Health Cluster Forum

16-18 October 2024, Istanbul, Türkiye

Note for the Record

Purpose

The Health Cluster Forum aims to convene Health Cluster Coordinators (HCCs) to:

- share best practices
- share and address challenges and areas of concern
- engage in cluster capacity building efforts to improve the health sector humanitarian response.

Meeting objectives

1. Strengthen the understanding of how clusters align with WHO at the global, regional and country levels
2. Discuss in-depth selected thematic topics that have a direct impact on the work of the clusters
3. Identify practical solutions to identified challenges.

Meeting participants.

Of the 30 Health Cluster Coordinators at the national and regional levels, 22 attended the Forum in Person. The remaining eight Health Cluster Coordinators were given the opportunity to connect and join the session online. Representatives from WHO regions were also present in person at the meeting, which was overseen by the Global Health Cluster team. The HEI Director participated and presented throughout all three days of the Forum.

Agenda

The list of participants and all presentations, can be found here.

DAY 1: 16 October 2024

Global priorities and realities: the implication for to the health cluster at country level: (Altaf Musani, Director Health Emergency Interventions and Linda Doull, Coordinator Global Health Cluster) Presentations here	
Altaf Musani highlighted the significant opportunities and challenges facing the humanitarian sector. He emphasized the need to influence the new Under Secretary General for Humanitarian Affairs and Emergency Relief Coordinator and shape the evolving emergency program. He spoke of the daunting landscape of climate change, humanitarian access issues, and the complexity of high-risk crises. He stressed the importance of amplifying health concerns alongside protection and food security and engaging development partners for long-term resilience. He underlined the importance of the data and information provided by health cluster partners, as it feeds the broader narrative and enables the Director General to be informed and vocal on critical humanitarian issues. Altaf also addressed the alarming violations of international humanitarian law, the dire situation in Gaza, and the need to support "unforgotten emergencies." **Linda Doull** discussed the evolving coordination landscape, including highlighting the ERC flagship program and the IASC Independent IDP review, which emphasizes localized, area-based coordination with a shorter lifespan for clusters. She noted that the IDP review also promotes RC/HC authority to make leadership changes if clusters underperform; and underscored the need for concerted efforts to strengthen the CCPM process as CCPM results will be used to inform leadership change decisions. She highlighted challenges in localization and the need for advocacy to address common barriers. She mentioned new initiatives, such as a Mortality Estimation Initiative, and the rising interest in sexual and reproductive health. She announced the External Evaluation of the Global Health Cluster, designed to ensure it remains fit for purpose. She stressed the importance of stakeholder participation (including HCCs) in the evaluation process, including through surveys, key informant interviews and as part of the Evaluation Reference Group.	
Key discussion points	**Key actions/Recommendations**
Challenges in healthcare delivery, including direct and indirect attacks on healthcare facilities, obstruction of services, and funding gaps. Need to redefine attacks on healthcare to include impediments like denial and detainment and the importance of predictable funding for health clusters, including advocating for dedicated funding streams within mechanisms like the Central Emergency Response Fund. Strengthen the linkage between the reporting of attacks on healthcare and the impact on the functionality and accessibility of health services, using tools like the Surveillance System for Attacks on Healthcare.	Develop a One-Page Health Prioritization Paper i.e. a brief on health-related priorities to present to the new Under-Secretary-General for Humanitarian Affairs. Explore ways to quantify the cost of inaction and the impact on mortality and morbidity to strengthen advocacy efforts. Advocate for accountability of member states in upholding international humanitarian law and principles, potentially through the upcoming conference in Doha. Using Health as a Crisis Amplifier: Health crises, including malaria, cholera, dengue, and measles, are often overshadowed by food

Rising natural hazards related to human-induced climate change, especially in Africa and other vulnerable regions, are increasing health stress in low-resource settings. The critical role of health clusters in maintaining healthcare services amidst ongoing crises and the need for improved advocacy and strategic priorities. The importance of creating an "echo chamber" to provide the space for humanitarian partners to do their work, based on the data and information they provide.	security and protection crises but remain critical. There is a need to amplify health as a primary crisis. Continuously review and improve the CCPM methodology and tools to enhance the reliability and validity of the assessments of Health Clusters.
Child Health in Emergencies: (Anshu Banerjee, Director, Maternal, Newborn, Child and Adolescent Health and Ageing, WHO, Sheila Manji, ECD Specialist, Maternal, Newborn, Child and Adolescent Health and Ageing, WHO and Andrea King, Technical officer, GHC) Presentations here	
Anshu Banerjee's presentation covered several key aspects of child health in emergencies. He explained the importance of a risk-differentiated care approach, which considers a child's health status in disease management, mainly focusing on higher mortality risks for younger children with factors like low weight for age, low birth weight, breastfeeding, and prematurity. Anshu also highlighted the high mortality rate of newborns in emergencies and the need for essential newborn care, special newborn care units, and a life course approach to supporting child development. He introduced a digital application called "Frontline", which is based on WHO guidelines to improve the diagnosis and integrated management of childhood illnesses. The discussion also covered practical challenges, such as accessing funding data, integrating mental health support, and coordinating with existing global and country-level partnerships to better address child health in humanitarian settings. **Sheila Manji and Andrea King** facilitated group discussions centred on enhancing health services for young children in crisis contexts. The group work, informed by baseline assessment findings that 76.2% of Health Cluster Coordinators (HCCs) believe current services inadequately address children's access to nutritious food and safety, highlighted several key strategies. Participants discussed integrating health and nutrition services, supporting caregiver mental health, and using existing tools more effectively. Proposed activities included disease surveillance, nutrition screening, and capacity-building for local authorities, underscoring the need for intersectoral collaboration. The groups also mapped out potential coordination platforms and service providers for a hypothetical humanitarian context, focusing on safeguarding children under five and mitigating the psychological impact of crises on both children and caregivers.	
Key discussion points	**Key actions/recommendations**
Concerns raised about the need to integrate mental health and psychosocial support into the child health interventions, especially in protracted crises. Challenges of working with community health workers in humanitarian settings and the need to standardize and harmonize their roles and responsibilities.	Accurately measure every birth and determine the gestational age and birth weight of newborns. This is crucial for identifying high-risk children. Ensure access to special care units for small and vulnerable newborns. These units should be able to provide thermal care, IV fluids, oxygen, CPAP machines, and other essential interventions.

