IASC

Inter-Agency Standing Committee

Global
Health Cluster

Strategic Framework
2009-2011

1. Introduction

The Global Health Cluster (GHC) has an important role to play in improving humanitarian health action. Cluster partners at the global level have made progress in promoting stronger leadership and coordination of health action at country level and in building system-wide capacities in common standards, best practices, guidance and tools to facilitate and improve the quality of humanitarian health action. At country level, some health clusters have demonstrated their ability to conduct coordinated assessments, jointly identify gaps, plan evidence-based actions and build local capacities to provide better quality health care. While progress in some areas has been slow, GHC partners are fully dedicated to increasing the quality and professionalism of humanitarian health action. This paper outlines the Strategic Framework of the Global Health Cluster 2009-2011. It aims to clarify and guide the work of the GHC as a critical element of a more inclusive approach to humanitarian work with sustainable benefits. It presents, among other elements, the GHC vision, mission, guiding principles, strategic priorities and goals; it explains the structure and functioning of the GHC; and it describes how resources will be mobilized to fulfil the related annual work plans of the GHC.

2. Background

The Cluster Approach consolidates almost twenty years of lessons learned on good practices in humanitarian action. The increasingly challenging and complex context of humanitarian work demands prompt collaboration from an ever greater number of stakeholders to achieve better results in reducing unnecessary deaths and suffering during crises. Better coordination and use of existing competencies to address humanitarian health priorities in emergencies will move us towards achieving that aim. While much of the work must take place at the field level, global actors are making a difference by pooling their expertise in support of field operations. For a more detailed background note, see Annex 1.

3. The Vision

Optimized health outcomes through timely, effective, complementary and coordinated action before, during and after crises

4. The Mission

Build consensus on humanitarian health priorities and related best practices, and strengthen system-wide capacities to ensure an effective and predictable response

5. Guiding Principles

The GHC has the following Guiding Principles that serve as the foundation for the Strategic Priorities outlined in section 6 below.

1. **Commitment and voluntary cooperation**. Effective coordination can only be voluntary, based on each partner's willingness to join with others in agreeing on priorities and overall response strategies and to adjust its actions to the particular humanitarian context as well as to other partners' capacities. The cluster approach demands commitment and an openness to collaborate and adapt on the part of all agencies and individuals concerned.

2. **Partnership.** Collaborative and complementary partnerships at all levels, based on transparency, mutual understanding and the tapping of comparative advantages and competencies, are essential to improving humanitarian action.

3. **Community participation**. Affected populations must be involved in the actions of the country cluster; community based programming is essential to successful cluster implementation and humanitarian health action.

4. **Tapping and building capacities**. Tapping and strengthening existing local capacities, including those within the Ministry of Health (MoH), to lead and implement response and recovery work is the key to sustainable improvements in the provision of health services during and after humanitarian crises.

5. **Support national authorities' priorities and efforts**. General Assembly Resolution 46/182 stipulates that '*each State has the responsibility first and foremost to take care of the victims of natural disasters and other emergencies occurring on its territory*' and as such '*the affected State has the primary role in the initiation, organization, coordination and implementation of humanitarian assistance within its territory*'. Therefore, whenever possible, country clusters work in consultation with national and local authorities to support their priorities and efforts.

6. Areas of Work, Strategic Priorities and Specific Goals of the GHC

6.1 There are three distinct areas of work for the GHC: **strategic** functions to specify and address global humanitarian health priorities; **operational** functions to ensure that capacities are strengthened to address needs effectively at the field level; and **technical** functions to adopt, adapt or develop and agree upon standards, best practices, guidance and tools. Within each of these areas, the GHC must seek to be as useful and effective as possible; regular **monitoring and evaluation** will be used to measure results.

6.2 The work of the GHC in 2006-2008 focused primarily on its technical functions (70% of its time to develop common guidance and tools) but also on its operational functions (30% of its time on rosters, stockpiles, deployment systems and field level capacity building) and the continuous underlying strategic work of partnership building. From 2009-2011, the GHC will gradually shift its focus towards its strategic functions (45%) and its operational functions (45%) with less time dedicated to new areas of technical work (10%).

6.3 To accomplish its work in these three areas, the GHC has the following four strategic

priorities. Strategic Priorities 1 and 2 address mainly the operational functions of the GHC to build and supplement country capacities as well as some continuing technical work; Strategic Priority 3 addresses its strategic function; and Strategic Priority 4 ensures monitoring and evaluation at all levels and areas of cluster work.

