Health Cluster Forum
(20-22 June 2023)

Notes for the Record

The Health Cluster Forum, held on 20-22 June 2023 at the Hotel Hilton Bakirkoy, Istanbul, Türkiye was attended by 52 participants representing 31 country Health Clusters, WHO at global and regional level and the Global Health Cluster unit (see annex 1). The forum was followed by the annual Global Health Cluster Partner Meeting held on the 28-39 June 2023 in Geneva.

The overall objectives of the forum were to:

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

The session objectives were:

1. Understand Accountability to Affected Populations (AAP) guidance implementation and effectively communicate it to partners.
2. Utilize cluster information to showcase cluster effectiveness and impact at the country and global level.
3. Gain insights into Joint Intersectoral Analysis Framework 2.0(JIAF 2.0), its workings, and implications for the Health Cluster.
4. Update on OCHA Strategic Plan and its impact on the cluster approach amid Interagency Standing Committee (IASC) dialogue.
5. Clarify linkages and distinctions between Gender- Based Violence in Emergencies (GBViE) and Preventing and Responding to Sexual Exploitation Abuse and Harassment (PRSEAH) in relation to Health Cluster Coordinator (HCCs) roles and responsibilities, with examples of collaborations.
6. Comprehend health and protection concepts agreed upon in GHC GPC Joint Operational Framework and commit to strengthening activities.

7. Get updated on WHO Emergencies Programme and raise coordination role and professional development issues for HCCs.
8. Launch GHC workplan integrating localization and discuss developing and rolling out the localization strategy while addressing challenges and good practices.
9. Share results of multi-cluster response to COVID-19 study and country experiences.
10. Familiarize with H3 package, use it to design a contextualized package, and commit to conducting sessions with partners to develop it.
11. Provide an update on activity-based costing (OCHA guidance) and learn from experience.
12. Share lessons learned from COVID-19 response for future pandemics and advancing global vaccination targets in crisis-affected populations.
13. Describe cluster deactivation experience from Iraq, discuss expectations vs. reality, and consider cluster transition/deactivation plans.

All material related to the meeting is available here.

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DAY 1: Tuesday, 20 June 2023

1.2 Update from the Global Health Cluster (Ms. Linda Doull - Coordinator GHC; Mr. Altaf Musani – Director HEI, WHO HQ)

This briefing highlighted key issues and strategies for addressing these challenges, with a focus on upholding humanitarian principles, coordination, localization.

1. Contextual Challenges:
Operating in polarized environments with divisive language presents obstacles to upholding humanitarian principles and providing impartial assistance. Localization efforts, community engagement, and risk communication are crucial in such contexts. However, specific threats and the need for increased financing for preparedness also require attention.
2. Upholding Humanitarian Principles:
Adhering to humanitarian principles is vital in polarized environments. Localization efforts empower local actors, leading to improved access to healthcare services and strengthened prevention and protection measures. Community engagement and effective risk communication contribute to building trust and ensuring the relevance and effectiveness of interventions.
3. Coordination Challenges:
Coordinating efforts in humanitarian responses can be challenging due to increasing ambiguity and difficulties in cooperation among various stakeholders. Strong coordination mechanisms and information management systems are necessary to overcome these challenges and ensure efficient and effective responses.
4. Attacks on healthcare:
Protecting healthcare facilities and personnel is critical. Attacks on healthcare infrastructure jeopardize access to essential services for vulnerable populations. Efforts to safeguard healthcare infrastructure have been undertaken, and further improvements and coordinated actions are needed to ensure the safety and functionality of healthcare facilities.
5. Funding and Preparedness:
Financing for preparedness is a pressing concern. Adequate resources are required to enhance response capacity and enable timely interventions in crisis situations. Advocacy efforts are essential to secure increased financing and ensure preparedness measures are in place to address emerging and evolving humanitarian needs.
6. Comprehensive and Adaptive Approach:
Addressing these challenges requires a comprehensive and adaptive approach. Effective coordination, appropriate funding mechanisms, adherence to humanitarian principles, localization strategies, and safeguarding healthcare infrastructure are integral components of this approach. By embracing these strategies and taking coordinated action, humanitarian actors can overcome obstacles and provide essential assistance to vulnerable populations.

Key discussion points	Key actions/recommendations
Continuous efforts and a commitment to adaptability will be crucial in addressing emerging challenges and ensuring effective humanitarian responses. • Increasing humanitarian need and funding challenges: The number of people in need is growing, but funding is limited, posing significant challenges. • Coordination capacity and local partner inclusion: There is a need to improve coordination capacity, especially at the sub-national level, and invest in local partner involvement. • Capacity development: The cluster faces funding constraints for capacity development, hindering the strengthening of coordination efforts. • Multisectoral action: Collaboration with other clusters is advancing, but further work is needed for effective integration and coordination. • Protection and GBV: Efforts to address gender-based violence and protect vulnerable populations require institutionalization and a strengthened protection agenda. • Humanitarian-Development Nexus: Bridging the gap between humanitarian and development actors is an ongoing challenge that requires alignment and dialogue. • Strategy extension: The current strategy will be extended to incorporate COVID-19 learnings and align with WHO's global program of work.	• HCCs will be requested to further contribute to the GHC strategy extension process, to ensure it aligns with the evolving global health land humanitarian coordination landscape and addresses emerging challenges. **Key gaps/challenges** • Prioritization, reduced funding, coordination ambiguity poses challenges for the cluster.