Importance of linking the Global Health Cluster's work with existing partnerships, such as the "Every Woman, Every Newborn, Everywhere" initiative, to better support country-level implementation. As well as a holistic, intersectoral approach that involves multiple ministries, humanitarian and development partners, and local communities. The importance of developing tools and advocacy materials to improve coordination among stakeholders and enhance the delivery of nurturing care. The discussion highlighted the need for more data and analysis on the costs and impact of not addressing preventable child deaths, which could support resource mobilization and fundraising efforts. WHO is finalizing an "Integrated Health Tool" that could potentially be used to do a "cost of inaction" analysis on newborn and child mortality.	Adopt a life course approach to supporting child development over decades, not just focusing on the immediate health issues. This includes providing well-child visits, early identification of problems, and parenting/environmental support. Utilize the "Frontline" digital application, which is based on WHO guidelines, to improve the speed and accuracy of diagnosis and management of child health emergencies at the healthcare worker level. The app can be used offline and integrated into national digital health strategies. Emphasis on a holistic approach to early childhood development, particularly addressing the impact of violence and stress on children. Recommendation for spaces for psychosocial support for both caregivers and children.
The Humanitarian Global Landscape: creating space to make meaningful change for humanitarian affected populations: (Gemma Connell, Chief, Assessment, Planning & Monitoring Branch, OCHA) Presentations here	
Gemma Connell presented findings from a study conducted on the perceptions and behaviours of frontline health workers in conflict zones. The study examined how humanitarian organizations collect, analyse, and use data on attacks and security threats. It found that NGOs prioritize information on threats over actual attacks. Local staff were considered the most reliable source of risk information. The presentation highlighted the proliferation of communities for real-time data sharing, such as WhatsApp groups. However, these groups have issues with trust and information verification. The study also found challenges with inconsistent data definitions, lack of standard indicators, and underreporting of attacks on local health workers.	
Key discussion points	**Key actions/recommendations**
The strategic shifts proposed for the 2025 Humanitarian Program Cycle, specifically the scope of needs analysis and boundary setting to prioritize the most critical needs. The challenges faced by health cluster coordinators, such as underfunding, the need to balance lifesaving and life-sustaining activities, and the inclusion of resilience-building in humanitarian response plans.	Continued advocacy with donors to ensure adequate funding for the prioritized humanitarian response, despite the challenges of expanding needs and limited resources. Engagement with the OECD DAC members and the World Bank to address the issue of development funding suspension in "estranged settings" where political decisions have impacted development cooperation.

The need to delink PIN (People in Need) figures from funding decisions, as PIN should not be solely driven by funding trends. The challenges of coordinating mixed settings (refugee and internally displaced populations) and the ongoing work between OCHA and UNHCR to address this. The importance of defining and costing the resilience of health systems in humanitarian contexts, as health is a unique sector that is interconnected with other sectors. The definition of "shocks" in protracted crises and how to best incorporate anticipatory action and risk-informed planning into the Humanitarian Program Cycle. Acknowledgment that while development actors have a clear responsibility in certain areas, the humanitarian community may need to continue filling gaps in the absence of effective development interventions.	Exploring ways to better define and cost the resilience of health systems in humanitarian contexts, recognizing the unique interconnectedness of the health sector. Advocacy for the replenishment of the IDA (International Development Association) window, as it provides an opportunity to blend humanitarian and development funding for system strengthening.
GHC Information Management Country Health Cluster Team priorities: (Luis Hernando Aguilar, Information Management Officer, GHC, Antoni Ros Martinez, Information Management Officer, GHC) Presentations here	
In this information management session, the primary focus was on reviewing essential processes and tools to support IMOs and clusters effectively. The discussion emphasized the need for effective information flow and acknowledged participants' work on critical health dashboards. The GHC Information management team (**Luis Hernando Aguilar and Antoni Ros Martinez**) stressed the importance of clear, accessible information to demonstrate the collective impact of Health Clusters globally, and emphasized the importance of sharing data, ensuring data consistency, and actively promoting transparency. There was a focus on adapting IM tools to suit crisis needs, emphasizing the need for "pivoting" IM tools and resources to address sudden increases in demand effectively. Also, the session moved on to updates on regard of the importance of tools such as the Global health Achievements Dashboard, the Cluster Coordination Performance Monitoring (CCPM) tool, and the PHIS implementation status underscoring its role in self-reflection and partner feedback to improve Cluster functions. "In coordination with Eba Pasha, Antoni reviewed key data needs for Health Cluster partners in acute crises, emphasizing the importance of raw data and agile data pipelines. Together, they designed and facilitated a tabletop exercise based on a SIMEX scenario. Participants were divided into small, role-specific groups, each led by a facilitator who guided discussions and provided scenario injects, including printed maps and background information. Both group discussions and plenary presentations offered valuable insights, contributing significantly to the undergoing work of the PHIS-SWG (IMTT) on this matter.	
Key discussion points	**Key actions/recommendations**

Importance of the GHC achievements dashboard, the PHIS implementation toolkit and CCPMs tool for performance feedback and transparency among partners, with the potential to inform. Need to make data accessible, while balancing security and data sensitivity, and improving service gap identification through 3W reports and PHIS related products. Emphasis on reviewing IM tools and processes to adapt to new demands in humanitarian crises effectively. "The tabletop exercise and discussion highlighted critical data gaps in the early stages of acute crises and proposed agile tools and methodologies to bridge these gaps with fit-for-purpose crude data. Tools reviewed included the partner list, health facility partner presence mapping, and health facility partner service availability." This review of on the partner list and 3W on key immediate information needs in early crisis response, aimed at enhancing rapid partner coordination and identifying service gaps.	Continue sending data updates for GHC Achievements dashboards and include the implementation and update of PHIS. GHC IM team is available to supporting the process. HCCs and IMOs should participate in CCPM, during Q4 and Q1 reflect on feedback, and integrate any necessary improvements into their work plans. Increase frequency and accuracy in data sharing; ensure partner lists are accessible for effective communication while considering data security needs. Review and adapt existing IM tools promptly during crises to ensure relevance to increased needs. "In an acute crisis, the Health Cluster's priority is to support coordinated service delivery and enable partners to either scale up or maintain operations. This begins with creating or updating the partner list within the first 24 hours, as previous versions may no longer be valid. Next, the Health Cluster must identify and share where and in which health facilities partners are operating, and which health facilities remain functional. Given the rapid changes in acute contexts, updates should be as frequent as possible, with all information clearly dated. Once information flow from partners is established, the Health Cluster should assess and share information regarding available services at each facility to enhance and promote partner coordination. Sharing even incomplete or crude data—always with a disclaimer and a date—is essential, as field conditions shift frequently."
Prevention and Response to Sexual Exploitation, Abuse and Harassment: Assessments of Health Cluster Partners: (Christos Mylonas, Prevention of and Response to Sexual Misconduct (PRS), Office of the Director-General; Emma Fitzpatrick, Technical Officer, GHC)Presentations here	
Christos Mylonas discussed the importance of assessing the capacity of implementing partners to prevent sexual misconduct (SM) within the UN system. He pointed out that in 2023, there were 284 allegations of SM involving UN staff and 374 involving implementing partners. The meeting focused on practical examples from priority countries and the harmonized tool developed by the UN and IASC to assess partners' capacity against eight core standards. Christos emphasized the need for continuous monitoring and training, and shared preliminary results from a survey of Health Clusters, showing many partners are already registered and assessed. The next steps include training and mapping partners for assessments.	
Key discussion points	**Key actions/recommendations**

