/about/mission_commitments/en/

² ibid

3. Guiding Principles

As a multi-agency platform, the overall approach and work of the GHC will be underpinned by the following principles to promote collaborative action.

- **Commitment and voluntary cooperation:** Effective coordination can only be voluntary, based on each partner's willingness to join others in agreeing on priorities and overall response strategies and to adjust its actions to the particular humanitarian context as well as to other partners' capacities. The cluster approach demands commitment and an openness to collaborate and adapt on the part of all agencies and individuals concerned.
- **Partnership:** Collaborative and complementary partnerships at all levels, based on transparency, mutual understanding and the tapping of comparative advantages and competencies, are essential to improving humanitarian action.
- **Community participation and accountability to affected populations:** Community based programming is essential to successful cluster implementation and humanitarian health action. Affected populations must be involved in the actions of the country cluster, and the health cluster will actively seek ways to be accountable to the affected population.
- **Support national authorities' coordination efforts, priorities and building capacities:** Clusters should support and/or complement existing national coordination mechanisms for response, preparedness and recovery. Where appropriate, appropriate national health counterparts should be actively encouraged to co-chair cluster meetings from as early as possible.
- **Adherence to humanitarian principles and the right to health:** Health interventions will be based on humanitarian principles and on human rights, which state that humanitarian interventions should be provided based on needs alone, be accessible without discrimination, and be affordable for all. Universal access to primary health care is a fundamental element of any humanitarian health response for populations affected by crises.

4. Strategic Priorities

The GHC Strategic Framework for 2014-2015³ has identified five strategic priorities:

1. Strengthening and expanding global capacity for humanitarian health action.
2. Strengthening technical and operational support for county health clusters and coordinators.
3. Improving the harmonization, quality and timeliness of humanitarian health information.
4. Addressing strategic and technical gaps.
5. Enhancing the advocacy role of the GHC.

5. Nature

The GHC is a platform for organizations to work in partnership to ensure collective action results in more timely, effective and predictable response to health emergencies. The GHC is not a legal entity and, therefore, cannot undertake any legal action in its own name.

The World Health Organization is the Cluster Lead Agency and it provides secretariat support through the Global Health Cluster Unit (GHCU) in the WHO Emergency Risk Management and Humanitarian Response Department (WHO/ERM).

³ GHC Strategic framework 2014-2015 available at http://www.who.int/hac/global_health_cluster/about/mission_commitments/en/

6. Membership

GHC membership is open to organizations that bring the requisite skills, expertise and capacity needed to effectively prepare for and respond to the increasing number of health emergencies arising from a range of hazard. Such organizations can include intergovernmental organizations (including WHO and UN agencies), nongovernmental organizations, national authorities, consortia, academic or training institutes, foundations and donor agencies who meet the criteria below:

- Active or with strategic intent to provide or support health services in areas affected by or recovering from humanitarian crises.
- Willing to actively support the GHC fulfil its role and implement the GHC Strategic Framework and workplan.
- Committed to respecting the GHC guiding principles.
- Having the resources (human and financial) to participate in the activities of GHC, including attending the meetings.

GHC partners can have member, associate or observer status.

Members are organizations that decide to support the fulfilment of the GHC Strategic Framework by collectively developing and contributing to the GHC workplan via funding contribution and/or in-kind work. Members are required to participate and contribute to GHC discussions.

Associates are organisations who choose not to become GHC members but who demonstrate a willingness to support GHC efforts by sharing their particular expertise to enhance the capacity of health cluster members at global, regional or country level. Associates will be invited to attend GHC meetings and may be invited to contribute to Task Teams. They participate in GHC discussions upon invitation.

Observers are organisations who choose not to contribute directly to the GHC work but who are interested in receiving and sharing information on GHC activities. Where appropriate they may be invited to attend GHC meetings. They do not participate in the GHC discussions.

7. Governance

The **Partner Meeting** is the representative body of the Cluster. It reviews the reports and activities of the GHC partners, the SAG and the GHCU and, where appropriate and required, endorses them. Partners meet face-to-face twice a year with the following objectives:

- Prepare and review progress on the implementation of the Strategic Framework and workplan and identify additional priorities
- Provide a structured platform for sharing information and learning about the needs of country health clusters
- Provide a forum for presenting technical updates relevant to improving effective humanitarian health response
- Provide an opportunity for Task Teams to meet and further specific workplan tasks
- Provide a platform for discussing on-going emergency responses in cluster countries with an aim to improve the coordinated response, information flow and learning

The Partner Meeting comprises one representative for each partner. WHO has a permanent seat as Cluster Lead Agency, and is represented at headquarters, regional and country level.