1.3 Global Health Emergency Preparedness & Response (HEPR) – Global Health Emergency Corps, what's the latest? (Mr. Scott Pendergast – Director, Strategic Planning and Partnership WHO HQ)

The discussion focused on strengthening the global architecture for health emergency preparedness and response. Key areas included governance, systems, and financing, with a focus on inclusivity and coherence. Efforts were made to establish a pandemic code, amend the International Health Regulations, and enhance the WHO emergencies program. Core capabilities identified were collaborative surveillance, community protection, scalable care, access to countermeasures, and emergency coordination. The need for adaptable health systems, equitable access to supplies, and improved coordination was emphasized.

In terms of financing, efforts were underway to secure sustainable funding through mechanisms like the pandemic fund and to increase predictable response financing. The importance of finding new sources of financing beyond traditional humanitarian donors was emphasized, particularly in humanitarian settings facing declining resources.

The discussion concluded by acknowledging the need to adapt the framework to specific threats and settings and ensuring that underpinning platforms, such as financing mechanisms, were in place. The focus on continuous dialogue, engagement with stakeholders, and the alignment of global and regional discussions was emphasized.

Key discussion points	Key actions/recommendations
• Increase funding and support for capacity development initiatives. • Strengthen coordination and information exchange through modern technology. • Improve frontline health worker protection and well-being. • Strengthen advocacy for access to healthcare services and addressing attacks on healthcare. • Address challenges in prioritization, funding, and coordination through dialogue with donors and HCTs.	• Proposed targeted follow up webinars with HCCs **Key gaps/challenges** • Increasing frequency and impact of health emergencies. • Coherence and coordination among multiple initiatives. • Ensuring equity and inclusivity in emergency response. • Adapting to specific threats and settings. • Securing sustainable financing and resources. • Building capacity and a skilled emergency workforce. • Establishing effective monitoring and evaluation mechanisms.

1.4 Accountability to Affected Population (Mr. James Sport – AAP Focal Point GHC; Ms. Emma Fitzpatrick, Technical Officer – GHC)

During the session, the draft APP Operational Guidance and AAP Minimum Standards were presented for discussion, seeking feedback from participants. The focus of the discussion revolved around accountability to affected populations, emphasizing the importance of working towards "giving accounts, taking accounts, and being held to account". Proposed recommendations included streamlining indicators, coordinating data collection efforts, and strengthening inter-cluster engagement. Participants highlighted the need for capacity building, particularly in PSEA and government support, as well as the importance of linking AAP with GBV, MHPSS, and protection initiatives. Community engagement and participation were underscored as crucial elements of AAP, along with coordination among other relevant clusters. Challenges identified included balancing accountability with practical implementation, adapting tools to diverse contexts, and addressing protection concerns. It was recommended to explore the use of digital tools to enhance AAP implementation. Next steps involve gathering feedback, refining the operational guidance and minimum standards, and piloting the revised tools in specific contexts. Continuous review and updates will be conducted to ensure ongoing improvements and effectiveness of AAP practices.

Key discussion points	Key actions/recommendations

• Feedback on the draft APP Operational Guidance and AAP Minimum Standards:
  o Proposed reduction of easily monitored indicators,
  o Questions raised regarding coordination and data collection responsibilities,
  o Additional inclusions: inter-cluster engagement, % of staff trained on PSEA, and capacity building for government, MoH, and partners.
• Emphasize the need for linkages with GBV, MHPSS, and protection.
• Greater priority to be given to community engagement, guidance and Minimum Standards.
• Coordinate with other clusters working on AAP, such as CCCM and WASH.
	• Finalise APP Operational Guidance and AAP Minimum Standards by mid-September 2023 and ensure distribution to all HCCs and health cluster partners.
	• Enhance coordination and collaboration with partners and clusters to strengthen AAP efforts.
	• Explore the use of digital tools to support AAP implementation and feedback mechanisms.
	• Pilot the revised tools and guidelines in specific contexts to test their effectiveness.

	Key gaps/challenges
	• Balancing the need for accountability with practical implementation challenges. • Ensuring consistency and compatibility with existing organizational approaches and guidelines. • Overcoming the proliferation of guidance and the need for more practical tools.

1.5. Demonstrating Impact – making the case for Health Cluster support. (Mr.Luis Aguilar Ramirez – GHC IM Lead)

During this session, participants raised concerns and challenges regarding various aspects of the information management in humanitarian response, including training, capacity development, reporting inconsistencies, funding information reliability, and the utilization of different platforms. The relevance of PHIS tools for the clusters, and the availability of GHCU IM team for supporting it was mentioned. The importance of investing in IM training and capacity development was emphasized, with the Community of Practice for IMOs identified as a valuable resource for sharing knowledge and best practices. The Standby Partner Program (SPP) was also highlighted as a means of providing temporary support through experienced professionals. The Cluster Coordination Performance Monitoring (CCPM) system was recognized as an important tool for monitoring and evaluating cluster performance, and support and communication regarding the CCPM process will be provided. The GHC Achievements dashboard initiative was presented and there was consensus on the importance of the tool for the clusters, who will share data accordingly. Concerns were expressed regarding the accuracy and reliability of funding information reported on the Financial Tracking System (FTS), and participants suggested exploring alternative approaches, such as the quarterly funding assessment tool, to address this issue and engage with donors effectively. The reliance on IMMAP and standby partners for IM support was acknowledged as a challenge, prompting the need to explore alternative options and build IM capacity within WHO. The potential involvement of the GIS center and other providers was mentioned. Finally, the conversion of Standby Partner Program (SBP) contracts to WHO contracts was discussed, and it was agreed to address this matter with relevant stakeholders to ensure adherence to agreements and procedures while maintaining continuity of support for country offices.

