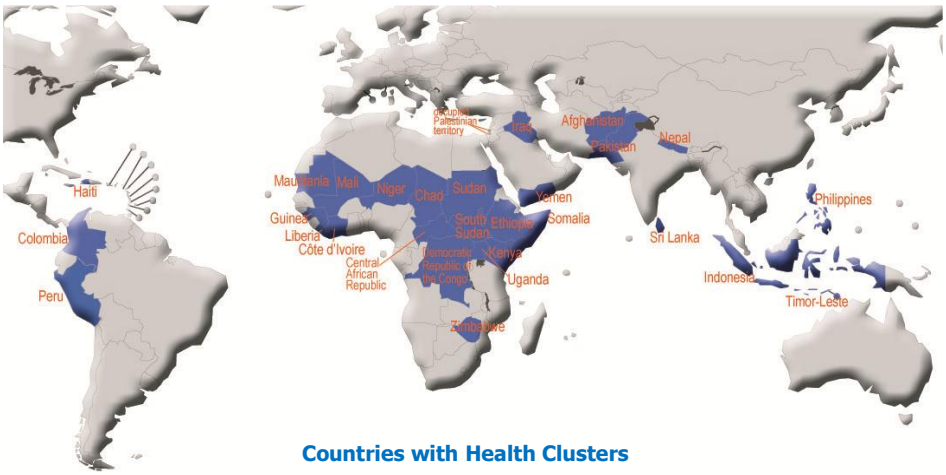
Global Health Cluster Newsletter
January 2013



Countries with Health Clusters

What's new from the Global Health Cluster?

GHC meeting. The GHC held a meeting at WHO in Geneva, 6-7 December 2012. Thirty seven representatives from 24 partner agencies participated. Discussions focused on improving surge to perform health cluster functions, cluster performance monitoring, information management and assessment, and the role of the Health Cluster in national preparedness and Organizational readiness. A final report will be issued in early February.

GHC work plan 2013. Deliberations at the meeting led to the development of a draft GHC work plan for 2013 that includes: (1) active implementation of the cluster performance monitoring tool and analysis of its results, including a 6-monthly report on the performance of health clusters around the world, (2) cluster evaluations, (3) development of training materials for WHO and partner staff responsible for health cluster functions at country level, and the implementation of two training courses, (4) a list of pre-qualified and experienced individuals to perform health cluster functions during acute emergencies from across partner agencies, (5) an on-line "health cluster in a box" where health cluster teams can find all necessary forms, templates, guidance and standards for optimal health cluster functioning, (6) bi-monthly newsletters that inform health clusters and partners about global issues of concern, and (7) support to the application of best practice for health cluster functions and for health service delivery.

NGO engagement in the GHC. Partners are actively exploring a joint approach to strengthening the work and surge capacity of the GHC. The approach centers on having NGO staff time dedicated to (1) contribute actively to the GHC work plan, particularly on training and supporting country level health cluster staff, and (2) surge to deliver on country health cluster functions as required. This approach could serve as a model to formally engage and finance NGOs in the work of the GHC.

Promoting standards and best practice. The Foreign Medical Team Working Group (FMT-WG) met for the second time, this time in Madrid on the 15-16 November 2012. At the meeting, members of the working group gave feedback for final revision on two draft documents: one paper on standards and classification of FMTs focusing on medico-surgical trauma teams, and the second paper on reporting by FMTs to national authorities. Furthermore, agreement was reached to explore the establishment of a global registry for FMTs, similar to that of Urban Search and Rescue Teams managed by OCHA. It was also agreed to seek collaboration with the OCHA/UNDAC led On-Site Operational Coordination Centers (OSOCCs) and national disaster management coordination mechanisms to better coordinate arriving FMTs during emergency response.

The Global Health Cluster (GHC)

Established in 2005 and led by the World Health Organization, the Global Health Cluster is made up of more than 30 (international humanitarian health organizations that work together to build partnership, mutual understanding, and common approaches and capacities for humanitarian health action.

The Global Health Cluster vision

Optimized cluster performance and health outcomes through timely, effective, complementary and coordinated humanitarian health action.

The GHC objectives 2012-2013

(1) ensure a Health Cluster team is in place (or deployed within 72 hours) in sudden onset emergencies
(2) monitor the performance of Health Cluster functions
(3) promote lessons learned and best practices
(4) demonstrate improved health outcomes including access to health services

Upcoming global events

Global Platform for Disaster Risk Reduction, 18-23 May in Geneva

World Health Assembly (WHA), 20-28 May at WHO/Geneva

18th World Congress on Disaster and Emergency Medicine (WADEM), 28-31 May in Manchester, UK

Country Health Clusters

New clusters. The health cluster was activated in the Rakhine and Kachin States in Myanmar on 18 January.

