

ABOUT THIS GUIDE

Purpose

This *Guide* suggests how the Health Cluster lead agency, coordinator and partners can work together during a humanitarian crisis to achieve the aims of reducing avoidable mortality, morbidity and disability, and restoring the delivery of and equitable access to preventive and curative health care as quickly as possible.

It highlights key principles of humanitarian health action and how coordination and joint efforts among health sector actors working in partnership can increase the effectiveness and efficiency of health interventions. It draws on Inter-Agency Standing Committee (IASC) and other documents but also includes lessons from field experience.

Although addressed to Health Cluster lead agencies, coordinators and partners, the guidance is equally valid for coordinators and members of health sector coordination groups that seek to achieve effective coordinated health action in countries where the cluster approach has not been formally adopted.

Throughout this *Guide*, the term “health cluster” may refer to “health cluster or sector coordination group”.

It should also be useful in cases where, at country level, it has been decided to combine health with nutrition in a single cluster or sector group.

This *Guide* is “generic” in that it should be useful in different humanitarian crisis contexts including sudden- and slow-onset crisis and protracted emergencies. It does not address all the specificities of the different contexts. After field testing during 2009 and first half of 2010, more guidance will be inserted in relation to different contexts.

Structure

Chapter 1 explains the role of a Health Cluster at national and, where needed, sub-national levels, and suggests the principal actions that need to be taken during different phases of response. A table in section 1.2 sum-

marizes the main roles and functions of the health cluster coordinator (HCC), the country cluster lead agency (CLA), and cluster partners.

Chapter 2 outlines what needs to be done to establish and sustain an effective cluster while chapters 3 to 8 provide guidance in relation to the specific functions listed in section 1.2. Each chapter highlights the key principles, summarizes what needs to be done and considered, lists the tools and guidelines that are available, indicates the challenges likely to be faced, and provides practical hints and references for further guidance. The tools and guidelines referred to include, but are not limited to, those developed by the Global Health Cluster.¹

The annexes and additional documents on the accompanying CD-ROM provide essential complementary information.

Different bullets indicate different types of information or guidance:

- ✓ = principles; what needs to be kept in mind
- ☑ = action points; what needs to be done
- ☹ = what to avoid
- 📖 = reference documents; where to look for further guidance
- = components of the issue being discussed
- 💻 = web site address

¹ The “common gaps” boxes at the start chapters 2 to 8 are reproduced from *Gap guidance materials: assisting the health sector coordination mechanism to identify and fill gaps in the humanitarian response* (Global Health Cluster, 2008). They present common gaps found in ten country case studies covering field operations during the period 2004 to 2007.