Key discussion points	Key actions/recommendations
• IM Training and Capacity Development: Importance of investing in IM training and capacity development, utilizing the Community of Practice for IMOs. • Cluster Coordination Performance Monitoring (CCPM): Recognized as a valuable tool for monitoring cluster performance, support and communication provided. • Inconsistencies in Reporting: Participants expressed concerns about inconsistencies in reporting, specifically related to IM training participation and funding information.	HCCs are encouraged to: • Update and use PHIS dashboard for improvement opportunities. • HC Bulletins should be issued monthly or more frequently. (Request HC Bulletin editorial plan templates from GHC-IM team if needed.) • Instructions on Health Cluster Achievements Dashboard will be provided. • Familiarize and update Relief web cluster sites. • Utilize healthcluster.org redirection service for Health Cluster.
Key gaps/ Challenges	
Reliance on IMMAP and Standby Partners: Challenge of limited IM support providers, need to explore alternatives and build IM capacity within WHO. • Request to address conversion of SBP contracts to WHO contracts while ensuring continuity of support.	

1.6 JIAF 2.0 and 2024 Humanitarian Program Cycle process. (Mr.Alberto Castillo Aroca, Assessment and Analysis Officer - GHC)

Alberto Castillo Aroca, GHC IM Assessment and analysis officer, provided an overview of JIAF 2.0 (Joint and Inter Sectoral Analysis Framework), highlighting that JIAF 2.0 aims to facilitate collaborative and evidence-based Joint Needs Assessments in humanitarian contexts. The framework offers a standardized methodology and tools for analyzing needs, risks, and priorities across sectors to ensure a coordinated and effective humanitarian response. There was an emphasis on the crucial role of the health cluster within the JIAF process. The health cluster utilizes JIAF's methodology and tools to assess health-related needs and vulnerabilities in crisis-affected populations. Alberto explained that the structure of JIAF 2.0 consists of three modules: contributing factors, sectoral needs, and inter-sectoral needs.

He highlighted the importance of conducting an initial analysis and agreeing on the context, shocks, impacts, and scope of the analysis. The health cluster, in collaboration with other clusters, decides which vulnerable groups and areas to analyze. PiN and severity estimations are then conducted by each cluster, stressing the need to maintain global standards, such as clear definition, to ensure interoperability, transparency and robustness.

JIAF provides toolkits with materials and standard definitions to facilitate the analysis. Further training on these tools and methods will be conducted by the GHC and OCHA in the coming months. The differences between JIAF 1.0 and 2.0, were also summarized highlighting the increased inclusion of cluster-level needs, the sectorial PiN and severity, the mosaic method for calculating the Overall PiN, and the more participatory and collaborative approach.

This session emphasized the importance of collaborative analysis and the increased participation of all clusters in JIAF 2.0. The focus is not solely on mathematical formulas but on a convergence of evidence process. The analysis will be supported by online tools to ensure accessibility and centralized documentation.

Key discussion points	Key actions/recommendations
• Importance of collaboration and comprehensive sectoral analysis within JIAF 2.0. • Inclusion of vulnerable groups and areas in the assessment process. • Estimation of People in Need and severity levels to inform interventions. • Workshops and review process to ensure transparency and analysis comprehensiveness.	• Await the official invitation to the JIAF 2.0 training sessions. • Prioritize the participation of Health Cluster Coordinators and Health Cluster Information Management Officers in OCHA trainings. • Discuss within the Cluster on the implementation of the Nexus Approach and the inclusion of development partners in the HNO analysis, • Review the availability of data on health facilities, epidemiological trends, and mortality, • Identify information gaps and promote in-depth assessments in the HRP to address this issue, • Reach out to the JIAF PMU for any support or guidance needed during the implementation process. • Seek assistance from the GHC IM team for support in Health Cluster-related activities.
Key Gaps /Challenges	
• Standardization; adherence to global standards. • Limited availability and quality of data in humanitarian contexts. • Collaboration and coordination among multiple clusters. • Resource constraints for conducting comprehensive assessments. • Training and capacity building for effective implementation of JIAF 2.0.	

DAY 2: Wednesday, 21 June 2023

2.1 OCHA Strategic Plan 2023-2026: Transforming Coordination (Ms. Marina Skuric-Prodanovic, OCHA)

The OCHA Strategic Plan for 2023-2026 was presented, addressing six global trends:

- The climate crisis, highlighting the impact of climate change on displacement, migration, and access to resources.
- Slow economic growth and widening inequality, affecting vulnerable populations in conflict-affected areas and middle-income countries.
- Increased fragility, characterized by a rise in conflict situations, volatility, and the presence of non-state armed groups.
- Pandemics and disease outbreaks, emphasizing the need for preparedness and response to emerging health crises.
- A fragmented and competitive landscape, reflecting the challenges posed by diverse actors and geopolitical dynamics.
- Difficulties in accessing affected populations, requiring improved negotiation and advocacy for humanitarian assistance.

The plan emphasized the importance of a coherent and people-centered response, localization, inclusivity, and accountability within the humanitarian system. The role of the Health Cluster was recognized as crucial in coordinating and facilitating humanitarian efforts, particularly in addressing health-related issues and promoting effective response coordination. The need for better engagement with affected communities, understanding their unique needs, and placing them at the center of humanitarian response was emphasized. The meeting also highlighted the ongoing initiatives such as the IDP review, cluster lead agency evaluations, and the flagship project in four countries to explore new approaches and promote learning within the humanitarian system.