The **Strategic Advisory Group (SAG)**⁴ provides strategic support and guidance to the GHCU to guide direction of GHC affairs. SAG roles and responsibilities include:

- Support the implementation of the GHC Strategic Framework and participate in activities related to the GHC workplan
- Support the implementation of and participate in the work conducted by the Task Teams
- Provide additional support to the GHCU activities in furtherance of implementation of the GHC workplan
- Support performance of health clusters at the country level through participation in the planning and roll out of the Cluster Performance Monitoring Tool and Joint Cluster Support Missions
- Assist the GHC in identifying and addressing gaps and trends in policy and practice that impact health service delivery in emergencies
- Assist in resource mobilization for the work of the GHC and for health needs in emergencies as identified by health clusters at the country level
- Assist in the development and approval of agendas for meetings of Global Health Cluster

The SAG will consist of up to 10 representatives that reflect the GHC membership organizations. The SAG will be composed of:

- 1 WHO representative
- 1 other UN agency representative
- 4 Non-governmental /non-UN operational agency representatives
- 1 Donor agency
- 2 Health Cluster Coordinators
- 1 Representative of a WHO Regional Office

SAG representatives volunteer to be on the SAG. The term of office of the SAG members is two years. WHO has a permanent seat. Nongovernmental and non-UN operational agencies will be invited by the GHCU to agree among themselves their representatives before the end of the term and communicate the results of the process to the GHCU. The GHCU in consultation with the GHC Partner Meeting will seek to ensure appropriate rotation and geographical balance of the remaining positions. The Group will have two co-chairs, one appointed by WHO/ERM and the other nominated by the SAG members. Only GHC members that have predefined their representatives may nominate persons to vacant positions on the SAG.

The **GHCU** is a Unit of the WHO Emergency Risk Management and Humanitarian Response Department. Subject to the availability of funds and application of WHO rules, policies and procedures, the GHCU provides overall coordination as well as secretariat support to the GHC. Responsibilities include:

- Supports fulfilment of the GHC Strategic Framework through delivery of activities outlined in the GHC workplan
- Provides secretariat support to the GHC, including organization of meetings, maintenance of a central repository of information and documents produced by the GHC, maintenance of the website, management of applications from prospective partners, communication among GHC partners at all times
- Provides technical and operational support to country clusters
- Oversees and tracks the status and performance of country clusters
- Oversees GHC surge deployments in close collaboration with designated GHC partners and country clusters
- Represents the GHC at the Global Cluster Coordinator Group and relevant IASC meetings and contributes to IASC processes and guidance.
- Facilitates links and communication between GHC Task Teams, WHO as Cluster Lead Agency, other Global Cluster and key stakeholders
- Writes the GHC annual report

⁴ This is NOT a Strategic Technical Advisory Group advising WHO on technical norms and standards.

The Global Health Cluster Coordinator leads the GHCU and is responsible for providing strategic stewardship to the GHC as a whole. The GHC Coordinator is supported by specific staff on a temporary or permanent basis.

The **Task Teams** are composed of GHC partners who volunteer to dedicate time to action specific work identified in the GHC workplan. Representatives from other Clusters can also be asked to join where relevant. Expected outputs and a clear timetable for each Task Team will be agreed by the GHCU in consultation with the SAG and outlined in specific terms of reference. Task Teams are accountable to GHCU and the SAG.

WHO responsibilities as Cluster Lead Agency

Subject to the availability of funds and application of WHO rules, policies and procedures, WHO is ultimately responsible for ensuring the fulfilment of the Cluster Lead Agency role in the Health Cluster to the Emergency Relief Coordinator. These responsibilities include:

- Mainstreaming of the Cluster Approach and the Transformative Agenda within WHO and promoting their understanding within WHO departments and offices at global, regional and country level;
- Negotiating with other UN agencies around Cluster issues that need to be reflected in global level documentation;
- Advocating at the highest level of the IASC, Emergency Directors Group, donors and other concerned bodies the needs and position of the GHC;
- Ensuring that adequate human and financial resources and administrative structures are availed at global, regional and country level.

8. Communications

Logo and website

GHC may develop a distinctive physical depiction of its identity, such as branded colours, graphic elements and a logo which would identify the Cluster to all audiences. In the use of its branding, GHC agrees to incorporate and clearly reflect the relationship with WHO as the legal entity with Lead Agency and secretariat roles.

The GHC logo shall only be used by WHO alongside the WHO emblem when WHO is providing secretariat support to the GHC. However, the right to use of the GHC logo, including on publications, may be granted to other GHC partners on a case by case basis, with the prior approval of the GHCU Coordinator.

