Global Health Cluster Partner Meeting

19-20 June 2025

Virtual

Note for the Record

Meeting objectives

1. Provide a structured platform for sharing information and learning about the needs of country health clusters
2. Provide a forum for presenting technical updates relevant to improving effective humanitarian health response
3. Provide a platform for discussing ongoing emergency responses in cluster countries to improve coordinated response, information flow, and learning.

All presentations can be found here.

DAY 1: 19 June 2025

Welcome and Introduction; agenda overview (Linda Doull, GHC Coordinator, and Gabriele Rossi, SAG Co-Chair)

L Doull opened the meeting by acknowledging the rapidly changing global context and the importance of using the two-day meeting to address key challenges facing the humanitarian system.

G. Rossi welcomed participants, outlined the agenda, and emphasized the meeting's relevance in the context of the ongoing humanitarian reset and funding crisis.

The Humanitarian Reset: *Session Chair: Kelly Hormez, Samaritan's Purse (SAG member)* watch session

Humanitarian coordination reform- where do things currently stand?

Mr Altaf Musani, Director, WHO/HCA -Humanitarian Disaster Management

A. Musani framed the humanitarian reset within three main drivers: the reset itself, the UN 80 initiative, and institutional prioritization exercises. He highlighted the cascading impacts of funding constraints, reduced humanitarian space, and increasing violations of international humanitarian law. He described how WHO is consolidating at headquarters while protecting country-level operations. On the reset, he emphasized the need to balance localization with technical and financial support, cautioning against superficial transitions of power to local actors. He also underlined the importance of aligning development and humanitarian efforts with investments in long-term systems, such as health and preparedness. Lastly, he noted the need for deeper engagement with political and development actors and cautioned against defining the humanitarian scope too narrowly in a resource-constrained environment.

Cluster simplification and transition

Mr Ted Chaiban, IASC OPAG Co-chair and Deputy Executive Director, UNICEF

T. Chaiban reinforced the push toward prioritization—fewer contexts, shorter timeframes, and quicker transitions to development actors. He emphasized the need to better integrate with host governments and national systems, warning against humanitarian organizations operating in silos. He outlined the cluster simplification proposal, which involves reducing the number of management points from 15 to 8, promoting co-location and joint leadership with local actors, and strengthening gender considerations and area-based coordination (ABC). He advocated for more autonomy for HCTs and empowered Humanitarian Coordinators in deciding cluster activation and deactivation. He stressed the need to ensure that the transition to Area-Based Coordination does not exclude NGOs and local actors from meaningful engagement, noting the importance of bridging humanitarian and refugee coordination mechanisms.

Implications of the reset on frontline coordination and leadership

Mr Albert-Philip Burger, Policy and Practice Coordinator, ICVA

A-P. Burger brought a critical NGO perspective, voicing concern that NGOs—especially national ones—feel excluded from decision-making in the reset process. He argued that the system lacks accountability and does not meet NGOs' operational needs, contributing to declining engagement. He acknowledged clusters as the most inclusive part of the system, valued particularly by national NGOs, but warned that eliminating subnational clusters in favour of ABC could alienate these actors. He stressed that ABC must be negotiated with and adapted to existing local structures. Finally, he cautioned that localization without technical support would be "dumping responsibility," not empowerment, and urged a teaching role for cluster leads to truly support local leadership.

Key discussion points	Key actions/Recommendations
Questions were raised about reset ambition versus reality and how meaningful reform is possible amid drastic funding cuts and rapid downsizing. Unclear ABC models replacing subnational clusters, risking exclusion of national NGOs, especially those outside capitals. Equitable participation of national NGOs that remain underrepresented in decision-making. True localization must include influence over funding and Coordination—not just a seat at the table. Mixed views on expanding CBPFs: seen as a way to localize funding but concerns around capacity, oversight, and impact on other financing streams. The role of INGOs and agencies where localization must be matched with technical support. INGOs and UN agencies need to remain engaged to mentor and build capacity rather than simply stepping back.	ABC mechanisms should ensure that national NGOs continue to have access to coordination platforms, especially outside capital cities. Cluster leads must be equipped not only as coordinators and technical experts but also as trainers to support capacity development among local actors. Mandate shared leadership with INGOs and national NGOs, with clear guidance on implementation. Allocate pooled funds to support local actors' participation, including staffing, coordination costs, and operational readiness.