Importance of assessing the capacity of implementing partners to prevent and respond to sexual exploitation and abuse (SEA). Overview of the harmonized tool the UN and IASC developed for assessing partner capacity, including the 8 core standards. Process and timeline for conducting the partner assessments, including registration, self-assessment, scoring, and capacity strengthening plans. Preliminary results of the market assessment for health cluster partners in various countries, highlighting the existing work and progress made.	Share mapping results of health cluster partners in each of the cluster countries that have been mapped. Remaining health cluster countries to share partner list with PRS to complete the mapping. Identify staff to be trained on the use of the PSEA module in the UN Partner Portal. Coordinate with the PSEA focal point to map all shared health cluster partners and determine which ones should be assessed by WHO. Utilize the resources and support available from WHO headquarters, regional offices, and country-level technical offices to assist with the PSEA assessments of health cluster partners (add link to tools shared).
Mortality Estimation Initiative Save the Children: (Sarah Collis Kerr, Lead Advisor, Humanitarian Health (Mortality Estimation Initiative) Save the Children International)	
Sarah Collis Kerr presented the goals of the Save the Children's mortality estimation initiative, which include building capacity for primary data collection in humanitarian settings to improve health programming. The initiative aims to create a toolkit and training package to standardize mortality estimation methods, with a focus on operational feasibility and real-time adaptation. Challenges discussed included data reliability in conflict zones, the role of health partners in data collection, and the need for inclusive and consultative processes. The initiative plans to map existing mortality estimation methods and collaborate with organizations like SMART to avoid duplication. The goal is to enhance health programming effectiveness through better data utilization.	
Key discussion points	**Key actions/recommendations**
Challenges of collecting reliable data in active conflict environments with high population movement. The relationship and added value of the Mortality Estimation Initiative compared to existing initiatives like SMART. Ensuring the initiative addresses mortality estimation for all populations, not just child mortality. Addressing the sensitivities around mortality data and the involvement of member states and governments in the initiative.	Continue conversations with HCCs to address concerns around data sensitivities, coordination with existing initiatives, and involvement of governments and other stakeholders. Map out existing initiatives and activities around mortality estimation to ensure complementarity and integration. Explore innovative methods for remote mortality estimation in hard-to-reach areas. Incorporate modules on responsible data use and communication in the training package.

Mapping out existing initiatives and activities related to mortality estimation to ensure complementarity and integration. The role and involvement of health partners in the data collection process, especially in contexts with restrictions. The governance structure for releasing and managing mortality estimation information at a strategic level.	

DAY 2: 17 October 2024

Supporting locally led action- Area based coordination: what does this mean? (Linda Doull, Coordinator, GHC; Mauricio Cerpa, HCC Colombia; Didier Tambwe, HCC Mali; and Amaah Penn – HCC Ukraine, Eba Pasha, Technical Officer, GHC) Presentations here
Eba Pasha set the tone for the session, emphasizing the importance of locally led action and localization in humanitarian efforts, and challenged participants to consider what "locally led action" means in practice. Eba highlighted the diverse needs within crisis-affected populations, underscoring the importance of tailoring humanitarian responses to different community groups, including women, the elderly, and people with disabilities. She encouraged the use of area-based coordination (ABC) to connect the needs of local responders and communities with international aid strategies. **Linda Doull** emphasized the need for greater clarity on Area-Based Coordination. She noted a push towards inclusive, localized approaches, yet described ongoing challenges with the cluster system, which she argued remains overly top-down and segmented. Linda highlighted the potential benefits of ABC but stressed that clear guidance, terminologies, and tools are still needed for practical implementation. She also mentioned that the Global Cluster Coordinators Group (GCCG) is in the process of capturing examples of ABC from different contexts, to assist in standardizing the overarching principles of an ABC approach to make it more universally applicable. **Mauricio Cerpa** shared insights on the humanitarian flagship program in Colombia, noting challenges stemming from years of armed conflict and health disparities. He highlighted Colombia's efforts to integrate refugees, particularly Venezuelan migrants, into health systems. Despite efforts, barriers to access remain due to limited infrastructure. Mauricio described the evolving local health cluster structure, which includes national and international organizations working on initiatives like mental health and child health. He advocated for implementing ABC at the local level to enhance inclusive decision-making that aligns with the needs of local communities.

Didier Tambwe focused on the practical implementation of area-based coordination (ABC) in Niger, particularly within the flagship program. He highlighted the successes and challenges of integrating ABC, including the engagement of local authorities and communities, which has been essential in identifying and prioritizing needs at the grassroots level. Didier noted that although Niger's localized approach allowed for better communication and coordination among clusters like food security and health, political instability and security issues have impacted operations. He emphasized that while the model has potential, refining coordination and support structures is crucial to address the specific needs of different sectors.

Amaah Penn provided an overview of the implementation of ABC in Ukraine, noting unique challenges, such as the absence of community health workers and the bureaucratic limitations on local partners. He emphasized the importance of tailoring ABC to Ukraine's context, were healthcare access hinges on family doctor contracts and governmental constraints. Penn highlighted the role of local organizations, which often operate in hard-to-reach areas. He also discussed the complexity of aligning ABC goals with Ukraine's EU ascension efforts, suggesting the approach must respect both local needs and broader strategic frameworks.

Key discussion points	**Key actions and recommendations**
All participants advocated for ABC to improve local decision-making and better reflect community needs. Emphasis was placed on the need for universal terminology, tools, and clear guidance for ABC. Community-specific Barriers: Each region presented unique challenges; for example, Ukraine's healthcare access limitations, Colombia's refugee health integration issues, and general implementation barriers. Opportunities, good practice include better identification of needs of communities affected by crisis (both health needs and multisectoral). Enhancing local partnerships was highlighted as vital for effective, sustainable responses, though bureaucratic hurdles and risk management need addressing. Challenges include how to engage with, determine responsibility and accountability, with ABC focal points at local level (i.e., who determine health needs and recommend response)	Develop clear, standardized guidance, terminologies, and tools for ABC implementation including roles and responsibilities. Facilitate collaboration among international, national, and local stakeholders to bridge gaps in healthcare and humanitarian services. Support local partners through capacity strengthening and sharing initiatives to enhance ABC uptake in challenging environments. Ensure the adaptability of ABC frameworks to specific community needs, especially in areas with limited resources or unique regulatory constraints.
Supporting locally led action-Use of country based pooled funds to support locally led action: (Eba Pasha, Mukeshkumar Prajapati, HCC South Sudan; and Fawad Khan, HCC Sudan Presentations here	

Eba Pasha introduced the session highlighting the role HCCs have in allocation of CBPF (and CERF) funding and to understand how CBPF is being used to advance locally led action. CBPF mechanisms are utilised in 19 health cluster settings and in 2023, 165M USD was allocated by the Health Cluster to partners. Furthermore in 2023 135M USD was allocated to health sector (in health cluster settings) through CERF for which all HCCs iterated they also had a role in its allocation.
Fawad Khan outlined the health coordination model in Sudan, likening it to Yemen's structure with its use of hubs across different regions. He noted that HCT localization efforts include NGO co-coordinators. OCHA innovation for CBPF includes 1) CBPF funding allocated at state level, by state focal points with final review at national level 2) and Emergency Response Fund (ERM) ran by NGO consortia has been established with INGO, with 13 NNGO. The consortia identify who is best placed to receive ERM funding. However, challenges include limited partner reporting, fragmented services, and a lack of coordination resources. Fawad stressed the need for capacity building for local partners, particularly in technical areas like health reporting and service monitoring.

Mukesh Prajapati provided an overview of South Sudan's use of Country-Based Pooled Funds (CBPF) through both standard and reserve allocations. He reported that his team focuses on supporting national NGOs for localization, with increasing integration of multi-sectoral approaches in areas of need. Mukesh highlighted the challenges of reduced funding and recent OCHA-led changes that have diminished the role of Health Clusters in decision-making. A significant challenge includes transitioning to sustainable health services, as development (e.g., Health Sector Transformation Project with multiple donors and World Bank) initiatives affect existing humanitarian provisions.