A GHC co-branded website is established according to the physical depiction of the GHC and is maintained in accordance with WHO rules.

Publications

As a general rule and subject to its discretion, WHO shall be responsible for issuing publications about GHC activities. For the avoidance of doubt, dissemination of GHC materials will only be made by WHO or GHC partners, as may be decided on a case-by-case basis by WHO.

Copyright in any publication made by WHO shall be vested in WHO. This also applies if the work is issued by WHO and is a compilation of works by GHC partners or is otherwise a work prepared with input from one or more GHC partners. Copyright of a specific separable work prepared by a GHC partner shall remain vested in that GHC partner (or remain in the public domain, if applicable), even if it forms part of another work that is published by WHO and of which WHO owns the copyright. Copyright in a publication prepared and issued by a GHC partner shall remain vested in that partner or shall be put in the public domain if such GHC partner so chooses.

“Publications” include any form, whether paper or electronic, and in any manner. Partners are always allowed to cite or refer to GHC publications, except for purpose of promoting any commercial products, services and entities.

Any publication about GHC activities issued by a GHC partner other than WHO shall contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the partners, including WHO.

9. Financing of, and fundraising for, the GHC workplan

Each partner is in principle responsible for meeting its own expenses in relation to the GHC (including, but not limited, to travel and subsistence for attendance to the GHC Partner Meetings, SAG meetings, Task Team meetings, etc.). However, if a partners’ participation is specifically requested by the GHCU in consultation with the SAG, then a contribution to expenses may be made, subject to applicable WHO rules and procedures.

To effectively implement the GHC workplan, appropriate levels of funding shall be secured to cover all recurrent costs and planned activities. To achieve this, a range of funding strategies will be adopted both through the GHCU and cluster partners to raise funds. The GHCU, SAG and WHO/ ERM team will collaborate to develop a fund raising strategy outlining how funds will be raised to support the GHC workplan. A multi-year, multi-donor funding proposal will be developed by the GHCU with inputs from the SAG. GHC partners will be consulted throughout the process. Additionally, GHC partners may fundraise independently or through multi-agency donor proposals to financially support activities they are leading and/or contributing to in the GHC workplan.

Funds raised by the GHCU will be managed under the WHO financial rules and regulations, and administrative procedures and practices (including WHO’s normal programme support costs (PSC) charge). Funds raised by GHC partners, will be managed under the financial rules and regulations of the partner agency. GHCU will provide GHC partners with an annual financial report, including information on contributions received to support the secretariat and the related day-to-day operations of the GHC.

Where a cluster partner has been requested by GHCU to lead an already funded specific project or activity for the GHC, the partner will implement the project through an agreement between WHO (as CLA) and the partner. The GHCU will ensure that key outputs from these projects are shared with the partners during regular conference calls, email update and the website. In this case the GHCU will be responsible for donor reporting and the administrative and financial management of the funds and other related activities.

Where funds come directly to a cluster partner for a GHC activity, the partner will be responsible to oversee the implementation of activities, as well as financial and donor reports. The partner will, however, regularly update the GHCU and GHC partners on progress.

10. Method of work

The GHCU, in consultation with the SAG and possible Task Teams, commits to share draft and final drafts of all strategic documents (GHC strategy, workplan, fundraising strategy, funding proposals and other strategy documents) with GHC partners for their input and feedback.

Wherever possible, strategic documents and key decisions to be made shall be shared prior to and discussed in the GHC Partner Meetings. Key decisions and general endorsement of documents shall be by consensus. Given its role as Cluster Lead Agency, in order for WHO to implement any key decision, such decisions shall be consistent with WHO policies, regulations and procedures.

Where timing of document endorsement does not correspond with GHC partner meetings, feedback shall be solicited from partners by email. Feedback on documents from GHC partners shall be incorporated into the documents by the GHCU (or GHC partners/consultant facilitated by the GHCU). Where conflicting feedback is provided or issues arise, they shall be discussed within the SAG and the SAG shall advise the GHCU on the best course of action to finalise the issue/document. Once finalised, all strategic documents shall be shared with the GHC partners via email and posted on the GHC website.

Prior to any meeting, partners shall be required to disclose any real or perceived conflict of interest related to their participation.

11. Monitoring and Evaluation

The GHC commits to demonstrating its effectiveness through regular and transparent monitoring and evaluation in accordance with the agreed minimum requirements agreed by GHCU and the SAG.

12. Amendments

Suggestions of amendments of these TORs can be made by GHC partners to the GHCU at any time. These TORs may be amended by GHCU in consultation with the SAG as appropriate.