New HCC. Dr Gabriel Novelo, formerly HCC in Libya and sub-national HCC in Haiti, has been deployed to the Philippines as Health Cluster Coordinator for the response to Typhoon Pablo.

More country health cluster news can be found at this link:

www.humanitarianresponse.info

Global initiatives with Health Cluster implications

Monitoring cluster performance. After its testing and piloting in Sudan and Pakistan, the Cluster Performance Monitoring Tool (CPMT) was rolled out for the first time in Somalia, beginning in December 2012, together with the Food Security and WASH clusters. Over the first 6 months of 2013, OCHA will coordinate the roll out of the CPMT for all clusters in the Pacific Region (mid-February), South Sudan (March), Afghanistan (April), Pakistan (May) and Palestine (tbc). The objective is to have the tool implemented by all activated clusters over the course of this year. Global Health Cluster partners will be supporting the roll out of the CPMT and encouraging their country offices to respond to the survey and to actively participate in the meetings in which the results and necessary actions are discussed.

Level 3 declaration for Syria. The crisis in Syria was declared an IASC L3 emergency on 15 January by the Emergency Response Coordinator (ERC) Valerie Amos following consultation with the IASC Principals. Several IASC partners had already declared the situation an emergency, based on their own internal grading procedures. These included IOM, UNHCR, WFP and WHO. For WHO as health cluster lead agency an IASC L3 declaration means (1) deployment of a team to produce the agreed time-bound deliverables in compliance with the Inter-Agency Rapid Response Mechanism (due to the regional context of the event, this team has been deployed to Amman to provide technical and operational support to WHO in Syria and in surrounding refugee-hosting countries), (2) accountability and reporting to the new regional Humanitarian Coordinator in his empowered leadership role, and (3) strengthening coordination mechanisms within Syria, either through the health cluster (if activated) or a cluster-like sectoral working group.

Surge capacity. To improve surge capacity, including for cluster functions, WHO signed a Stand By Agreement (SBA) in December with Information Management & Mine Action Programs (iMMAP). Agreements with other standby partners are expected to be signed early in 2013.

Strengthening resilience. The IASC Principals met on 13 December 2012 to discuss (1) specific emergency situations, (2) the Transformative Agenda, (3) resilience and capacity development for preparedness, (4) accountability to affected People (AAP), and (5) protection from sexual exploitation and abuse (PSEA). Of specific importance to the GHC was the decision by the Principals that by the end of 2013, global clusters should develop guidance and training to build the capacity of country clusters and partners to strengthen resilience by effectively integrating preparedness, early action and early recovery approaches into country clusters' humanitarian action.

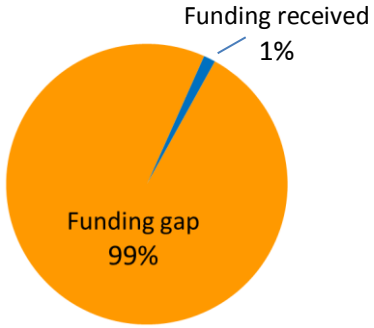
Health in the CAP launch 2013

The launch of the 2013 Consolidated Appeals took place on 14 December 2012. It included appeals with health components for 18 countries. The total budget for health is US $1.4 billion. By comparison, at the end of 2012, there were appeals with health components for 26 countries for a total of $1.7 billion for health.

Update from Mali

While much of the world's attention has focused on Syria and its neighboring countries in recent months, the humanitarian situation in Mali has deteriorated further over the past few weeks. WHO has surged in an expert in strategic planning and public health in emergencies to develop the consolidated health sector action plan with health cluster partners. Coverage of health services remains low and it is hoped that the country health cluster, working in partnership, will be able to extend its country presence as security and resource mobilization improve.

Humanitarian health financing overview 2013



Funds requested US$ 1,439,195,592
Funds received US$ 19,714,687

Countries with health appeals in 2013

- Afghanistan (CAP)
- Burkina Faso (CAP)
- Central African Republic (CAP)
- Chad (CAP)
- Djibouti (CAP)
- DR Congo (CAP)
- Haiti
- Kenya (CAP)
- Mali (CAP)
- Mauritania (CAP)
- Niger (CAP)
- occupied Palestinian territory (CAP)
- Philippines (CAP)
- Somalia (CAP)
- South Sudan (CAP)
- Sudan (CAP)
- Syria
- Yemen (CAP)
- Zimbabwe

Source: FTS – 31 January 2013

For detailed information on appeals and funding, visit the Financial Tracking Service at:

http://fts.unocha.org/

This newsletter is a product of the GHC's editorial review team.
It is developed and distributed every two months to global, regional and country health partners and stakeholders.
Contact: Dr Ahmed Zouiten, email: zouitena@who.int