Strategic Priority 1: Build capacities within country clusters to design, implement and monitor an effective, evidence-based humanitarian health response

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6.4 The Humanitarian Response Review of 2005 identified a lack of system-wide capacity for humanitarian response. Over the next three years, the GHC will focus on building capacities within country clusters of national and international health actors to improve humanitarian health action.

Goal 1.1: A widespread understanding and application of the Humanitarian Principles[1] and the Principles of Partnership[2] influence the design, implementation, monitoring and evaluation of humanitarian health activities

6.5 Members of the GHC are dedicated to the Humanitarian Principles and the Principles of Partnership. The GHC will advocate for and promote these principles at the global level and will promote and build understanding about them at the country level through joint activities including trainings, workshops and joint country missions.

Goal 1.2: Standards, best practices, guidance and tools are identified, adopted, adapted or developed and promoted by the GHC and facilitate the planning, delivery and evaluation of humanitarian health action at country level

6.6 The GHC will focus on processes that aim to ensure the widespread and systematic operational use of this technical work by supporting local adaptations, strengthening related inter-agency technical collaboration, training, technical support to countries and global level advocacy. The GHC will also ensure the quality of its technical work to ensure that what it produces and promotes is simple, relevant and useful. Specifically, the GHC will promote the use of the Sphere Standards, consolidate and promote lessons learned from which it will identify and promote best practices, promote the GHC guidance and tools such as the Inter-Sectoral Rapid Assessment Tool, the HeRAMS and the Health Cluster Guide for use during crises and ensure that they are adapted, finalized, translated and widely disseminated through individual partner agencies, GHC training courses and country level workshops. As required, the GHC may also develop additional guidance and tools over time. Finally, the GHC will be involved in the revision of the Sphere Standards that begins in 2009 by providing a unified voice based on wide consultation, particularly with NGOs. The GHC will continually monitor the usefulness and application of its technical work at country level and use feedback to revise its products over time.

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1 Humanitarian Principles: <u>Humanity</u>: all shall be treated humanely in all circumstances by saving lives and alleviating suffering, while ensuring respect for the individual; <u>Humanitarian Imperative</u>: the right to receive and to give humanitarian assistance and the obligation of the international community "to provide humanitarian assistance wherever it is needed." <u>Impartiality:</u> not based on nationality, race, religion, or political point of view; based on need alone; <u>Independence</u>: independent of government policies or actions; <u>Neutrality</u>: humanitarian action must not favour any side in an armed conflict or other dispute where such humanitarian action is carried out

[2] Principles of Partnership: Equality, Transparency, Result-oriented approach, Responsibility, Complementarity

> **Strategic Priority 2: Ensure supplementary human and material resources are readily accessible to country clusters, as needed**

6.7 The Humanitarian Response Review also found shortcomings in managerial capacities and recruitment policies and procedures for emergencies as well as limited emergency training opportunities. Since its establishment, the GHC has prioritized the development of an inter-agency roster of trained Health Cluster Coordinators as a first step towards addressing these shortcomings and ensuring predictability and readiness in the health sector response. This roster has facilitated the deployment of HCC to both acute and chronic emergency situations. Still there is much work to be done to ensure rapid deployment of qualified HCC and other emergency health personnel.

Goal 2.1: GHC rosters are regularly tapped by cluster leads at country level to access qualified Health Cluster Coordinators and other emergency experts for the effective coordination and delivery of health services

6.8 The GHC will build on its accomplishments and lessons learned to increase the effectiveness and regular use of its roster system. This system will continue to identify, train, prepare and assess potential Health Cluster Coordinators and other emergency health personnel. To accomplish this, the GHC will find innovative ways to identify new potential candidates; further develop the systems and procedures to rapidly fill vacant posts; facilitate bilateral agreements between WHO and GHC partners that will allow for the secondment, loan or contractual release of partner staff; improve training opportunities to include newly identified best practices, policies, guidance and tools; conduct regionally based training courses; and oversee the screening of potential candidates through a review of CVs as well as through the assessment component of the training courses. Furthermore the GHC will work closely with WHO regional offices and WR to increase their awareness, ownership and use of the GHC roster. To support this work, WHO as cluster lead will ensure the management and maintenance of the database of roster candidates. The GHC will monitor the use and usefulness of the roster and the performance of roster candidates in cluster countries.

Goal 2.2: Stockpiles of emergency supplies are systematically identified, coordinated and harmonized at the global level to be tapped by country clusters

6.9 The GHC will aim to better share information about existing global and regional stockpiles of emergency medical supplies and pharmaceuticals among partners and will explore possible stockpile coordinating tracking tools for promotion and training at country level. The GHC will also promote related best practices and the Guidelines for Drug Donations among partners and the donor community at country and global levels.