Key discussion points	Key actions/recommendations
• The Health Cluster was acknowledged as a significant partner within the humanitarian framework, playing a vital role in coordinating health-related activities and facilitating effective response coordination. • Further dissemination of the OCHA Strategic Plan to relevant stakeholders, ensuring its alignment with existing frameworks such as the Sustainable Development Goals and Sendai Framework for Disaster Risk Reduction. • Catalytic humanitarian financing is crucial to make a significant impact on people's lives.	• Continued collaboration with the Health Cluster and other clusters to ensure effective coordination, monitoring, and evaluation of the plan's implementation. • Regular reporting and feedback mechanisms will be established to track progress, address challenges, and make necessary adjustments to achieve the goals outlined in the strategic plan.
	Gaps/Challenges
	The complex geopolitical dynamics, increased fragility, and the rise of non-state armed groups posed challenges to effective coordination and access to affected populations. • The implementation of the strategic plan requires addressing process-related concerns, such as timeliness and efficiency. • The need to better engage with affected communities, enhance monitoring and evaluation practices, and improve accountability within the humanitarian system.

2.2 GBV & Protection/Preventing and responding to sexual exploitation, abuse and harassment (Ms.Saba Sariv, Gender-Based Violence in Emergencies Advisor GHC; Ms. Emma Fitzpatrick, Technical Officer – GHC)

This session highlighted the escalating risk of gender-based violence (GBV) and sexual abuse in humanitarian emergencies. The coordination of essential gender-based violence health services and inter-agency collaboration was identified as crucial for strengthening protection against sexual exploitation and abuse (SEA). SEA is one form of GBV. Access to support services for SEA survivors relies on available and accessible humanitarian services in many settings, including health care. The Health Cluster was recognized for its significant role in coordinating essential coverage of health services for GBV survivors (including survivors of PSEA) and strengthening mechanisms for service referral with other sectors. Key action points included coordinating essential health service coverage for clinical management of rape and intimate partner violence survivors, actively participating in multi-sectoral efforts to update and maintain functioning GBV referral networks, ensuring representation of the Health Cluster in interagency protection against sexual exploitation and abuse (PSEA) networks, and utilizing the Sexual and Reproductive Health (SRH) task teams to streamline responsibilities and provide a comprehensive package of health services.

Key discussion points	Key actions/recommendations
• Coordination of essential GBV health services and inter-agency collaboration is vital for strengthening protection against SEA. • The Health Cluster plays a significant role in coordinating a comprehensive response to GBV and SEA, working in collaboration with other sectors. • It is important to coordinate essential health service coverage and actively engage in multi-sectoral efforts to maintain functional GBV referral services. • Representation of the Health Cluster in interagency PSEA networks is crucial. • Utilizing SRH task teams can streamline responsibilities and provide a comprehensive package. • Rapid deployment of GBViE specialists in Health Cluster Coordination Teams is necessary. • GBV mainstreaming and strengthening multi-sectoral linkages are key priorities. • Ensuring availability of GBV supplies and commodities is important for effective response. • Utilizing standard-setting tools and guidance can enhance the response to GBV and PSEA. • Interagency capacity development initiatives should be prioritized. • Integration of GBV into Health Cluster tools, products, and resources is essential. • Ethical data collection at the facility and population level on sexual violence and intimate partner violence (IPV) should be emphasized.	• Guidance is available at https://gbvguidelines.org/en/pocketguide/ to address all forms of Gender-Based Violence (GBV), including Sexual Exploitation and Abuse (SEA) committed by personnel **Gaps/Challenges**

2.3 Health & Protection Joint Operational Framework (Dr. Mauricio Cerpa – Colombia HCC; Dr. Eba Pasha -Technical Officer GHC; Dr, Ahmed Abdihamid – WoS HCC; Mr. Muhammad Shafiq – NE Syria Türkiye CXB HCC)

This session was conducted to present and understand health and protection concepts as agreed in the Health and Protection Joint Operational Framework and commit to strengthening health and protection. The objective of the webinar was to present and discuss the framework. Real-life case studies from Afghanistan, Occupied Palestinian Territory (oPt), Libya, Colombia, and South Sudan were presented. Key topics of discussion revolved around the analysis of social determinants of health, addressing differential health and protection actions, and the importance of community engagement in primary healthcare responses.
integration of Health and Protection: The session emphasized the vital role of integrating health and protection actions in emergencies. Primary healthcare was recognized as essential for identifying and mitigating risks, underscoring the importance of health in protection efforts. The Health and Protection Joint Operational Framework aimed to strengthen primary healthcare responses, save lives, and involve key stakeholders like midwives and community leaders.

Guiding Framework and Core Functions: Participants gained insights into the framework's guiding principles provided by organizations such as the GHC and GBV organizations. The session focused on the framework's six core functions, including situation monitoring, response strategy development, case management, and capacity building. Attendees understood how the framework fostered a holistic approach to health actions within a protection context and promoted the concepts of protection as they related to health and quality of care.

Challenges and Coordination: Discussions centered around the challenges of effectively implementing the Health and Protection Joint Operational Framework. Participants emphasized the importance of coordination and collaboration among healthcare and protection actors. Clear communication channels, shared understanding of objectives, and aligned strategies and resources were highlighted as key factors in overcoming these challenges. Addressing social determinants of health and navigating the complexities of health-protection interplay required a multisectoral approach involving stakeholders beyond healthcare.

