Opening remarks from

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Commitments

• Pro-actively bridge the humanitarian development divide & build capacities at all levels.

• WHO re-iterated CLA commitment to capacitate cluster – staffing, technical expertise, planning, IHR (at all levels).

• Expectation of Health Cluster is to convene operational partners & drive operations in a coordinated, timely, efficient and accountable manner.

• Coordination solutions: more concrete action to strengthen coordination through alternative mechanisms and build capacities for this.

• Adhere to and promote PSEA obligations at all times.
COUNTRY RESPONSES

• Dialogue between development and humanitarian partners in fragile states and protracted crisis from preparedness to transition (all phases of humanitarian cycle). This needs to be a two way commitment.

• Ensure that all local actors understand humanitarian processes and how they can engage and benefit from them – this can happen before any crisis (fragile states and protracted crisis).

• Advocacy / information sharing for global level development partners on how to engage with humanitarian partners global and country level.

• Contingency planning – strong leadership for multi-sectoral planning essential. Health sector can influence this.

• Ways HC can help: coordination; advocate within IASC system to help overcome registration of NGOs; facilitate engagement with local partners (translation, capacity building and outreach); work with other clusters (e.g. logistics) to distribute goods.
SAG & TASK TEAMS

- Partners to commit to join SAG and Task Teams and support implementation of the GHC work-plan.
- Partners to document experiences, analysis and lessons learnt on cash-based interventions in health.
- Essential package – intensify support to country health clusters.

PHIS

- PHIS TT to develop a timeline for strategic action on how to implement country roll-out and PHIS Consortium.
- Build the capacity to have larger cadre of qualified IMOs.
- Explore sharing of IM capacities among the ‘life saving’ clusters.
SRH and GBV

• Develop range of indicators for SRH adaptable to all emergencies contexts.

• Concentrate on ensuring that the basics are covered before we spread us too thin.

• Develop clear operational guidance to have an operational approach for interaction among different coordination groups related to GBV.
Response Option Analysis Process (ROAP)

- Multi-Purpose Cash (MPC) can improve overall public health but cannot replace the need to provide health services.

- Important that health experts are part of discussion on cash and MPC to ensure health service needs are supported.

- One single agency cannot support cash-based programming (from survey to assessment and response modalities and evaluations).

- Cash-Cap Advisor
INTER-CLUSTER and CHOLERA

- Health Cluster and Logistics Cluster to ensure sharing of information and communications among the two platforms
- Partners to share pipeline information timely and promptly
- Preparedness plan to include logistics aspects
- Development partners’ knowledge and capacities to be taken into account
- Link with WFP to share existing processes
- Partners to engage in the development of the WASH/Health joint operational framework

- Partners to understand Road Map to End Cholera 2030, revised cholera kits and pass information to country level
- Reconsider the use of filter paper as transport media in non-accessible area
- Ensure better triangulation process with WASH cluster indicators
PARTNERS’ CAPACITIES – QUALITY OF THE RESPONSE

- To explore how UNICEF South Sudan supportive supervision project can be adapted to other emergencies contexts.
- To explore whether Iraq tool can become a global tool - adapted and used in other countries. GHC and GNC to collaborate on this.
- Monitoring teams to include MOH, WHO, donor representatives depending on the context.
- EPHS TT to look at various tools, harmonise them and develop a global quality tool.
- Consider national capacity vs international capacity in EMT accreditation.
- Elaborate follow up actions when noncompliance to agreed standards.
ADVOCACY

- SAG to discuss scale of activities and mechanism to support implementation
- SAG to consider who can be focal point for advocacy
- Partners (with strong advocacy arm) to consider engagement and how to support the strategy implementation
- Discussion SAG/partners on the way forward
- GHC unit to develop advocacy concept note to mobilize seed funding – this to include advocacy focal point to be placed with GHC unit to move the strategy forward