> **Strategic Priority 3: Identify specific humanitarian health priorities, based on shared analysis, and coordinate global actions to address them [3]**

Goal 3.1: Provision of informed analytical communications as the sound basis of coordinated and strategic responses to agreed humanitarian health priorities

6.10 To achieve this priority, the GHC has established the Policy and Strategy sub-group to provide strategic direction to the GHC on specific issues and to define and promote positions of

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3 revised and adopted at the GHC meeting June 2010

the GHC on key areas of humanitarian health. The Policy and Strategy Group will develop and disseminate aide memoires, key strategic guidance, GHC position papers / policy briefs and recommend related actions. This group will communicate through regular email correspondence, teleconferences and four face-to-face meetings. Outcomes of the work of the Policy and Strategy group will be presented to the GHC in a regular session during the GHC bi-annual meetings. This will ensure open discussion of issues of strategic priority and agreement on appropriate GHC action, such as the development of related policies, strategies to implement them. It will also provide opportunity for global level advocacy.

> **Strategic Priority 4: Monitor and evaluate the progress and effectiveness of the health cluster at global and country levels over time**

6.11 Recommendations from the self-assessment of cluster implementation in 2006 and the external cluster evaluation in 2007 led to shifts in the priorities of the GHC. In the coming years, the GHC will undertake its own monitoring and evaluation exercises to guide its work and ultimately to improve humanitarian health action.

Goal 4.1: Findings and recommendations from continuous monitoring and evaluation result in improvements in the work of the GHC and ultimately in improved humanitarian health action at country level

6.12 The GHC will undertake ongoing monitoring and evaluations in three areas: (1) the work of the health cluster within the wider context of humanitarian reform, (2) the work of the GHC and its ability to achieve its mission and (3) the quality of cluster implementation and its effectiveness in improving humanitarian health outcomes at the country level. Based on this ongoing monitoring, the GHC will report on achievements and challenges and adjust its work priorities to ensure its relevance and usefulness to field-level action. The GHC will commission an independent, external evaluation towards the end of this three year period to examine the impact and relevance of its work on humanitarian action in health and to determine whether the added value of the GHC justifies the invested resources. To achieve the three levels of monitoring and evaluation, the GHC will develop monitoring and evaluation frameworks and schedules and will support monitoring and evaluation activities with relevant technical expertise.

7. Responsibilities of WHO as lead agency of the Global Health Cluster

7.1 As lead agency of the Global Health Cluster, the World Health Organization will:
   a) be accountable to the Emergency Relief Coordinator for ensuring sector-wide readiness to respond to humanitarian emergencies;
   b) build consensus among the members of the GHC related to the work of the GHC;
   c) coordinate execution of the GHC work plan;
   d) host the GHC secretariat;
   e) convene meetings of all relevant partners in the humanitarian health arena to consolidate and review "lessons learned" and to agree on and disseminate best practices in humanitarian health action and cluster processes;
   f) manage the GHC roster and related administrative systems;
   g) ensure technical expertise and other operational support to country emergency health operations; tap resources and input from partners as required (whether or not WHO is country cluster lead agency);
   h) establish and maintain health related stockpiles and a logistics platform to be drawn upon

by country clusters, in coordination with other organizations that provide similar services;

i) contribute to mobilizing and managing sufficient funding for the collective activities of the GHC;

j) promote and integrate the cluster approach and the technical work of the GHC at all levels of WHO; and

k) coordinate the actions of the three levels of WHO (global, regional, country) to support the work of the global and country clusters.

8. Responsibilities of partners in the Global Health Cluster

8.1 As partners in the GHC, participating agencies and organizations will:

a) collaborate in drawing up and executing the GHC work plan including:

i) identifying and disseminating best practices, developing policies and strategies to implement them, developing and disseminating guidance and tools;

ii) designating available and qualified staff for inclusion in the roster on the basis of agreements (letters of understanding) with the GHC lead agency concerning their deployment;

iii) participating in missions, trainings, workshops, and other joint activities that promote the work of the GHC and best practices in humanitarian health

b) promote and integrate the cluster approach and the technical work of the GHC within their organizations at all levels;

c) contribute to mobilizing and managing sufficient funding for the collective activities of the GHC; and

d) mobilize sufficient funding and ensure the necessary staff time and resources to fulfil these obligations as partners of the Global Health Cluster.

9. Linkages

9.1 WHO, as cluster lead agency, serves as the liaison between the partners of the GHC; between the GHC and the country clusters; between the GHC and non-cluster entities such as the private sector, other humanitarian health agencies and organizations and civil military groups; between the GHC and other global clusters; and between the GHC and the focal points for cross-cutting issues. 9.2 The linkages between the GHC and country clusters will be managed by the operational departments of HAC/WHO in Geneva, working closely with the relevant regional offices; these operational departments will keep the GHC regularly informed about any issues or requests for support from the country clusters.