Resource Availability and Security Concerns: The session brought attention to challenges in resource availability, such as funding, skilled healthcare workers, and infrastructure. Limited or disrupted access to healthcare facilities and services in conflict-affected areas hindered the provision of adequate health and protection actions. Ensuring the protection of healthcare workers and facilities in the face of security concerns was also identified as critical.

The session concluded with a consensus on the importance of sustained political commitment, international support, and partnerships between local and international actors in successfully implementing the Health and Protection Joint Operational Framework. Attendees recognized the potential of the framework in strengthening primary healthcare responses, considering social determinants of health, and leveraging community knowledge and expertise to enhance the well-being of individuals and communities affected by conflicts or emergencies.

Key discussion points	Key actions/recommendations
• Protective healthcare approach ensures safe management of health actions. • Include analysis of social determinants, addressing conflict-related risks, and prioritizing differential health and protection actions • Involvement of community knowledge (midwives, community leaders) strengthens primary healthcare responses and saves lives. • Health plays a crucial role in protection, particularly in conflict situations where risks can be identified and mitigated through primary healthcare. • Guidance launched by GHC, GPC, GBV, and others based on case studies and field testing in various countries. • Familiarization of participants with protection concepts related to health and quality of care, including situation monitoring, response strategy, case management, and capacity building. • Protection approach provides key information for harm-free management of health actions. • Analysis considers social determinants of health. • Differential focus on health/protection actions, addressing recovery of mental and physical health in victims of anti-personnel mines or sexual violence. • People-centered approach recognizes individual and collective capacities to mitigate risks. • Health serves as a central axis of protection, with primary healthcare often being the primary opportunity to identify and address risks in conflicts.	**Gaps/Challenges**

2.4 Dialogue with WHE Senior Leadership (Dr. Mike Ryan - Executive Director WHO Emergencies Programme)

The session highlighted the continuous state of crisis and resource constraints in the health sector. The pressure on INGO and NGO Partners to fill the gaps amidst stretched resources was acknowledged. The diversion of attention and resources due to the Ukraine crisis further strained the already constrained resources. It was recognized that threats such as climate change, political instability and food insecurity are growing, worsening community vulnerabilities.

It was emphasized that promoting the concept of resilience and humanitarian nexus becomes increasingly difficult in such challenging circumstances. The need for enhanced efficiency, coordination, and optimal use of resources was underscored. Recognizing the importance of investing in local capabilities and health workers.,
This leadership discussion also stressed the need to move beyond purely delivering acute humanitarian interventions. Instead, the focus should be on integrating community resilience into the work and ensuring long-term impact. It was acknowledged that community health workers play a vital role in this endeavor, necessitating strong investments in their training and development.

The session highlighted the growing respect and appreciation for the Health Cluster at all levels of the organization, with Member states recognizing its essential role during the World Health Assembly. The renewed initiative by WHO to strengthen its presence, particularly at the country level, was marked as a significant step toward delivering stronger teams.

It was agreed that a strategic and integrated approach is needed to address health emergencies effectively. This involves understanding and addressing local issues, coordinating efforts, and ultimately serving communities and saving lives. The session concluded with a renewed commitment to lead and ensure that healthcare interventions go beyond immediate humanitarian relief.

Key discussion points	Key actions/recommendations
• Need for enhanced efficiency, coordination, and resource optimization. • WHO recognizes the need for a strategic and integrated approach to health emergencies. • Shift required from a globalized and narrow focus on pandemic preparedness to understanding and addressing local issues. • Importance of serving communities, saving lives, and investing in local capabilities and health workers to build community resilience. • Move beyond pure acute humanitarian interventions and focus on integrating community resilience into work. • Renewed emphasis on community health workers and strong investment in their capacity-building • Growing respect and appreciation for the Health Cluster at all levels of the organization (recognition by Member states during WHA of the vital role of health clusters and partners)	**Gaps/Challenges** • Continuous state of crisis and resource constraints putting pressure on INGOs and NGOs to fill the healthcare gap. • Ukraine crisis diverting attention and resources, further straining available resources. • Growing threats and vulnerabilities faced by the communities being served. • Difficulty in promoting the concept of resilience and

• WHO's renewed initiative to strengthen its presence, particularly at the country level, and deliver stronger teams. o Dedicated focus on the role of the Health Cluster at the country level.	humanitarian nexus due to challenging circumstances.

2.5 Localization (Dr. Eba Pasha, GHC)

The session aimed to present the integration of localization into the global and country-level Health Cluster strategies. It involved discussing the process of developing and rolling out the GHC localization strategy, exploring current good practices, and addressing challenges faced in localization. The importance of engaging with local communities, national actors, and local NGOs in humanitarian efforts was emphasized, along with the role of Ministries of Health in cluster coordination. The plan entails developing a strategy for localization, setting targets for increased representation, and ensuring coordination and accountability. The conversation also highlighted challenges and good practices in working with local and national NGOs, authorities, and community volunteers, with a focus on enhancing local engagement and leadership in humanitarian response. It was stressed that enhancing preparedness, response, and coordination requires sustained investment in building the capacity of local and national actors, not limited to financial support but also addressing barriers to partnerships. Supporting national coordination mechanisms and involving local and national actors within international coordination structures were deemed critical, with a specific target of allocating 25% of humanitarian funding to LNA by 2020. To monitor progress, the proposal included the development of an IASC localization marker and leveraging pooled funds such as the CBPF and IFRC Disaster Relief Emergency Fund to optimize resources.