Area-Based Coordination: *Session Chair: James McQuen Patterson, UNICEF (SAG member)* watch session

Framing the shift to ABC -key principles from the GCCG paper

Marina Skuric-Prodanovic, *Chief of the System-wide Approaches and Practices Section, OCHA*

M. Skuric-Prodanovic presented a comprehensive overview of Area-Based Coordination, highlighting its evolution as a strategic response to traditional challenges in humanitarian coordination. Drawing from an independent report covering six countries (Mali, Nigeria, South Sudan, Sudan, Ukraine, and Yemen), she emphasized that ABC is not a new concept but has been applied differently across various contexts. The report defined ABC as an inter-agency coordination structure typically operating at administrative levels 2-4, aimed at addressing response gaps, limiting duplication, and supporting joint advocacy.

Key findings from the report highlighted significant challenges in the current humanitarian coordination architecture, including centralized decision-making, a lack of structured learning, and limited participation by local actors. Marina emphasized that while ABC offers promising solutions, it necessitates careful design, dedicated coordination capacity, and ongoing support. The approach aims to decentralize coordination by bringing together humanitarian, development, and peace actors, thereby enhancing community engagement.

Area-Based Coordination, what works and what does not: Reflections from South Sudan

Dr Mukeshkumar Prajapati, Health Cluster Coordinator, South Sudan

M Prajapati provided a ground-level perspective from South Sudan, a country characterized by protracted crises, multiple concurrent emergencies, and complex humanitarian challenges. With 9 million people in need, 5.7 million requiring health interventions, and only 6% of the funding available, South Sudan implemented ABC through strategic deployments of area-based leaders in three states: the UNDP in Wau, Western Bahr el Ghazal, the UNHCR in Malakal, and the IOM in Bentiu.

He detailed the successes and challenges of ABC implementation in South Sudan. Positive outcomes included improved alignment between humanitarian and development planning, enhanced engagement with local authorities, better coordination among clusters and communities, and more effective bottom-up community consultations. However, significant challenges emerged, such as fragmented linkages between national and local coordination mechanisms, data sharing gaps, resource constraints, and difficulties in sustaining participation.

The South Sudan experience highlighted critical implementation considerations, including the importance of context-specific approaches, the need for flexible funding mechanisms, and the crucial role of local capacity building. He emphasized that ABC is not a one-size-fits-all solution but rather requires adaptive strategies that consider local dynamics, existing structures, and specific operational contexts.

Key discussion points	**Key actions/recommendations**
ABC as a potential solution to inefficient, centralized humanitarian coordination Need for more localized, flexible humanitarian response mechanisms. Balancing national-level strategies with local operational needs Multiple coordination mechanisms leading to meeting fatigue Disconnect between national and local level planning Difficulties in data sharing and information management Role clarity and potential duplication of responsibilities Challenges in aligning humanitarian, development, and peace efforts	Clarify ABC guidance across clusters, emphasizing it as an operational modality for improved access and coordination. Support country teams with tools and resources to decentralize decision-making to field hubs where ABC is active. Encourage multi-sectoral planning around geographic priorities based on needs and access constraints. Expand inter-cluster coordination mechanisms, including regular information sharing between sectors at the subnational level. Incentivize flexible funding allocations that can be programmed based on geographic vulnerability rather than sector alone. Facilitate capacity building for local actors and authorities in identified locations for the ABC roll-out.