10. Reporting lines

10.1 At country level, the Health Cluster Coordinator reports directly to the country representative of the country cluster lead agency; the country representative of the country cluster lead agency reports directly to the country level Humanitarian Coordinator on the responsibilities of the country cluster lead agency and reports directly to his/her agency supervisor on his/her other agency-wide responsibilities in the country; WHO, as global cluster lead agency, reports directly to the Emergency Relief Coordinator on its responsibilities as lead agency and keeps GHC partners informed on any related communications; country clusters have no direct reporting

line to the GHC.

11. Architecture

11.1 The GHC will execute its work plan through two Working Groups and a Secretariat.

11.2 The <u>GHC Working Group on Policy and Strategy</u> will provide overall direction to the GHC; assign specific additional activities to the appropriate working groups as required to achieve the GHC goals; develop policy papers in key areas of interest and the strategies to implement them; provide direction/policy to resolve any issues brought to its attention by the GHC Working Groups; and oversee the design and execution of the monitoring and evaluation exercises of the GHC and take necessary action to respond to findings.

11.3 The <u>GHC Working Group</u> will provide support to countries to build the capacities of humanitarian health personnel, including those of the MoH, in GHC standards, best practices, policies, strategies, guidance and tools, systems, roles and responsibilities of health actors within the cluster approach, and humanitarian and partnership principles. The GHC Working Group will further develop, field test, validate, adapt, translate, disseminate and maintain GHC guidance and tools; will incorporate relevant lessons learned and practical experience from field use into their design; will ensure that guidance and tools are relevant, useful and widely used; provide technical support for their use in acute and chronic emergency situations; and provide expert resource persons for trainings and workshops. The GHC Working Group will implement its work plan as agreed by the GHC and will implement any additional activities as advised by the WG on Policy and Strategy that will further move the GHC towards achieving its goals. The WG will pass any issues requiring direction/policy decisions to the WG on Policy and Strategy.

12. Working Methods

12.1 Each of the three Working Groups will have two Co-Chairs who equally share the tasks required to lead the work of the group and to ensure compliance with agreed upon deadlines. Each Working Group will communicate regularly by email, teleconference and face-to-face meetings to implement its part of the GHC work plan. The Co-Chairs of all three Working Groups will meet together regularly to ensure overall coherence and consistency and to discuss any necessary modifications to the work plan, timelines and commitments. The GHC will hold two face-to-face meetings per year in May and November. Based on input from the WG Co-Chairs, the GHC Secretariat will compile and circulate quarterly progress reports on the work of the GHC.

13. Funding arrangements

13.1 As Lead Agency of the Global Health Cluster, WHO is responsible for mobilizing resources to fulfill its related obligations through its regular funding channels.

13.2 As partners of the Global Health Cluster, each agency and organization is responsible for mobilizing resources to cover its contribution to the work of the GHC through its regular funding channels.

13.3 To cover the funding requirements of the collective activities of the GHC, WHO as cluster

lead is responsible for ensuring that resources are mobilized in a coordinated and agreed way either through WHO funding channels or through partner funding channels.

14. Role of the Global Health Cluster Secretariat

14.1 The Global Health Cluster Secretariat supports and facilitates the work of the GHC and the three WG and serves as a conduit for information sharing. The Secretariat coordinates, organizes, records, tracks expenditures of and reports on the work of the GHC. The Secretariat does not have a technical function as this expertise is already available within the cluster lead agency and partner agencies and organizations.

14.2 To ensure an open flow of communication and information within the GHC, the Secretariat creates opportunities for open discussion and disseminates information through various channels (email, website, teleconferences, plenary meetings, consultations) on areas of common interest. Information disseminated from the GHC Secretariat includes updates on the progress of the GHC Working Groups, relevant OCHA/HRSU cluster-related initiatives (policy, guidance, workshops, trainings, and evaluations), and updates on country cluster operations including information on support provided by individual agencies of the GHC to country operations.

14.3 The GHC Secretariat is based in Geneva under the direction of the ADG/HAC and is staffed with one professional staff and one support staff.

15. Conclusion

15.1 This strategic framework was developed by the GHC through extensive consultation. It provides a summary of cluster priorities, as well as relevant principles, approaches, and structures to achieve cluster goals. It informs the annual work plan and budget. The GHC Work Plan for 2009 is attached as Annex 2.

