This strategic framework was developed by a drafting team based on the recommendations of the Global Health Cluster partners retreat held in Geneva in October 2013, taking into consideration the Health Cluster Coordinators’ forum held in June 2013, and in line with the new guidance emanating from the Transformative Agenda protocols.
Background

The Global Health Cluster (GHC) partnership has a solid history in humanitarian action. Since its establishment in 2006, member organizations have promoted and supported collective action by working together globally and at the country level to ensure more effective, efficient and predictable health interventions in emergencies.

Partners have collaborated on effective field operations in many emergencies including the recent Level 3 Emergencies (e.g. Typhoon Haiyan in Philippines), production of practical technical guidance (GHC Guide), and important strategic initiatives (e.g. Foreign Medical Teams). Health cluster coordinators have been trained and deployed across the world where the cluster system has been activated.

Important measures have also been taken in recent years by the World Health Organization that have moved the work of the GHC forward, including the adoption of the World Health Assembly resolution on humanitarian health (resolution 65.20 of May 2012) and the introduction of the Emergency Response Framework (ERF). This has dovetailed with encouraging progress across the humanitarian system, particularly linked to the reforms of the Inter-Agency Standing Committee (IASC) and the Transformative Agenda (TA). The TA has been associated with greater commitment to collective action and accountability by IASC members, has strengthened system-wide response mechanisms and driven more constructive donor engagement. The TA faced its first major test in response to Typhoon Haiyan in the Philippines in November 2013, and most of its protocols and measures were considered to have been validated. WHO and many of the GHC partner agencies have revised their own internal policies and procedures to align with the guidance of the TA.
Managing Complexity and Change

Alongside these positive developments, the past few years have seen an increase in the complexity and scale of humanitarian emergencies. The Arab Spring and political turmoil/conflicts in the Middle East and North Africa (e.g. Libya, Syria, Yemen) as well as in Africa (e.g. Central African Republic, Democratic Republic of the Congo, Mali, South Sudan) have had significant impacts on health, including major population displacements, with the number of refugees and internally displaced now at the highest levels for 15 years¹. At the same time, climate change has resulted in more frequent and severe droughts (e.g. Horn of Africa, Sahel), floods (e.g. Pakistan) and windstorms (e.g. Myanmar, Philippines). Similarly, some of the most devastating earthquakes (e.g. Haiti) and tsunamis/tidal waves (e.g. Indonesia, Japan) ever documented have occurred over the past decade. In recent man-made crises, there is a trend of increasing insecurity and violence with more and more shrinking humanitarian space with an exacerbation of attacks against health workers and healthcare facilities.

Consequently, the international humanitarian system has never been so overstretched. In 2013 alone, the IASC Principals declared three “Level 3” emergencies (Syria, Philippines, CAR), with South Sudan declared Level 3 in February 2014. In December 2013, the UN and its partners launched the largest aggregate humanitarian appeal in its history - requests totalling US$12.9 billion to assist 52 million people in 17 countries.

As the international health community, we have been called upon to respond to acute, sudden onset “mega” emergencies as well as to provide consistent, quality support to crises that are protracted over years, or even decades. Over the last decade, more and more emergencies occur in middle income countries with disease patterns comparable to the industrialized world, requiring response to chronic conditions (heart diseases, renal diseases, cancer treatment, etc) and requiring the humanitarian health organizations to engage in and support the provision of secondary and tertiary healthcare services to emergency affected populations, and respond to more costly health conditions (Libya, Syria etc). Furthermore, the expectation for our organizations is not only to provide health services to affected populations during emergencies, but to also actively participate in and contribute to coordination mechanisms.

While demands on humanitarian actors have increased substantially over recent years, clear gaps exist in health sector response capacity at global and country levels, and donor funding has not expanded proportionately to meet growing needs. Providing the necessary health services across the many affected populations in need and the ability to scale up services and coverage when emergencies escalate is a challenge for all.

¹The population of concern to UNHCR is currently the highest in history: UNHCR Mid-year Trends 2013 http://www.unhcr.org/cgi-bin/texis/vtx/home/opendocPDFViewer.html?docid=52af08d26&query=all%20time%20high
Many multi-sectoral organizations have gone through their own prioritization exercises which may result in a less focused emphasis on health in emergencies. Issues around access and security also hamper our ability to reach the most vulnerable. Moreover, financial resources for the health sector remain insufficient to meet overall needs. Over the past decade, support for the health sector through the consolidated appeals process has averaged 49%, while the average for all sectors has been 67%.2

Reinvigorating our commitment to effective response to health emergencies

The current and potential demands on our humanitarian health community present significant challenges and opportunities for the GHC over the next two years. They also pose several important questions:

- What steps are required for the GHC partnership to expand its capacities to respond predictably and effectively to humanitarian emergencies?
- How can the GHC partnership collaborate to address clear gaps in health service coverage in protracted emergencies?
- What is the responsibility of each GHC partner to revise its own internal policies and procedures to ensure alignment with system-wide reforms and enable more predictable surge capacity?
- How can the quality of humanitarian health action be ensured in multiple and diverse environments?
- How can the GHC better demonstrate and document its effectiveness, efficiency and accountability at field level?
- How can the GHC partnership ensure predictability timeliness and effectiveness when responding to level 3 Emergencies?
- What gaps exist in the areas of strategic and technical guidance, in light of these developments?