Key discussion points	Key actions/recommendations
• Increased investment in building the capacity of local and national actors is crucial for enhancing preparedness, response, and coordination in humanitarian efforts. • Addressing barriers that hinder partnerships between organizations and donors is essential for effective collaboration. • Supporting national coordination mechanisms and involving Local and National Actors (LNA) in international coordination structures aligns with humanitarian principles. • The goal of allocating 25% of humanitarian funding to LNA by 2020 was highlighted to promote equitable resource distribution. • The development of an IASC localization marker was suggested as a tool to track progress in localizing humanitarian action. • Utilizing pooled funds such as the CBPF and IFRC Disaster Relief Emergency Fund can optimize resource allocation for humanitarian interventions.	• Translations are crucial in overcoming language barriers and effectively communicating with these stakeholders. **Gaps/Challenges**

2.6Inter-cluster / multi sectoral collaboration (Dr. Kamal Olleri – Inter-cluster collaboration focal point- GHC, Dr. Heiko Hering, COVID-19 Task Team GHC)

The discussion centered on the importance of implementing Inter-Cluster / Sector Collaboration (ICSC) across countries with humanitarian crises. The ICSC initiative was activated on a global level following the intention of the four global clusters (Health, Nutrition, WASH and Food Security) to collaborate under a people-centered approach. This intention has translated into a guidance document, "What is ICSC?", which was jointly developed by the four clusters for the purpose of guiding country clusters on the manner of starting up and operationalizing inter-cluster collaboration. After a baseline assessment was conducted by the Global Health Cluster last year to evaluate the presence and extant to which multi-cluster collaboration was ongoing in countries, a Helpdesk was set up to assist country clusters with technical advice, development of SOPs/ToRs, documentation and sharing of lessons learned, etc. Country-specific advocacy messages were also developed and disseminated.

In addition, the Inter-Sectoral Platform (ISP), comprising ICSC focal persons from the four clusters, is working on developing eLearning material, and a tool to monitor the performance of ICSC in countries.

Several countries have some form of inter-cluster collaboration going on, although this may not be completely streamlined, with efforts required to ensure that more is done. Two Health Cluster Coordinators, from Ethiopia and South Sudan, presented the status of multi-cluster collaboration in their countries. Participants engaged in discussions highlighting the significance of coordination, community engagement, protection documenting lessons learned, advocacy and resource mobilization in implementing ICSC within countries. They shared their experiences and provided suggestions for effective implementation. They identified joint monitoring and evaluation (M&E) frameworks, as well as joint funding proposals, as vital elements for improved coordination. . The integration of protection into all aspects of the humanitarian response was emphasized, highlighting its significance in ensuring comprehensive support.

Competition between different clusters and agencies being a challenge toward proper implementation of multi-sector collaboration was discussed. The scarcity of resources, including human resources, was identified as another challenge to successful implementation. Participants emphasized the necessity for financial support, particularly in recruiting dedicated personnel to support the implementation of ICSC at country level.

The need for templates and guidelines to develop integrated response plans was raised by the participants. They suggested having a narrative template at the global level to facilitate developing country based ICSC frameworks.

Moving forward, the Global Health cluster's Help Desk will follow up with country clusters individually to provide further support and address specific implementation needs.

Key discussion points	Key actions/recommendations

• There is an increased need for multi-cluster/sector approach in humanitarian emergencies, whether acute or protracted, natural or manmade, Donors are also more inclined to support a collaborative approach.
• Documenting best practices around community engagement is important, especially from COVID response activities.
• Protection should be included within the ICSC, to conform to the centrality of protection initiative.
 	
• **Support requested by countries from the GHC:**
  ○ Development of ToRs for ICSC working group in countries
  ○ Developing and sharing guidelines, eLearning tools, etc.
  ○ Documenting best practices and lessons learned at country levels.
  ○ Human resources at country level to lead on inter-sectoral collaboration.
	• GHC, in collaboration with the other global ICSC clusters (Food Security, WASH and Nutrition) can support the countries with
	  ○ Developing and sharing guidelines/SOPs/ToRs/eLearning tools chapters in the HNO/HRP (should this be required)
	  ○ Documenting best practices/lessons learned and conducting case studies.
	  ○ ICSC focal person conducting missions to countries, if the country office requires this and can facilitate the mission.
	• Country Health Clusters would need to:
	  ○ Advocate with donors and OCHA at country level to garner leverage for increased inter-cluster collaboration
	  ○ Search for resources to fund ICSC positions, should such be required

	Gaps/Challenges
	• Shortage of resources to fund ICSC focal persons at country level. • Competition between agencies for available resources, which undermines adequate implementation of multi-cluster/sector approaches.

DAY 3: Thursday, 22 June 2023

3.1 High priority health services in humanitarian settings (H3 Package), (Mr. John Fogarty – Lead, Primary care services Clinical Services and Systems; Mr. Andre Griekspoor – Senior Policy Advisor; Dr. Ann Fortin – Myanmar HCC

Andre Griekspoor started the session providing a refresher on H3 package, also known as the High Priority Health Services for Humanitarian Response package. The goal of this tool is to offer prioritized and feasible health interventions for use in low-resource and protracted emergency settings. The package's creation involved multiple experts, and it links with the UHC Compendium of health interventions. The package can be adapted and contextualized to meet country-specific needs. The online "SPDI" tool is a vital resource for implementing and managing the H3 package, allowing users to map, contextualize, and track progress.