Key discussion points	**Key actions and recommendations**
Each country discussed different stages and approaches to how CBPF mechanisms are being used to advance locally led action and local actors. Challenges in Cluster Coordination: Both Fawad and Mukesh and HCCs expressed concerns over recent OCHA-led governance changes for CBPF allocation that limit health cluster influence, affecting coordination efficiency and local representation. Discussions about dwindling donor funding for pooled funds and significant delays in fund allocation, impacting the implementation of health services. Sudan's ERM, with a consortium-led funding approach involving INGOs and national NGOs, was highlighted as a promising model for supporting local and national actors.	Advocate for Health Clusters to have a stronger role in CBPF allocation decisions, greater influence in prioritizing needs, identifying partners and for technical oversight. Implement targeted training for local NGOs in areas such as health reporting, project implementation, and crisis management to address skill gaps and improve accountability. Develop structured, multi-sectoral response frameworks that align health, nutrition, and WASH services at the local level. Explore and document effective, funding models, such as Sudan's ERM, which supports long-term impact through local empowerment.

Supporting quality improvement and understanding partner performance especially in hard-to-reach areas: (Erna Van Goor – HCC Somalia Muhammad Shafiq – HCC Turkiye, Eba Pasha, Technical Officer, GHC.) Presentations here

Eba Pasha introduced the session to examine the role of Health Clusters to support quality improvement especially with regard to supporting national actors. Quality of care has the tenets of centrality of protection and AAP. A reminder of existing guidance was given including Quality of Care in Humanitarian Settings Position Paper, Quality of Care in Humanitarian Settings Toolkit, High Priority Health Services for Humanitarian Settings (H3) Guide and Tool, Programming in Access Constrained Environments.

Erna Van Goor highlighted the complex challenges of delivering quality healthcare in Somalia due to corruption, severe access restrictions, and limited government presence. With 70% of humanitarian funds directed to local actors lacking necessary quality assurance, Erna's team developed a service-mapping tool on Google Maps, showing the distribution and scope of facilities. She emphasized the need for accuracy in reporting, noting that virtual visits and mobile data collection help verify facility operations without field access. Erna noted that this approach allows for the identification of duplicate services and allocation inefficiencies, encouraging donor and partner accountability. Her team now aims to apply findings to fund quality improvements.

Muhammad Shafiq discussed the geopolitical and security complexities in Northwest Syria, where diverse controlling forces and restricted access impact healthcare delivery. Post-earthquake, the UN resumed some monitoring through border access points, but most data still come from local partners. Shafiq's team uses 15 technical working groups to coordinate and standardize healthcare, relying on data management systems and remote monitoring for quality control. Recent efforts include prioritizing facilities based on catchment population, health infrastructure, and local needs, while harmonizing wages to retain healthcare staff. He identified key challenges: funding gaps, human resource shortages, and reliance on rented buildings for health facilities

Key discussion points	**Key actions and recommendations**

Health Clusters have leading role to establish a culture of quality in humanitarian health response. Multiple tools exist. Quality of care is more than clinical care but includes AAP, community trust, acceptance, understanding barriers and their ability to access care. Health Facility assessments are insufficient to understand quality. To support locally led action and local action quality monitoring in fragile contexts are essential but require clear standards and tools to be utilised at country level for consistency. Good practice exists. Data collection and mapping tools (e.g., Google Maps) help assess service quality remotely, yet virtual verification needs standard protocols. Mapping allows to identify duplication and proximity of services waste resources, highlighting the need for better coordination. Technical working groups support standardization of services across health, nutrition, and mental health, crucial in non-centralized governance regions. Cross-border challenges in monitoring and coordination require innovative, flexible approaches for real-time data sharing. Community engagement remains a crucial component of successful healthcare service prioritization and quality improvement. Funding disparities impact continuity in healthcare access, especially in conflict areas reliant on pooled resources.	Develop standards including service package, quality standards or SOPs, and tools. Develop v monitoring protocols, (e.g., virtual is an innovation) ensuring accountability in remote program verification. Address duplication by mandating inter-partner coordination, including joint prioritization exercises to streamline service distribution. Advocate for increase funding for local healthcare staffing, enhancing stability and service delivery in high-need zones. Roll out standardized, user-friendly data tools for health facilities on quality to maintain consistent reporting and data accuracy. Enhance training accessible to local staff in data collection and quality control to build capacity and independence in managing health programs. Ensure communities are involved and community level assessments undertaken to understand barriers they face in accessing health care and determine prioritization of their needs (i.e., ensure AAP is integrated). Include community feedback mechanisms for localized adjustments to service provisions, bolstering trust and accessibility.
Operationalizing the Health Cluster Localization Strategy: (Eric-Didier K. N'dri, HCC Chad; Alou Badara Traore, HCC DRC, Alain Ngoy Kapete, JCC Burkina Faso, Cristina CONTINI, HEI/WHE, Virginie LeFevre GHC Consultant, Eba Pasha, Technical Officer, GHC) Presentations here	

Virginie Lefevre provided an overview of the GHC Strategy to ensure a meaningful engagement of local and national actors in the Health Cluster. The 5 key commitments laid out for all Health Clusters to achieve by end of 2025 were reiterated and the draft result monitoring framework.

Cristina Contini introduced WHO's localization strategy and its 4 key pillars. The WHO and GHC strategy are discrete strategies but complement each other.

Eric-Didier K. N'dri presented the localization action plan in Chad, including barriers and opportunities identified.

Alou Badara Traore provided an overview of the localization agenda in DRC, including the co-facilitation model in the Health Cluster

Alain Ngoy Kapete discussed the localization strategy in Burkina Faso, focusing on capacity building and technical assistance.

A group session was then conducted where participants identified challenges and opportunities or good practice to achieve each of the 5 commitments laid out in the GHC Localization Strategy

Key discussion points	**Key actions and recommendations**
The group session on operationalizing the GHC Localization Strategy determined key needs and constraints for advancing localization (at country level). (Full notes from group exercise here) Developing a Localization Action Plan requires enthusiasm, advocacy, leadership, funding, and capacity-building for local and national actors (L/NAs). Sharing coordination leadership with L/NNGOs hinges on securing funds, frameworks for accountability, and better outreach, though resistance from national authorities and limited resources pose challenges. Equitable participation in strategic decision-making calls for capacity building, commitment from all stakeholders, and clear roles for the SAG, but inconsistent involvement and resistance from established actors remain obstacles. Creating a conducive environment for L/NNGO involvement and resource mobilization is vital, requiring safe spaces, leadership, sustainable funding, and advocacy to reduce bureaucratic barriers.	Health Clusters need to advance on the commitments. CLA needs ownership of the GHC strategy with commitment and willingness to advance. Clarification of regional office role needed. Develop national health cluster localization action plans. Create safe environment for meaningful engagement. Integrate into Health Cluster workplan and HNRP. Dedicated resources including leaders and HR needed in country to drive the localization agenda. GHC support needed to provide remote technical support as well as in country support such as for workshops, visits SIMEX and advancing action plans, platforms for exchanging best practice including for resource mobilisation.