DAY 2: 20 June 2025

Welcome/recap/agenda (Gabriele Rossi, SAG Co-Chair)

G. Rossi opened the meeting on day 2 with a brief overview of the upcoming sessions

Experiences from the Myanmar earthquake response: *Session Chair: Julie Taft, International Medical Corps (SAG member)*

Overview of the Health Cluster in Myanmar

Ms Sacha Bootsma, Health Cluster Coordinator, Myanmar

S. Bootsma opened the session with an overview of the current humanitarian health situation in Myanmar, emphasizing the compounding effects of the 2021 military takeover and the recent earthquake. She noted that while 12.9 million people are in need, only a small fraction have been reached, partly due to a low number of partners reporting to the Health Cluster. She highlighted the challenges of data collection in non-military-controlled areas and the deliberate use of anonymized reporting to protect local partners from reprisals. She also explained that while funding has improved in earthquake-affected areas, national coordination remains constrained by fear and insecurity, particularly in regions outside military control.

Role of local actors

Dr Si Thura, Chief Executive Officer, Community Partners International (CPI)

S. Thura provided deeper context about the political landscape and local engagement. He described the post-2021 military takeover, which resulted in massive civil unrest and an ongoing civil war. Out of 330 townships, approximately 95 are now controlled by ethnic and pro-democratic revolutionary organizations. This fragmentation created significant challenges for humanitarian service delivery. He highlighted CPI's unique approach to humanitarian work, which he termed "authentic localization." Unlike traditional humanitarian approaches, this "power shift" moves decision-making to local communities and civil society organizations, not merely contracting out work or providing minimal resources. This power shift he explained, involves local communities from the very beginning of the needs assessment through quality assurance and evaluation processes, allowing local actors to lead decision-making, even in emergency situations. He provided specific examples, demonstrating that when local communities are given real power, they often exceed standard humanitarian protocols and create more innovative, context-appropriate solutions.

CPI collaborates with over 150 local partners, providing financial and technical support while ensuring that local actors have genuine influence in the response. During the earthquake response, CPI demonstrated this approach by rapidly mobilizing local networks. Within 72 hours, they provided medical assistance to over 140,000 people, leveraging existing relationships with local organizations. He emphasized that their success stemmed from building deep trust, understanding local contexts, and being flexible in their implementation strategies.

Key discussion points	Key actions and recommendations

Myanmar's intricate political landscape and resulting fragmentation create significant challenges for humanitarian access, severely disrupt healthcare delivery, and leave a health system nearing collapse. The critical role of cross-border operations, primarily through Thailand, in delivering medical supplies where the military regime's strict control made internal supply distribution nearly impossible The complex strategy of engaging with local health departments and other ways humanitarian organizations navigate support in highly restricted environments The importance of innovative, flexible approaches in humanitarian response that prioritize local knowledge, trust-building, and genuine power-sharing between international organizations and local actors.	Enhance health cluster coordination with non-military-controlled areas. Develop more inclusive engagement strategies with diverse local stakeholders. Create platforms for information sharing across different ethnic and organizational networks. Explore humanitarian diplomacy opportunities with neighbouring countries (Thailand, Bangladesh) Create protection mechanisms for local humanitarian workers. Create secure communication and data-sharing platforms.

GHC Formative Evaluation – are we fit for purpose? *Session Chair: Mary Pack, International Medical Corps (GHC Evaluation Reference Group)* watch session

Presentation of process, findings, and conclusions.
Riccardo Polastro, Chief Evaluation Officer, WHO
R. Polastro explained the purpose of the formative evaluation: to assess whether the GHC is fit for purpose, with dual goals of learning and accountability. The evaluation covered 2014–2025 (with emphasis on the last 5 years), using desk reviews, interviews, focus groups, surveys, and country visits. He highlighted the relevance of the GHC in strengthening coordination during crises but noted persistent challenges in aligning with local realities and information gaps. He identified underfunding as a major constraint but acknowledged that resources have been used effectively. Areas requiring improvement included internal WHO coherence, limited progress on the humanitarian-development nexus, and inadequate preparedness and transition planning. Notably, there was no robust global monitoring system in place to track performance or effectiveness beyond the activity level.