John Fogerty continued by providing an in-depth dive on implementation. During this session participants were introduced to the "Service Package Delivery and Implementation Tool" (SPDI tool), designed to assist countries in developing and implementing service packages. The tool is linked to the Universal Health Coverage (UHC) Compendium of health interventions, which provides WHO guidance for defining lists of services and resource requirements. Its primary objective is to equip participants with the skills to independently create, edit, and customize packages according to their specific settings. Accessible through the website "UHCC.who.int" with WHO accounts, the SPDI Tool offers features like service and delivery platform filtering, as well as package comparisons.

Services are categorized as core (green) and extended (orange) based on their necessity in all settings or feasibility respectively. For each service, detailed information such as tasks, required competencies, and reference links are available. The tool enables customization by contextualizing health workers and incorporating country-specific guidelines. Participants can start from scratch or use existing packages, with the H3 package being recommended for ease of use. Technical experts can review specific sections, such as reproductive health or communicable diseases. Overall, the SPDI Tool aims to ensure the practicality and feasibility of the created service packages within the available healthcare infrastructure and workforce.

Key discussion points	Key actions/recommendations
In-depth dive into the SPDI tool which assists countries in developing and implementing service packages.	• Familiarize with the H3 Package and its prioritized health interventions for low-resource and protracted emergency settings. • Utilize the SPDI Tool on UHCC.who.int to implement and manage the H3 package, customizing it to meet country-specific needs. • Review and customize service packages, considering core and extended service categorization (green for necessity, orange for feasibility). • Incorporate country-specific guidelines and consider using the H3 package as a starting point for simplicity. • Ensure independent package creation and consider technical expert review for specific sections. • Ensure the feasibility of the created packages within available healthcare infrastructure and workforce capacity.
	Gaps/Challenges
	• Limited resources: funding, infrastructure, and workforce. • Contextual variations: diverse healthcare requirements. • Complexity: integrating and coordinating services. • Data availability: reliable health data needed. • Political and stakeholder engagement.

3.2 Activity-based costing: Show and tell (Mr. Andre Griekspoor – Senior Policy Advisor, WHO; Dr. Jamshed Tanoli – Afghanistan HCC)

The group discussion focused on various aspects of costing for different services in primary healthcare settings. The key points discussed for each question are as follows:

Question 1: Sexual and Reproductive Health (SRH) Costing
The group highlighted the need for secondary data on caseloads, such as crude birth rates, contraceptive prevalence, etc.
It was suggested to define the minimum package of SRH services to be delivered in the primary healthcare setting.
Materials required for SRH services include reproductive health commodities, HR staffing norms, infrastructure, and basic amenities.

Question 2: Trauma Care Costing
The group discussed three scenarios for estimating trauma cases: cases from influx of population, crisis-related cases, and regular trauma cases.
Trauma care can be provided at different levels, such as at the point of entry, community level, and health facility level.
Factors considered for costing trauma care include logistics, transportation, medicines, HR, and rehabilitation.

Question 3: Mental Health and Psychosocial Support (MHPSS) Costing
The group mentioned the need to define the package of mental health services to be delivered in primary healthcare.
Estimating the prevalence of mental health conditions in the target population is crucial for costing.
HR, logistics, transportation, and medicines were identified as key factors for costing MHPSS services.

Question 4: Highlighting Gaps in Data for Costing
Data gaps identified include population estimates for target groups, prevalence of diseases, costs of services, and staff salaries.
The importance of considering direct and indirect service costs and the classification of districts based on factors like distance, accessibility, and hardship.
Overall, the discussion emphasized the significance of accurate data and well-defined service packages in costing exercises for various healthcare services. It was acknowledged that data gaps can present challenges, and sharing experiences and best practices between clusters could improve the costing process.

Key discussion points	Key actions/recommendations
• Costing Guidance for 2024: There is a step-by-step guide and an annotated template for costing in 2024, along with additional information and case studies on costing best practices. • Costing Methodologies: The Interagency Standing Committee policy on HRP costing allows HCTs to choose between project-based costing and unit-based costing, or a hybrid mix of the two. There is no operational guidance on how to implement the policy. • Project-Based Costing: In project-based costing, the total financial ask for HRP is the sum of all projects vetted in a cluster. • Unit-Based Costing: In unit-based costing, HRPs are established by units, and the total financial figure is derived by multiplying units by the target population. • Costing Review: An overview of HRP costing methodologies was undertaken, analyzing advantages, disadvantages, implications, and impacts. The review covered eight countries with different methodologies. • Operational Guidance: Case studies were documented for project-based and unit-based costing for 2024, serving as operational guidance. Future Developments: A new methodology may be developed and rolled out beyond 2024, requiring a change in the current ISC policy	• A long-term perspective aims to develop an adjusted costing methodology based on viable elements from both methodologies. **Gaps/Challenges** Challenges include managing inflation, devaluation, and adapting to different contexts in regions within a country.

3.3 COVID-19 What did we learn and what will we do next time? (Dr. Gilbert Kayaoko – Madgascar HCC; Ms. Sacha Bootsma – Ethiopia HCC)

The discussions focused on lessons learned from the COVID-19 response in various countries including Syria, Madagascar, Gaza, and South Sudan. One key discussion point was the low vaccination rates in some countries like Syria and Madagascar. Participants acknowledged the challenges of vaccine hesitancy and resistance among the population and stressed the need for strong strategies to promote vaccine uptake. Engaging UNICEF for deeper insights and understanding the reasons behind vaccine hesitancy was suggested as a potential action point.