However, unbalanced power dynamics, lack of trust, and competition for resources hinder progress across all commitments.	Advocacy or mechanisms to secure funding for co-coordination positions e.g. between international and national partners to ensure equal representation and decision-making power Health Clusters to conduct outreach, understand local NGO forums, and actors. Provide capacity strengthening and sharing to local and national actors to strengthen their understanding of the health cluster system, coordination mechanisms, role of coordinators, SAG etc. Guidance on assessing partner capacity, frameworks to clarify accountabilities for coordination, role of SAG etc. Advocacy at local and global levels needed to promote direct access to funding for L/NNGOs Share the GHC localization strategy results monitoring framework with the health cluster partners. Country specific: Organize a SIMEX workshop with partners in DRC to strengthen and share capacities, based on the Chad SIMEX lessons learned. Establish a DRC health localization working group. Explore formalizing the participation of local NGOs in the Burkina Faso health cluster coordination
Aid Diversion: (Altaf Musani, Director, WHO/HEI)	
Altaf Musani discussed the critical issue of aid diversion, with examples from Somalia, Yemen, South Sudan, Ukraine and oPt. He highlighted the impact of diversion on community trust and donor confidence, emphasizing the need for better management practices. Operational challenges in Somalia were explored, including the use of community leaders and gatekeepers, multiple registration systems, and lack of proper checks and balances. Various solutions were proposed, such as labeling aid items, implementing robust compliance and risk management systems, and developing reporting mechanisms for suspected diversion. The importance of cultural change, best practices, and the role of the cluster in ensuring accountability were emphasized. Concerns were also raised about "officialized helping" and feeding corruption within the UN system, as well as the challenges of localization and responsibility.	
Key discussion points	**Key actions and recommendations**
Balancing localization and accountability in aid distribution	Incorporate guidance on cash and voucher assistance for health programming to ensure accountability and appropriate use of funds.

Addressing corruption and "officialized helping" within the system Strengthening compliance and risk management mechanisms Improving coordination and information-sharing across clusters Enhancing transparency and community engagement	Advocate for donors to provide funding for dedicated compliance and monitoring officers to oversee aid distribution. Establish an alert system to proactively investigate and address potential aid diversion issues. Develop a confidential and non-retaliatory system for reporting suspected aid diversion incidents. Explore options for labeling and tracking aid items, such as using QR codes or "not for sale" markings on packaging.
CHH - Lancet Commission on Health, Conflict, and Forced Displacement: (Paul Spiegel, Director, Center for Humanitarian Health, Johns Hopkins Bloomberg School of Public Health) Presentation here	
Paul Spiegel introduced the Lancet Commission on Health, Conflict, and Forced Displacement, focusing on reimagining humanitarian aid strategies. Key points included the importance of localization, accountability, and evidence-based policies. The commission aims to propose systemic changes and practical recommendations, involving diverse experts and affected populations. Specific working groups will address issues like humanitarian financing, international humanitarian law, and the humanitarian-development nexus. The commission will also conduct qualitative research with affected populations to inform their recommendations. The discussion emphasized the need for operationalized solutions and the role of community engagement in improving humanitarian responses.	
Key discussion points	**Key actions and recommendations**
Targeting of health facilities in conflict zones and the need for a comprehensive program to address this issue. Challenges in the humanitarian-development nexus and the need for more tangible, operational approaches. The role of public health emergency operation centers and the incident management system in humanitarian coordination. Incorporating a stronger focus on peace initiatives to address the root causes of conflict. Potential biases in the commission's research and publication process.	Organize the first webinar on international humanitarian law and invite participants to provide input and recommendations. Explore how regional offices and cluster coordinators can contribute to research. Investigate the role of public health emergency operation centers in humanitarian coordination. Explore how the commission's recommendations can translate into concrete policy changes and implementation models for the humanitarian financing and community-based initiatives. Address biases in research and explore how recommendations can be translated into policy changes

Translating the commission's recommendations into concrete policy changes and implementation models, particularly for humanitarian financing and community-based initiatives.	
Global Health Cluster External Evaluation: (Linda Doull, Coordinator, GHC) Documents here	
Linda Doull led this session in collaboration with WHO Chief Evaluation Officer and the HealthGen evaluation team. The session focused on presenting and gathering feedback on the draft Theory of Change (ToC) for the Global Health Cluster evaluation. The evaluation team introduced the concept of ToC and its relevance to the evaluation. They presented the global and country-level components of the theory, outlining the inputs, outputs, enablers, and risks. Participants were then divided into groups to provide feedback on the logic of the theory, identify missing elements, and frame questions for the evaluation. The groups highlighted several key points, including the need for a feedback loop from country to global level, the importance of regional engagement, the requirement for clearer boundaries between cluster coordination and WHO functions, and the need to address fragmentation and surge capacity challenges. The session concluded with next steps, including revising the theory of change and further engagement opportunities throughout the evaluation process.	
Key discussion points	**Key actions and recommendations**
The importance of incorporating a forward-looking perspective and strengthening the feedback loop between country and global levels. The need to better reflect the role and engagement of regional levels in the theory of change. Enhancing the integration of community engagement and accountability to affected populations in the theory of change. The requirement for clearer delineation of responsibilities between cluster coordination and WHO functions. Addressing fragmentation and surge capacity challenges within the health cluster system. Exploring the linkages between the health cluster and other strategic frameworks, such as the Emergency Response Framework.	Revise the theory of change to incorporate a more forward-looking perspective and better reflect the feedback loop between country and global levels. Strengthen the representation of the regional level's role and engagement within the theory of change. Integrate community engagement and accountability to affected populations more explicitly into the theory of change. Explore the linkages between the health cluster and other strategic frameworks, such as the Emergency Response Framework, to ensure coherence and alignment. Conduct a survey to engage a wider set of Global Health Cluster partners beyond the usual participants and organize focus group discussions with selected participants as part of the evaluation process.

DAY 3: 18 October 2024

<table>
<tr><td colspan="2"></td></tr>
<tr><td colspan="2">Health Logistic Working Group: (Guillaume Queyras, OSL/WHE, Chipo Takawira, HCC oPt) Presentations here</td></tr>
<tr><td colspan="2">The session covered the establishment of effective logistics and coordination mechanisms for health supplies in crisis zones. Guillaume Queyras explained the logistics platform's role in addressing import restrictions, partner coordination, and supply tracking using data-driven dashboards to improve crisis responses. Chipo Takawira discussed challenges and solutions implemented in Gaza, including restricted access routes, item-specific import regulations, and the complexities of coordinating multiple partners' contributions. Both emphasized the need for sustainable support structures and adaptable logistics processes to ensure effective response even in protracted crises. They discussed the importance of regular updates and transparent information sharing for streamlined partner collaboration and optimizing resources during emergencies.</td></tr>
<tr><td>Key discussion points</td><td>Key actions and recommendations</td></tr>
<tr><td>Importance of robust logistics coordination and streamlined import regulations in health crises.

Need for adaptable logistics systems, particularly in acute and protracted crises.

Significance of data management dashboards for tracking supply needs and prioritizing resources.

Challenges in managing restricted access routes and specific import regulations, especially in conflict zones.

Importance of dedicated support staff and effective information sharing among partners.</td><td>Strengthen logistics coordination structures with clear mandates for crisis responses.

Advocate with WHO to ensure that the WHO logistic support is aligned with the health cluster and can support the health cluster partners by:

Use data management systems to track real-time supply needs, reducing duplication and streamlining resource allocation.

Develop inter-agency agreements to improve data sharing and coordination, especially with agencies like UNICEF and WFP.