Recommendations and prioritization exercise
Linda Doull, GHC Coordinator
L. Doull outlined the evaluation's recommendations across three levels: strategic, operational, and organizational. Strategically, she emphasized the need to prioritize coordination capacity, diversify funding sources, enhance monitoring and evaluation, and strengthen local leadership. She flagged uncertainties around future models of coordination considering the reset and area-based approaches, as well as the growing importance of local partner leadership. On the operational level, she highlighted the need to redefine cluster coordinator roles, especially at subnational levels, and enhancing accountability lines with Humanitarian Coordinators. Organizationally, she emphasized the need for improved preparedness, enhanced integration across the WHO, and stronger enabling functions, such as logistics and supply. She also raised concerns about the implications of pooled IM arrangements on technical integrity.

As part of the session, participants were invited to prioritize the strategic and operational recommendations from the Global Health Cluster evaluation using Mentimeter. Overall, the activity helped highlight areas where partners see the greatest urgency and alignment and where further clarification or dialogue may be needed. **Results here**

Key discussion points	**Key actions and recommendations**
Implications of the findings amid the ongoing humanitarian reset and the importance of proactive cluster engagement in the reset The importance of defending the health sector's role, articulated via a strong joint strategy that defends health's profile, aligns with national priorities, and demonstrates impact through better M&E Concerns over pooled IM mechanisms potentially diluting sector-specific technical standards; and agreement that IM must remain fit-for-purpose and sensitive to public health data requirements. Concerns over rushed transitions to national ownership in conflict settings and the need to contextualize	Finalize and circulate the full evaluation report to all GHC partners. Development of a granular management response plan, co-led with partners/SAG Consult WHO regional and country offices on development and implementation of the Management Response Plan. Identifying actionable steps for strategy development and partner roles in Coordination, localization, and advocacy. Design a robust M&E framework with agreed KPIs at all levels- invite partners to contribute to KPI development Engage HCCs in planning for national and local ownership and cluster transition. Monitor and document changes made post-evaluation

Closing session: (Gabriele Rossi, GHC SAG and Linda Doull, Coordinator, GHC)

G. Rossi thanked participants for their strong engagement throughout the meeting and noted that the discussions—particularly those around evaluation and reset—will help shape the next phase of the Global Health Cluster's strategy. He acknowledged the significant contributions of Linda, thanking her for her leadership and dedication to the cluster over the years.
L Doull thanked Gabriele for his kind words and acknowledged the strong collaboration with partners throughout her time with the Global Health Cluster. She confirmed that the final evaluation report would be shared in the coming week, followed by the development of a management response plan in consultation with WHO regional offices and the SAG. She noted that this would help operationalize the recommendations and guide further engagement on issues such as coordination, transition, and localization. She closed by expressing her appreciation to all partners for their commitment and support and bid them farewell.

Annex 1: List of Participants

Organization	Name
Alight	Gina Paulette
Alight	Heather Lorenzen
Americares	Christian Perez
Americares	Damir Kacapor
Americares	Mariel Fonteyn
CDC	Gabe McLemore
Columbia University	Rachel T. Moresky
Community Partners International	Si Thura
Concern International	Joseph Odyek
Concern International	Sinead O'Reilly
Corus International	Dennis Cherian
ECHO	Veronica Collins
ECHO	Fernando Fernandez Garcia Abril
ECHO	Ian Van Engelgem
ECHO	Elisa Rossetti
Erlha	Adrienne Testa
Erlha	Gillian McKay
Foreign, Commonwealth & Development Office (FCDO)	Emma Diggle
Global Fund	Daniel De La Torre
Global Fund	Francesco Moschetta
Global Health Cluster	Luis Hernando Aguilar Ramirez
Global Health Cluster	Linda Doull
Global Health Cluster	Andrea Ianthe King
Global Health Cluster	Eba Al-muna Pasha
Global Health Cluster	Betina Petry Nectoux
Global Health Cluster	Antoni Ros Martinez
Global Health Cluster	Veronic Verlyck
GOAL	Marie Hallissey