The importance of a multi-sectoral approach and coordination among various stakeholders, including NGOs and UN agencies, was emphasized as a critical factor in effective COVID-19 responses. However, participants acknowledged the challenges in coordinating and mobilizing different partners for a cohesive effort. The discussion also touched upon the issue of the humanitarian architecture's support. Some participants felt that tangible support from different sectors, clusters, and UN agencies was lacking, which posed challenges in the overall response efforts.

Several challenges were highlighted during the discussion. In some countries, the COVID-19 response became highly militarized, and political influences impacted the dissemination of accurate information and coordination of efforts. There were also logistical challenges, such as problems in screening, lab capacities, and sample transportation, which hindered effective testing and diagnosis. Cultural beliefs and rumours led to resistance to public health measures and vaccine acceptance in some communities, making it difficult to implement preventive measures effectively.

Uncoordinated procurement of equipment and resources with donor funding was identified as an issue, resulting in inefficiencies and underutilized facilities. In terms of recommendations and next steps, participants agreed on the importance of advocacy and resource mobilization to secure increased support for COVID-19 response efforts from various donors, with particular emphasis on engaging larger donors like the Global Fund.

They also suggested establishing longer-term grant agreements (GLAs) with trusted partners to streamline and expedite the funding process. Participants stressed the need for WHO to enhance its coordination and engagement with partners at all levels, and to improve monitoring and coordination of partner activities. Overall, the discussion highlighted the importance of collaboration, resource mobilization, and addressing challenges related to vaccine acceptance and logistical issues to improve future pandemic responses.

Key discussion points	Key actions/recommendations
• A multi-sectoral approach and coordination among stakeholders were crucial for an effective COVID-19 response. • Tangible support from different sectors and UN agencies in the humanitarian architecture was lacking, presenting difficulties in the overall response efforts. • Political influences impacted information dissemination and coordination of efforts in some countries. • Logistical challenges, such as screening, lab capacities, and sample transportation, hindered effective testing and diagnosis. • Cultural beliefs and rumours led to resistance to public health measures and vaccine acceptance. • Uncoordinated procurement of equipment and resources with donor funding resulted in inefficiencies. • Advocacy and resource mobilization for increased support were recommended, particularly from larger donors like the Global Fund. • Establishing longer-term grant agreements with trusted partners was suggested to streamline the funding process.	• Advocacy and Resource Mobilization: Continue advocating for increased resources and support for COVID-19 response efforts from various donors, including engaging with larger donors like the Global Fund. • Longer-Term Partnerships: Establish longer-term grant agreements (GLAs) with trusted partners to streamline and expedite the funding process. • WHO Coordination and Engagement: Strengthen WHO's engagement with partners at all levels and enhance monitoring and coordination of partner activities
	Gaps/Challenges

3.4 Cluster transition/deactivation – lessons from Iraq (Dr. Kamal Olleri – GHC)

The session focused on the cluster deactivation and the lessons learned from Iraq's humanitarian crisis. Iraq faced severe conflict, population displacement, and extensive humanitarian needs, resulting in the activation of 10 clusters in 2014. The number of people in need peaked at 11 million by 2017, but after the active conflict ended, recovery efforts facilitated the return of a significant portion of internally displaced persons (IDPs) by 2022. The discussion highlighted the challenges encountered during the transition process, including late planning, staff downsizing, coordination gaps, decreasing funding, difficulties in classifying needs, political obstacles, concerns over rapid drawdown, localization challenges, and a one-size-fits-all approach. The recommendations from the GCCG Lessons Learned exercise were shared during the meeting, some of which are:

- Clarify the IASC's position on accountability to affected populations within transition settings and document lessons learned and best practices for consulting with beneficiaries.
- Support countries by providing transition checklists, organizing periodic check-in meetings with experienced transition experts, and considering sending field support from the Emergency Directors Group (EDG) and Global Cluster Coordination Group (GCCG).
- Liaise with donors to secure adequate political and financial support throughout the transition process, ensuring that the transition is adequately funded, and resources are available.

The health cluster in Iraq played a significant role, advising partners to prioritize life-saving services over major infrastructure rehabilitation, revamping the Strategic Advisory Group to a Transition Advisory Group under the auspices of the Ministry of Health, through which, a transition plan was developed, and involving the durable solutions technical working group throughout the process. The World Health Organization (WHO) focused on building the primary healthcare capacity through health system strengthening, starting with the information management building block, to support the transition process.

Key discussion points	Key actions/recommendations

• Empowerment of MoH to have enough capacity to coordinate the response in displacement camps/settlements.
• A gradual, stepwise, evidence-based deactivation should take place. Adequate engagement with donors, partners, HDPN required.
• Coordination with existing structures, like Polio EOCs, should be done to ensure a sustainable mechanism post cluster-deactivation.
• Capacity building of MoH and local partners to takeover services should be prioritized.
• The roles of WHO and the MoH in the health system, in terms of governance and leadership, should be enhanced.
	• UNICEF has hired a consultant to support cluster transition in terms of:
	  ○ Decision-making
	  ○ Process planning
	Follow up coordination. The GHC will explore how it can benefit from this consultant work either collectively through GCCG or bilaterally.

• A multi-year costed transition plan can be put in place, particularly in conflict and/or protracted crisis situations.	**Gaps/Challenges** An annual review of coordination architecture by the HCT is recommended (as per the IASC Reference Module for Cluster Coordination at Country Level) but this has not been happening regularly.

Annex 1 – List of participants

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