Increase support for local logistics staff and develop training for efficient partner coordination.

Adapt logistics support to handle both acute and long-term needs in prolonged emergencies.</td></tr>
<tr><td colspan="2">Cluster Transition & Deactivation: GCCG Guidance and tools: (Monica Ramos, Coordinator Global Wash Cluster) Presentation here</td></tr>
<tr><td colspan="2">Monica Ramos provided an overview of the work done to develop guidance on cluster transition and deactivation. The guidance was created based on lessons learned from case studies, input from the field, and collaboration across clusters. It aims to support field workers and cluster lead agencies in implementing successful transitions, with a focus on clear roles and responsibilities, communication, consultation, and a phased, flexible approach. The guidance covers the practicalities of deactivation, coordination during and after the process, and includes examples from various contexts.</td></tr>
</table>

Key discussion points	Key actions and recommendations
Importance of time, relationships, and clear communication in the transition process Need for proper HR and capacity at the local level. Involvement of local authorities and ensuring a smooth handover	Once OPAG approved, share all guidance and annexes with HCCs. Integrate transition planning into cluster strategic planning from the onset. Use the new guidance to develop clear benchmarks and a strategy for monitoring the transition process. Review and update transition plans annually as part of performance monitoring. Maintain continuity of coordination and preparedness for future emergencies Explore options for transitioning cluster functions into existing or new coordination mechanisms

Climate Change and health: (Liesbeth Aelbrecht, GHoA Hub, Kenya, Yohannes GETAHUN, GHoA Hub, Kenya, Muhammad Shafiq, HCC, Turkey-Gaziantep, Mukeshkumar Prajapati, HCC South Sudan Presentations here

Liesbeth Aelbrecht highlighted the need to support responses to climate-related health emergencies. She emphasized the importance of integrating diverse data sources and prioritizing resources effectively for anticipatory action in health and climate crisis management. She also discussed how data-driven strategies in regions like Somalia can help mobilize resources and better prepare for climate-induced challenges, such as floods and droughts.

Yohannes Getahun presented an overview of climate-sensitive health outcomes in the Greater Horn of Africa, stressing the impact of climate change on health systems, food insecurity, and malnutrition. He provided recent data on climate-related events and health crises, noting the increased need for coordinated response strategies. He underscored the significance of effective data integration and recommended key interventions like strengthening essential health services and risk analysis to enhance crisis response.

Mukesh Prajapati shared insights from South Sudan's approach to climate adaptation, particularly in flood response. By collaborating with Ethiopia for early flood warnings and creating a GIS-based dashboard, they tracked flood-prone areas and assessed risks to healthcare facilities. Mukesh highlighted the need to integrate climate considerations into health preparedness plans and emphasized that responding to climate issues requires innovative and resilient health infrastructure solutions.

Muhammad Shafiq focused on the impacts of extreme weather in Syria, detailing the need for preparedness for heat waves and winterization in camps for displaced persons. He outlined Syria's multi-hazard risk map, which informs interventions in vulnerable areas. He also described strategies

to improve health infrastructure, such as solar power installations in health facilities, and emphasized the need for anticipatory action, like risk mapping and stockpiling resources, to better prepare for climate-related crises in protracted emergency contexts.

Key discussion points	**Key actions and recommendations**
Importance of combining health, nutrition, and climate data to support anticipatory actions and prioritize interventions in resource-limited settings. Need for resilient infrastructure, including cold chains and climate-proof health facilities, particularly in high-risk areas. Enhancing collaboration with sectors like food security and disaster response to address climate impacts on health more comprehensively. Emphasis on developing climate-sensitive health responses and incorporating climate adaptation into health policy and program frameworks. Difficulty securing donor funding for proactive preparedness in protracted crises, despite the significant need.	Develop standardized tools to integrate health, climate, and risk data, facilitating more precise anticipatory actions across different crises. Invest in health facilities' climate resilience, such as installing solar power and reinforcing water and sanitation systems, to ensure continuity of care during extreme weather events. Engage donors in discussions around anticipatory action and preparedness funding by demonstrating potential cost savings and public health benefits. Coordinate with sectors like WASH, food security, and shelter to develop holistic climate response plans for both acute and protracted crises. Engage communities in identifying local climate risks and developing response strategies, enhancing the bottom-up approach to climate adaptation.

Strengthening Gender-based Violence Response, New Tools and Guidance: (Saba Zariv, Technical Officer, GHC) Presentation here

Saba Zariv introduced participants to a Global Health Cluster resource developed under the auspices of the Sexual and Reproductive Health Task Team, the Clinical Management of Rape and Intimate Partner Violence Training Toolkit. It draws from the diverse experience of health partners and the WHO, UNHCR, and UNFPA CMRIPV protocol for humanitarian settings. The training curriculum and resources are suitable for in-person training of health workers on CMRIPV. The discussion provided an overview of the tools and also explored how to tool can be used within the Health Cluster for standard-setting and harmonization of capacity building initiatives supported by health partners.

Key discussion points	**Key actions and recommendations**
• **Purpose of Curriculum**: Addresses rising sexual violence and IPV during emergencies, equipping health workers with essential GBV care skills amidst workforce shortages.	**Recommendations:**

• **CMRIPV Toolkit**: Comprehensive resource package by GHC, available in four languages, includes guides, job aids, and slides to standardize training. • **Health Worker Skills**: Training focuses on survivor-centered communication, clinical care, mental health support, and recognizing rape and IPV as public health issues. • **Standardized Training Integration**: Embeds training within action plans for consistent service quality, adapting to local needs while aligning with global standards. • **Health Cluster Coordinator Roles**: Establish accountability, advocate for GBV policy alignment, and collaborate across sectors for comprehensive survivor support. • **Impact and Conclusion**: CMRIPV curriculum aligns with global standards, filling critical gaps in emergency health services and enhancing care quality for survivors.	• Standardize training across health partners with a competency-based approach. • Embed training within action plans to improve GBV health service quality and availability. • Align training with service delivery goals by placing trained health workers in high-need areas. **Role of Health Cluster Coordinators**: • **Accountability**: Establish mechanisms like service monitoring and quality assessments to scale up survivor care. • **Advocacy & Policy Alignment**: Support advocacy to improve survivor access to healthcare in line with national GBV policies. • **Collaboration**: Coordinate with protection, social services, and legal aid sectors to offer comprehensive support to survivors. • **Scenario for Discussion**: • Challenges arise in aligning international training with local cultural and legislative standards. • Issues include limited coverage (only 15% goal achievement), high health worker turnover, and lack of training. **Conclusion**: • The CMRIPV curriculum standardizes care and aligns with global guidelines, enhancing health workers' capacity to provide quality and consistent support for survivors of rape and IPV.
5. SRH-Task Teamwork Plan Update and Discussion on findings from the SRH Task Team: (Nadine Cornier, UNFPA, SRH-TT chair, Erin Wheeler, IRC, SRH TT co-chair, Andrea King, Technical Officer, GHC) Presentation here	
The session focused on the Sexual and Reproductive Health (SRH) Task Team, which was established in November 2022. **Nadine Cornier** and **Erin Wheeler** presented the findings of a baseline assessment on SRH coordination. Key takeaways included that 43% of SRH working groups are fully functional, and the most effective approach is to have an SRH working group under the Health Cluster with a trained coordinator. Participants discussed the advantages of SRH working groups, the expected support, and challenges in establishing them. Specific experiences were shared, highlighting issues like data discrepancies and the need for better communication and alignment between the working group and Health Cluster. The session concluded with a commitment to address the identified challenges and continue improving SRH coordination.	
Key discussion points	**Key actions and recommendations**