The answers to these questions require more than ever before, the GHC partners to renew commitment to collaborative action that will address these gaps and challenges both at global and country levels. It is important for the GHC to review the partnership’s overall vision, mission and strategic priorities for ensuring effective, efficient, predictable and accountable humanitarian health action. Most importantly, they demand concrete actions by individual agencies to play an active and constructive role in the partnership.

Global Health Cluster Vision

The vision for the GHC moving forward is:

“The global health partnership for minimizing mortality, morbidity and disability due to humanitarian emergencies, while promoting the well-being and dignity of affected populations”

Global Health Cluster Mission

The GHC will be guided by the following mission:

“The Global Health Cluster works to minimize the health impact of humanitarian emergencies. The partnership strengthens global capacities for emergency preparedness, response and recovery, engages in collective and coordinated field operations, and advances the evidence base and practice in preparing for, responding to and recovering from humanitarian health crises. Partners are committed to act in support of national capacities and to be accountable to those we serve.”
An investment in performance: Strategic priorities, 2014 - 2015

The GHC has identified five strategic priorities for 2014 – 2015:

I. Strengthen and expand the global capacity for effective humanitarian health action;

II. Strengthen technical and operational support for country health clusters and coordinators;

III. Improve the standardization, quality and timeliness of humanitarian health information;

IV. Address strategic and technical gaps

V. Enhance the advocacy role of the GHC

How will we invest?

GHC operational commitments for 2014 – 2015

For each strategic priority, the GHC partners will make several commitments over the next two years

We will have the right expertise in the right place at the right time

**Strategic priority I:** Strengthen and expand the global surge capacity for humanitarian health action during emergencies by:

- Strengthening and expanding the surge model for Health Cluster functions at national and sub-national levels
- Strengthening our internal systems to increase the surge capacity of our organizations to respond in a timely and effective manner.
- Increasing the number of Country Health Clusters with a shared leadership model at national and sub-national levels
- Mapping health service gaps consistently during humanitarian operations, develop contextually appropriate strategies to address them in the response and prevent them in the future
- Expanding the GHC partnership through active outreach to additional operational agencies
- Support efforts by partners to strengthen the response capacity of national and local actors
We will manage more effectively

**Strategic priority 2:** Strengthen technical and operational support for Country Health Clusters and Coordinators by:

- Developing the requisite structures and systems to provide consistent technical and operational support to Country Health Cluster Coordinators and their teams, and ensure a consistent quality of personnel
- Strengthening systems and processes to provide technical and operational support to each GHC partner at country level
- Conducting regular joint support and evaluation missions in support of Country Health Clusters

We will know more and promote health impact

**Strategic priority 3:** Improve the standardization, quality and timeliness of humanitarian health information by:

- Finalizing and mainstreaming systems for standardized reporting, analysis and communication of country health data, and key information (such as 3W) from response to emergencies
- Agreeing on core indicators to monitor health sector performance
- Ensuring partner contribution to all relevant health information activities and products, e.g. joint assessments, 3Ws, Health Cluster bulletins
- Monitoring the performance of each Country Health Cluster annually, using the Cluster Performance Monitoring Tool (CPMT)
- Producing regular updates and information products
- Production annual health cluster compendiums

We will hold ourselves more accountable to our stakeholders

**Strategic priority 4:** Address strategic and technical gaps by:

- Finalizing the classification system and standards for Foreign Medical Teams.
- Developing a strategy for health sector response in drought and slow onset crises.
- Developing an accountability to affected populations framework in the health sector.
- Identify other priority gaps in strategic and technical guidance and propose a plan for addressing them.
- Revising the GHC Guide, in line with the Transformative Agenda, with
delineation by response to rapid onset and slow onset crises to deliver more
effectively.
- Explore more synergies and close collaboration with other humanitarian
clusters including WASH, Nutrition and Food Security clusters.

We will explain, defend and promote our work

**Strategic priority 5:** Enhance the advocacy role of the GHC by:

- Advancing issues and concerns identified by country operations.
- Advocating for resources needed to address gaps in health response in acute
and protracted emergencies
- Promoting the work of the Health Cluster partnership to the general public
and to our stakeholders