Harvard Humanitarian Initiative	Sean Kivlehan
Harvard Humanitarian Initiative	Michelle Niescierenko
Harvard Humanitarian Initiative	Alexis Schmid
Health Cluster, Cameroon	Innocent Nzeyimana
Health Cluster, Ukraine	Amaah Penn
Health Cluster Syria- WOS	Lawrence Vihishima
Health Cluster, Chad	Eric-Didier K. N'DRI
Health Cluster, Tukiye Gaziantep	Muhammad Shafiq
Health Cluster, Bangladesh	Orwa Al Abdulla
Health Cluster, Burkina Faso	Alain Ngoy Kapete
Health Cluster, Colombia	Mauricio Cerpa
Health Cluster, DRC	Alou Badara Traore
Health Cluster, Ethiopia	Richard Langat Kipkemoi
Health Cluster, Ethiopia	Henock Sileshi
Health Cluster, Haiti	Denon Tshienda
Health Cluster, Honduras	Fabiola Michel
Health Cluster, Mozambique	Emiliano Lucero
Health Cluster, Myanmar	Sacha Bootsma
Health Cluster, NE Nigeria	Aurelien Tchoffo Pekezou
Health Cluster, oPt	Emma Fitzpatrick
Health Cluster, South Sudan	Mukeshkumar Prajapati
Health Cluster, Sudan	Muhammad Fawad Khan
Health Cluster, Syria - Damascus	Azret Stanislavovich Kalmykov
Health Cluster, Venezuela	Sergio Alex Alvarez Gutierrez
Health Cluster, Yemen	Kamal Sunil Olleri
ICVA	Albert Philip Burger
IMPACT Initiative	Saeed Rahman
IMPACT Initiative	Ugo Semat
International Council of Nurses	Hoi Shan Fokeladeh
International Medical Corps	Ann Canavan

International Medical Corps	Bilal Saleem
International Medical Corps	Jill John-Kall
International Medical Corps	Julie Taft
International Medical Corps	Mary Pack
IOM	Carolyne Kipsang
IOM	Kuol Achai Arop Deng
IOM	Haley Elizabeth West
Jhpiego	Pir Mohammad Paya
Johns Hopkins University	Chiara Altare
Medair	Gabriele Rossi
Médecins Sans Frontières	Tess Hewett
Medical Teams	Cecilia Lopez
Mercy Malaysia	Masniza Mustaffa
MSI Choices	Sonja van Reede
OCHA	Jianing Niu
OCHA	Marina Skuric-Prodanovic
Premiere Urgence	Aude Morille
Premiere Urgence	Chantal Autotte Bouchard
Project Hope	Arlan Fuller
Project Hope	Christine Lathrop
Relief International	Colleen Thomas
Relief International	Melanie Kempster
Samaritan's Purse	Cindy Albertson
Samaritan's Purse	Damilola Toki
Samaritan's Purse	Kelly Hormez
Samaritan's Purse	Paula Melo
Samaritan's Purse	Peter Holz
Samaritan's Purse	Shannon Hamilton
Samaritan's Purse	Yvonne Mensah
Save the Children	Sarah Ashraf

Save the Children	Laura Cardinal
Save the Children	Rachel Pounds
Terres des Hommes	Iveth Gonzalez
UNFPA	Catrin Schulte-Hillen
UNFPA	Nadine Cornier
UNHCR	Allen Gidraf Kahindo Maina
UNHCR	Sandra Harlass
UNICEF	James McQuen Patterson
UNICEF	Ted Chaiban
US/BHA	Kathleen Myer
US/BHA	Trina Helderman
WHO	Riccardo Polastro
WHO	Altaf Musani
WHO	Hannah Murphy