Functional status of SRH working groups across countries - Only 43% are fully functional, with 28% partially functional. Issues of double hatting as SRH coordinators often have additional roles, limiting their capacity to manage the working group. Establishing an SRH working group under the Health Cluster with a trained coordinator as the most effective approach. Recommendations to institutionalize SRH coordination and provide generic tools for coordinators. Advantages of SRH working groups, such as technical support, advocacy, and resource organization. Challenges in establishing SRH working groups, including ensuring clear objectives, timely reporting, and avoiding parallel coordination systems.	Provide training for SRH coordinators, with plans for future training sessions in French in the first half of 2024 – SRH TT have already conducted training sessions for 20 SRH coordinators, 16 of whom are currently serving in that role. Improve data alignment and provide better tools for SRH coordinators to address the challenges identified including data discrepancies and outdated work plans for SRH working groups. Work with H3 group to realign all indicators and tools for SRH coordinators, to ensure consistency across countries and avoid the need to reinvent the wheel in each context. The goal is to provide SRH coordinators with standardized terms of reference, work plans, and indicators, so they can function effectively as soon as they are deployed.
Collaboration with the regional level on Health Cluster response (Magdalene Armah, FCV Humanitarian and Development Nexus Officer, AFRO; Paola Vargas, Partnerships Officer, EMRO Presentation here	
Magda Armah and **Paola Vargas**, representing the WHO regional offices, expressed a strong interest for increased collaboration between the Global Health Cluster and the regional offices. They highlighted their roles in supporting fragile, conflict, and vulnerable (FCV) countries, and the need for better integration of data and health intelligence across regions to address escalating hostilities and spill over situations. Magda introduced herself as the focal point for FCV countries in the AFRO region (covering 18 countries). She expressed a willingness to engage bilaterally with Health Cluster coordinators on FCV-related issues. At the same time, Paola emphasized the importance of the regional offices in advocating for their Clusters and supporting the operational work at the country level.	
Key discussion points	**Key actions and recommendations**
Role of the regional offices in advocating for their clusters and supporting the operational work at the country level Interest from the regional offices to be more closely integrated into the Global Health Cluster's work to better support field operations, The regional offices' interest in understanding the role and responsibilities of Health Cluster Coordinators, including issues such as CPCP allocations, to strengthen its support and advocacy at the regional level.	Proposed areas of potential collaboration between the regional offices and the Global Health Cluster: • Representation of the regional offices in the Global Health Cluster's strategic planning to include the humanitarian events interventions unit. • Data sharing and integration of health intelligence • Capacity building for the health workforce in FCV settings

	• Explore potential for joint resource mobilization for HC work in FCV settings
7. Dialogue with WHE Senior Leadership (Mike Ryan, Executive Director, WHO Emergencies)	
Mike Ryan acknowledged the essential role of Health Cluster Coordinators, highlighting their multiplier effect on WHO's effectiveness and reputation. He discussed the increasing number of emergencies and the lack of predictable core funding, noting that over half the clusters have less than half the money they need. Mike emphasized the structural issues preventing WHO from fully supporting their work, such as the inability to charge donors for implementation costs. He talked about the converging risks and threats vulnerable populations face, underscoring the need for more efficient and locally driven strategies. Mike addressed participants' concerns, including gender imbalance and attacks on healthcare.	
Key discussion points	**Key actions and recommendations**
• Lack of predictable core funding for health cluster activities, with over half the clusters having less than half the money they need. • Structural issues preventing WHO from fully supporting the work of health cluster coordinators, such as the inability to charge donors for implementation costs. • Converging risks and threats faced by vulnerable populations, including food, crises, infectious diseases, natural disasters, and conflicts, underscoring the need for more efficient and locally driven strategies. • Concerns about gender imbalance in Health Cluster coordinator positions, with only 3 out of 28 coordinators being women. • Challenges in securing the release of detained healthcare workers, particularly in Yemen. • Frustrations with the ongoing conflict in Gaza and the need for a ceasefire to allow for rebuilding and recovery. • Disparities in global representation of crises and the need for equitable assistance across different regions. • The importance of cross-border assistance and the need for courage and coordination in delivering humanitarian aid.	Explore ways to increase the percentage of Program Support Costs (PSC) that goes to the country or program itself, rather than central funding. Explore ways to change the mindset and approach towards fundraising and resource mobilization, emphasizing accountability and support for countries with limited resources. Strengthen efforts to document and address attacks on healthcare, while being mindful of the risks and sensitivities involved.

Annex 1: List of Participants

Health Cluster Coordinators				
Bangladesh	SEARO	Orwa	Al Abdulla	Health Cluster Coordinator
Burkina Faso	AFRO	Alain	Ngoy	Health Cluster Coordinator
CAR	AFRO	Innocent	Nzeyimana	Health Cluster Coordinator
Chad	AFRO	Kouame Eric-Didier	Ndri	Health Cluster Coordinator
Colombia	AMRO	Mauricio	Cerpa	Health Cluster Coordinator
DRC	AFRO	Alou Badara	Traore	Health Cluster Coordinator
Madagascar	AFRO	Gilbert	Kayoko	Health Cluster Coordinator
Mali	AFRO	Didier	Tambwe	Health Cluster Coordinator
Mozambique	AFRO	Emiliano	Lucero	Health Cluster Coordinator
Myanmar	SEARO	Sann	Lwin Wai Wai	Sub National Coordinator
Nigeria	AFRO	Aurelien	Pekezou	Health Cluster Coordinator
oPT	EMRO	Chipo	Takawira	Health Cluster Coordinator
Pacific Islands	WPRO	Chandra	Gilmore	Health Cluster Coordinator
Somalia	EMRO	Erna	van Goor	Health Cluster Coordinator
South Sudan	AFRO	Mukeshkumar	Prajapati	Health Cluster Coordinator
Sudan	EMRO	Khan	Muhammad Fawad	Health Cluster Coordinator
Syria Damascus	EMRO	Azret	Kalmykov	Health Cluster Coordinator
Türkiye-Gaziantep	EURO	Shafiq	Muhammad	Health Cluster Coordinator
Whole of Syria	EMRO	Nasr	Mohammed	Health Cluster Coordinator
Ukraine	EURO	Amaah	Penn	Health Cluster Coordinator
Yemen	EMRO	Kamal	Olleri	Health Cluster Coordinator
Venezuela	AMRO	Sergio	Alvarez	Health Cluster Coordinator
Regional Offices				
AFRO	AFRO	Magdalene	Armah	Humanitarian & Development Officer
EMRO	EMRO	Paola	Vargas	Partnership Officer
SEARO	SEARO	Wagawatta Liyanage Sugandhika Padmini	Perera	Programme Area Manager

