Global Health Cluster Newsletter
October 2013

28 Health Cluster Countries: http://www.who.int/hac/global_health_cluster/countries/en/index.html

What's new from the Global Health Cluster?

Health Cluster Forum (2013). *The Health Cluster Forum was held on June 17—19 in Hammamet, Tunisia. The Forum aimed to update Health Cluster Coordinators (HCCs) on recent strategic and technical developments, to provide a platform to share lessons learned and good practices, to evaluate the technical support provided to Country Health Clusters, and to strengthen the linkages between the Global Health Cluster and Country Health Clusters. It also provided an opportunity to identify and recommend measures for improving Country Health Cluster performance, including improved support from Headquarters and Regional Offices.*

24 Country Health Clusters/Sectors coordinators were represented in the Forum in addition to WHO regional office and Headquarters representatives, four Country Health Cluster partners, three GHC Core Group partners and one 1 Former Health Cluster Coordinator (S. Sudan). For more information, below is a link to the Forum Report.

http://www.who.int/hac/global_health_cluster/about/global_meetings/en/index.html

The Global Health Cluster/ECHO surge project. *Recently ECHO sponsored an initiative to support the work of the Health Cluster by funding a consortium of 3 GHC partners to secure more predictable surge to perform Health Cluster functions in new and ongoing crises. Indeed, within the above mentioned initiative, Save the Children, Merlin and International medical corps recently hired five professionals with Cluster coordination and Information management backgrounds. Four out of five of these staff were among the participants to the WHO/GHC Surge training, and one professional has already been deployed to DRC as sub-regional Cluster coordinator based in Goma, with 3 other deployments in process to the Philippines and Turkey (for Syria crisis).*

WHO and Global Health Cluster Emergency Surge Team Training. *WHO's departments of Emergency Risk Management and Humanitarian Response (ERM), and Communications (DCO) in collaboration with the Global Health Cluster Secretariat organized the first WHO and Health Cluster emergency surge training from 10th to 17th September 2013 in Geneva.*

There were 32 participants from Health Cluster partners and WHO country offices, regional offices and headquarters. It was the first time people with different profiles and expertise were trained together as a surge team to deploy to support country operations in acute emergencies, in line with the critical functions and performance standards established by WHO's Emergency Response Framework (ERF) and the IASC's Transformative agenda (TA). The training comprised five modules on leadership (including cluster coordination, planning, resource mobilization), information (including assessment, analysis, communication), technical expertise (including key public health issues, prioritization, monitoring), core services (including logistics, grant management), and operational and professional effectiveness. The training also included a two-day simulation exercise where participants were able to apply the ERF in a field level simulation of the first seven days following a sudden-onset emergency. An adapted regional surge training was subsequently conducted by WHO's European Regional Office, for regional and country level WHO staff from 29 October to 1 Nov. Lessons from these first trainings will allow materials be further strengthened by WHO in collaboration with Health Cluster Partners, for use in annual global and regional surge trainings.

The Health Cluster's goal during Emergencies

To prevent and reduce excess mortality, morbidity and disability. Moreover, the cluster aims to restore the delivery of, and promote equitable access to, preventive and curative health care as quickly as possible, in as sustainable a manner as possible.

The GHC objectives 2012-2013

1. Ensure a health cluster team is in place within 72 hours from the cluster activation date

2. Monitor and report on health cluster leadership functions, and promote best practices

3. Demonstrate progress towards satisfactory health outcomes and service availability to affected populations

Upcoming events

The Global Health Cluster Retreat
Geneva, 2—3 October 2013

The 16th GHC meeting
Geneva, Tunisia, 12—13 December 2013

Country Health Clusters

New sub-national Cluster Coordinator in GOMA DRC, **Dr. Gabriel Novelo**
Starting date September 2013

New HCC in Myanmar:
Dr. Liviu Vedrasco
Starting mid June 2013

Regional Health Emergency Lead for the Syrian crisis based in Amman
Dr. Pier Paolo BALLADELLI,
Starting date, September 2013

Global initiatives with Health Cluster implications

Cluster Performance Monitoring process CPMp. *Monitoring coordination performance at national and sub-national level in both sudden onset and protracted crises is necessary to ensure that clusters are efficient and effective coordination mechanisms, fulfilling the core cluster functions, meeting the needs of constituent members, and supporting delivery of health services to affected people.*

Since the launching of the first CPM process in Somalia in December 2012, 8 other countries have used the tool including, Sudan, South Sudan, Palestine, Afghanistan, Mali, Haiti, Yemen while Myanmar is in the process of launching the process during the current month. The Democratic Republic of Congo will be the tenth country to monitor its cluster performance before the end of the year 2013.