ANNEX 1
Background Note to GHC Strategic Framework 2009-2011

1 As part of the Humanitarian Reforms of late 2005, the global clusters were established to build system-wide readiness and capacities to respond to humanitarian emergencies and to build greater predictability and more effective inter-agency responses. Cluster lead agencies were designated as responsible for developing the necessary global partnerships to successfully implement the work of the global clusters. The work of the global clusters had three components: (1) consolidation and dissemination of standards, policies, best practices and guidance and tools (2) training and surge systems development and (3) country support in the form of preparedness and planning, technical expertise, advocacy and resource mobilization.

2 The establishment of the global clusters came at a time when the context of humanitarian action is becoming increasingly complex and challenging: protracted post-conflict settings are gaining increasing focus; natural disasters are having increasing impact on vulnerable populations; humanitarian space is becoming an increasingly prominent issue and constraint; national governments and local communities, military forces and the private sector are increasingly important actors; and forces such as climate change, migration, the global food prices crisis, demographic pressures, and global economic, social, political and cultural shifts are increasing the demand for humanitarian action.

3 Committed to improving humanitarian action in health within this context, the GHC had its first meeting in late 2005. Since that time, it has succeeded in establishing and continually strengthening global partnerships, adopting inclusive working methods, building mutual understanding and developing (1) common tools to facilitate and improve the mapping of health stakeholders and the mapping of available health services, (2) common tools to facilitate the identification and filling of gaps in health service provision, (3) a training curriculum to build and assess the skills of potential Health Cluster Coordinators and (4) an initial inter-agency roster of trained and qualified Health Cluster Coordinators available for short-term deployment in the early stages of acute emergencies and for longer-term deployment to protracted emergency situations. The GHC has also conducted joint missions in Afghanistan, Cote d'Ivoire, Chad and CAR in 2008 and workshops to promote and build capacities to improve the provision of health services during emergencies (through the cluster approach, and with the guidance and tools of the GHC) and to advance the principles of partnership and the humanitarian principles.

4 These achievements are significant and demonstrate the commitment of GHC partners to build partnerships and to engage in joint work. From the beginning, all GHC activities were intended to support more effective health action at field level. However, there was widely-shared frustration that the time and effort required to build common understanding and working methods, and then to develop global level tools and systems, did not translate rapidly enough into improvements at the field level. This was perceived as a disconnect between the work of the GHC and the country clusters. Over time the connection between the GHC and the country clusters has improved. The work of the GHC in 2008 shifted considerably towards promoting the cluster approach and the GHC tools and services at country level.

5 In mid 2007, an external evaluation was conducted to examine the first two years of the implementation of the cluster approach. The evaluation acknowledged the costs and drawbacks of the approach but concluded that the benefits merited continuation and expansion. Improvements were noted in preparedness, surge capacity, strategic planning and in CAP and CHAP formulation. Noted weaknesses included a negligible increase in accountability, an uneven engagement from host governments, and a lack of operational and coordination capacity among

country cluster lead agencies. For the global clusters, the evaluation recommended a formal agency commitment at the highest executive levels and clarification of reporting lines and accountabilities within the approach. At the field level, the report emphasized that country cluster lead agencies needed significant field presence and a full-time dedicated cluster coordinator with leadership and coordination capacities. Regarding the GHC, the evaluation concluded that partners of the GHC recognized its positive networking and communication benefits and its potential to strengthen surge capacity and to make substantive contributions to field operations. For country health clusters, the evaluation noted that the internal capacities of WHO as country cluster lead agency should be improved and that, until that time, the health cluster should consider co-leadership at the country level where the WHO presence is particularly weak.

6 The recommendations of this evaluation were used by the GHC to better define its work plan for 2008 with a focus on country cluster implementation. Also in response to recommendations, WHO and partners took concrete steps to mainstream the approach internally and to build related internal capacities. The role of WHO as cluster lead agency was included as an integral part of the WHO Medium-term Strategic Plan 2008-2013. As of 2009, WHO and partners will further mainstream cluster responsibilities and GHC activities into their plans and budgets. WHO has included all related cluster work in its document entitled "Strengthening WHO's Institutional Capacity for Humanitarian Health Action, A 5 Year Program 2009-2013".

7 The Global Health Cluster is a unique and valuable forum that brings together humanitarian health experts from UN agencies, non-governmental organizations (NGO), the Red Cross and Red Crescent Societies, academia and governments agencies. By building on the vast knowledge and expertise of individuals representing these diverse agencies, organizations and institutions, by reaching consensus in key areas, and by pooling qualified staff available for rapid deployment, the GHC has a singular opportunity to influence and improve the effectiveness of humanitarian health action at the field level.