WHO/HQ				
HQ/WHE		Michael	Ryan	Executive Director
HQ/WRE/HEI		Altaf	Musani	Director
HQ/OSL/WHE		Guillaume	Queyras	Logistician
GHC Team				
GHC		Linda	Doull	Coordinator
GHC		Emma	Fitzpatrick	Technical Officer
GHC		Veronic	Verlyck	Technical Officer
GHC		Andrea	King	Technical Officer
GHC		Eba	Pasha	Technical Officer
GHC		Betina	Petry Nectoux	Assistant to Unit Head
GHC		Saba	Zariv	Technical Officer
GHC		Luis Hernando	Aguilar	Information Management Officer
GHC		Antoni	Ros Martinez	Information Management Officer
GHC		Virginie	Lefevre	Standby Partner

Annex 2: Health Cluster Forum Evaluation

Throughout the 3 days of the Forum, which session/s did you find most valuable to your work

"Inspiring and useful was the discussion with Mike. Then useful for our work I think lots of the sessions, such as SRH, Information management, logistics, as the discussion generated in each session, I think all session despite if they were more entertaining or less, did have positive learning points. "

"The discussion surrounding the health cluster evaluation. "

"Tabletop exercise on localization, ABC, logistics session "

Operationalizing the Health Cluster Localization Strategy

"The interactions during the agenda and in the breaks"

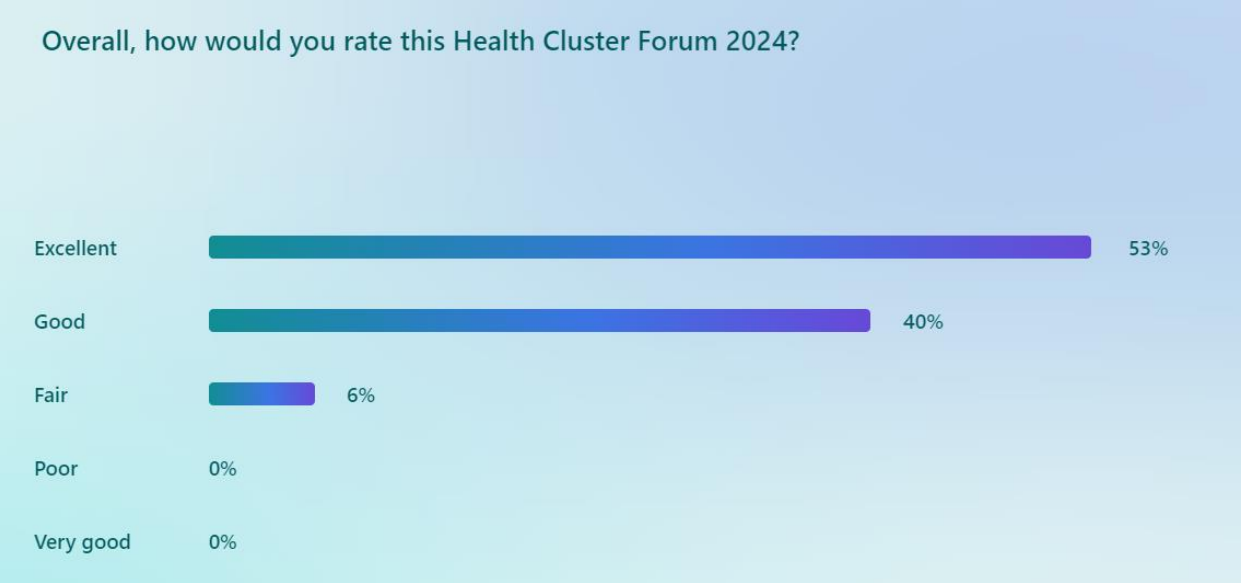
" Simex , area based coordination, Global health External Evaluation"

"Aid diversion, Logistics (HWLG), Localization, Climate Crisis Roadmap, Nurturing Care in Child Health "

"Briefing from Altaf and Linda and interactions with Mike."

"All sessions with Altaf/Theory of Change"

"All sessions were of massive added value"



Do you have any other comments about this Forum / how we could improve future similar events?

It was good to meet the global team and other cluster coordinators to share experiences and learn from each other. Looking forward to more of such forums "

"Long days and please keep it even for 4 to 5 days for more discussion "

"The workshop can benefit from ensuring participants are able to discuss and digest themes a lot more thoroughly. Sessions were a little rushed."

"September is ideal month to organize the forum since October to December get busy with annual HRP process."

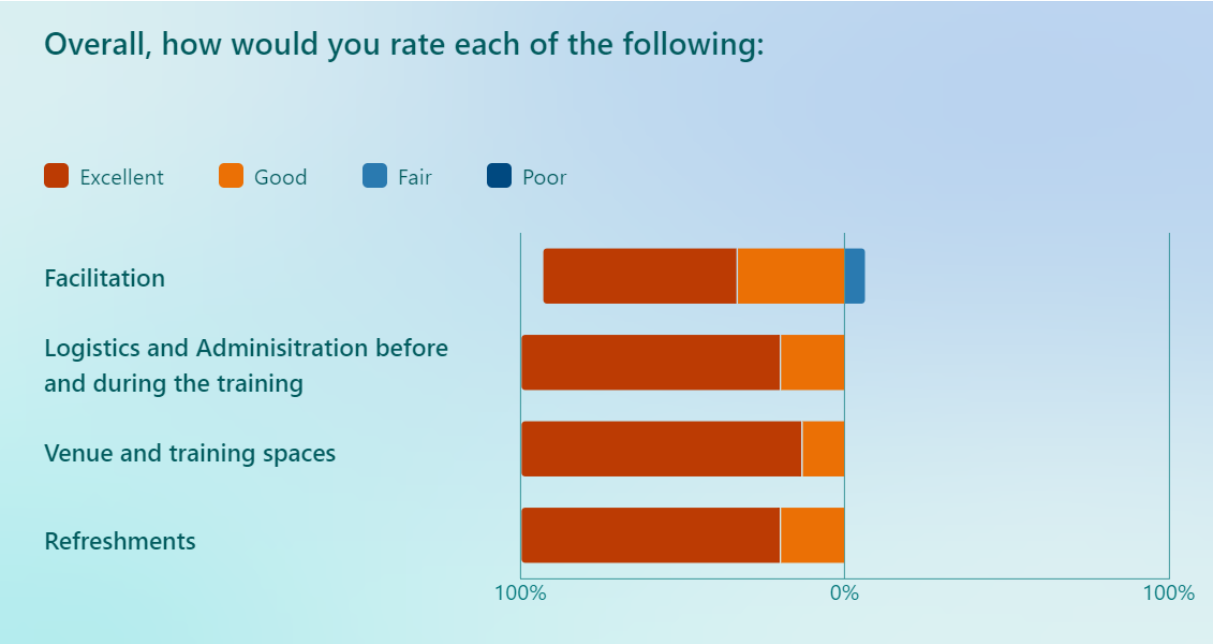
"Please consider INTERPRETATION in WHO official languages for next HCC forums especially for HCC who are not working in English speaking countries "

"Change location country for the next forum "

"It's always interesting to meet and engage with the other cluster coordinators, GHC and other colleagues."

"Slightly less packed agenda, earlier closure of the day to give opportunity to keep up with the work and time for rest"

"Too much food I gain weight! But all was wonderful. Also, a lot of the presenters where online, you should have a good plan b, some moment I was thinking what happens if someone has problems connecting. I learned a lot during these days."


Overall, how would you rate each of the following:
Excellent
Good
Fair
Poor
Facilitation
Logistics and Adminisitration before and during the training
Venue and training spaces
Refreshments
100%
0%
100%