Recommendations of the 85th IASC Working Group WG Meeting. *The IASC WG met on 28-29 October 2013 in Geneva to discuss progress in the implementation of the Transformative Agenda TA. The meeting was an opportunity to endorse the three outstanding TA protocols (The Inter-Agency Rapid Response Mechanism (IARRM), The Accountability to Affected Populations (AAP) Operational Framework and the Humanitarian Programme Cycle (HPC)Reference Module).*

The WG meeting was an opportunity to introduce and agree on the five IASC priorities for 2014—2015; and affirm different WG Sponsors for the IASC priorities as follows:

⇒ ***AAP/PSEA****: Patricia McIlreavy, InterAction*
⇒ ***Humanitarian Financing****: Nan Buzard, ICVA*
⇒ ***Protection in Humanitarian Crises****: Daniel Endres, UNHCR*
⇒ ***Preparedness & Resilience****: Ted Chaiban, UNICEF & Dominique Burgeon, FAO*
⇒ ***Revitalizing Principled Humanitarian Action****: Brian Tisdall, ICRC*

The first World Humanitarian Summit (WHS) in 2016. *At an event held in the margins of the 68th General Assembly, Secretary-General Ban Ki-moon announced that the first World Humanitarian Summit will be held in Istanbul in 2016. The Summit aims to map out a humanitarian agenda for the future that is more effective and inclusive, and which addresses the significant challenges facing the world.*

OCHA will coordinate the summit on behalf of the Secretary-General and the Emergency Relief Coordinator (ERC). However, between now and the summit, the entire humanitarian community is called upon to identify and prioritize proposals to set an agenda for post-2016. Possibilities include new partnerships that strengthen humanitarian response, innovative ways to coordinate work and provide assistance and proposals to build on the guiding principles that shape humanitarian action while maintaining the fundamental principles of humanity, neutrality, impartiality and independence at the core of humanitarian action.

Updates from ongoing crises

Polio outbreak in Syria (10 cases confirmed). *The World Health Organization has confirmed 10 cases of polio in Syria out of a cluster of 22 acute flaccid paralysis cases that were notified in the country in late October 2013 - This constitutes the first outbreak in the Syria since 1999. The children affected live in Deir Ezzour province in eastern Syria. They all appear to be ages 2 and under, and may have gone unvaccinated in the chaotic conditions caused by the ongoing conflict. They have the worst symptom of polio: paralysis.*

Before Syria's civil war began in 2011, some 95% of children in the country were vaccinated against the disease, but since the start of the civil war and despite efforts to continue the immunization programmes, a large proportion of children in different areas in Syria is believed not immunized.

WHO is currently working with other UN agencies, Syria's Health Ministry and other agencies on a mass immunization programme within Syria and neighboring countries. While all cases were confirmed in Deir Ezzour province, there is fear for further spread of the disease to the region, as many Syrian are fleeing their homes to seek refuge across borders into neighboring countries in an uncontrolled manner. WHO together with its partners are planning to extend the mass immunization programmes to all countries receiving Syrian refugees, including Jordan, Lebanon, Turkey, Iraq and Egypt
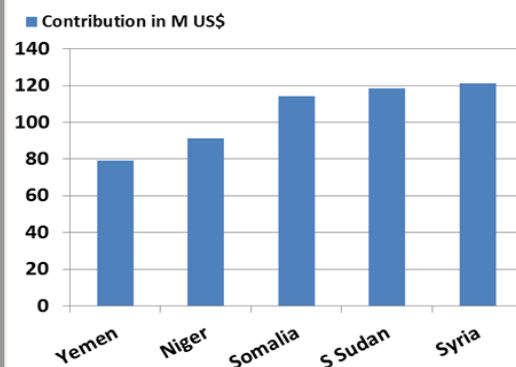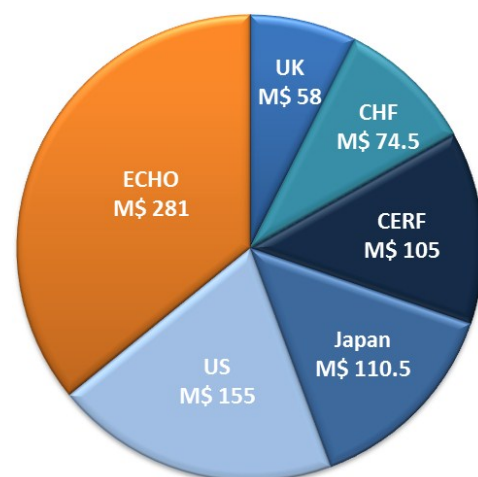
Humanitarian health financing overview 2013
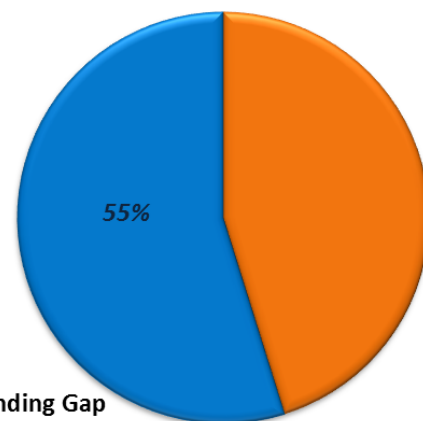
Funds Requested US$ 655 million
Funds received   US$ 360.1 million

Humanitarian health financing Top Five recipient countries

Humanitarian health financing Top donors to health appeals

Source: FTS – October 2013