Sixth Strategic Advisory Group
Face-to-Face Meeting (8 March 2018)

Note for the record

<table>
<thead>
<tr>
<th>Attended:</th>
<th>Apologies:</th>
<th>GHC Unit (GHCU):</th>
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<tr>
<td>Rachael Cummings (RC)</td>
<td>Dorit Nitzan (DN)</td>
<td>Linda Doull (LD)</td>
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<td>Wilma Doedens (WD)</td>
<td>Jorge Martinez (JM)</td>
<td>Elisabetta Minelli (EM)</td>
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<td>Andre Griekspoor (AG), co-chair</td>
<td>Pierluigi Testa (PT) – stepped</td>
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<td>Trina Helderman (TH)</td>
<td>down February 2018</td>
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<td>David Lai (DL)</td>
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<td>Sonia Walia (SW)</td>
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### 6.1 Update on current GHC status

**Discussion**

LD updated the SAG on progress against 2018 work-plan activities, highlighting those on track, on hold or delayed and focusing on the implementation challenges. Whilst progress continues, it is slow with important gaps and insufficient action in some areas (e.g. multi-stakeholder event, external evaluation of cluster performance in protracted crisis, guidance on transition and deactivation, resource mobilization strategy).

LD described the financial status as of March 2018 and noted that WHO flexible funding is less than expected with WHE receiving 40% of total requirements for the new

**Decision**

- SAG to draft questions for WHE Director of Emergency Operations to be answered at GHC Partner Meeting, 17-18 April, Brussels.

**Action**

- SAG to send LD the questions by 21 March.
- LD to inform EMO Director.
- SAG members to send to GHC unit feedback on resource mobilization strategy and re-prioritization of GHC work-plan deliverables to GHC unit by end March.
biennium, most of which has been allocated to WHO Country and Regional Offices to support the roll-out of the WHE Country Business Model and related recruitments. No activity funding has been received – as such the GHC is currently wholly dependent upon restricted funding to implement the work-plan and Secretariat functions previously mainstreamed by WHO.

LD also reported on the reduction in staff capacity due to inability to recruit against the vacant P4 Technical Officer post due the current recruitment freeze. Consultants are being hired to implement specific work-plan deliverables, including previously WHO supported information management activities (partner capacity survey) following the unexpected withdrawal of support by WHE Health Information Management.

LD therefore asked the SAG to consider:
- WHO’s strategic vision for coordination support and partnerships
- the extent to which WHO appears to be fulfilling its Cluster Lead Agency obligations to support and mainstream core cluster functions
- Resource mobilisation plans
- Re-prioritisation of GHCU work-plan deliverables

SAG members noted the situation and discussed the possibility of requesting clarification from WHE senior leadership on the following:
- What is WHO longer-term vision on coordinated responses to health crisis? What is WHO vision on partner work-plan deliverables.
coordination – beyond the current GHC Strategy timeframe (2017-2019)?
- How is WHO planning to mainstream funding for Health Cluster support within its CLA responsibilities?
- What is the role of partnership officers at regional level – given the decentralization of funding?

**Task Team reports.**
SAG noted the reports from the Capacity Development Task Team (CD-TT), Remote Monitoring and Programming Task Team (RM-TT), as well as the Public Health Information Services Task Team. SAG members questioned the need for continuation of the CD-TT and the RM-TT given the results achieved so far. It was suggested that both Task Teams consider discontinuation at the upcoming face-to-face meeting on 16 April, and discuss how partners can continue to effectively contribute to delivering results.

AG provided an update on the work of the Cash-based Interventions and Essential Package of Health Services Task Team.
- EPHS: position paper finalised; background documents to be posted on GHC website.
- Cash: position paper yet to be finalised; working on secondment of a Cash CAP personnel for 9 months

SAG recommended that AG present the key messages of the Cash and EPHS papers at the GHC Partner Meeting; and that a ‘how to guide’ for Health Cluster Coordinators (HCCs) may be needed highlighting the points to facilitate HCCs decision-making on cash and EPHS.

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<tr>
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<th>CD-TT and RM-TT to discuss discontinuation at the 16 April meeting.</th>
<th>GHC unit to liaise with CD-TT and RM-TT to discuss SAG’s recommendation.</th>
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<td>All Task Teams’ outputs, rather than process, to be reported at the GHC Partner Meeting.</td>
<td>GHC unit to liaise with Task Teams to prepare their report at the GHC Partner Meeting focusing on products/outcomes.</td>
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- AG to present on Cash and EPHS at Partner Meeting and Health Cluster Forum
- GHC unit to liaise with CD-TT and RM-TT to discuss SAG’s recommendation.
- GHC unit to liaise with Task Teams to prepare their report at the GHC Partner Meeting focusing on products/outcomes.
### 6.2 Resourcing for the Health Cluster

SAG members noted the challenging financial status and noted that a resource mobilization strategy for the Health Cluster is not in place.

SW questioned whether the GHC is sustainable in the long run, considering strong reliance on OFDA funding that is expiring in 2019, after having heavily supported the GHC Strategy for three years 2017-2019.

- No decision on the resource mobilization strategy development.
- SAG members to write to GHC unit on next steps on resource mobilization strategy development.

### 6.3 Public Health Information Services (PHIS) Standards roll-out and PHIS Consortium

B. Pavlin, PHIS Task Team chair, presented an update on the current status of the PHIS roll-out and lessons learned (see presentation). HIM and EMO departments have been advocating for PHIS standards throughout the organization and the standards have been adopted as WHO standards – included also in WHE monitoring framework. Presentation at Global induction of Heads of WHO Offices is planned to be the next step.

SAG members noted the progress and congratulated the PHIS Task Team. Questions were raised on the Integrated Information Management Team (IIM team) that aims to support to both WHO and Health Cluster. There is a perceived risk that, the Information Management Team Lead may act as a gate keeper and add an additional unnecessary level of reporting for the Information Officer, who would have to report to this person, rather than current

- Additional clarity on the Integrated Information Management Team required.
- Additional clarity on PHIS consortium and PHIS roll-out implementation plan required.
- There was no final discussion/decision on the way forward on PHIS standards roll-out.

- SAG members to share additional questions/concerns about the IIM team with GHC unit for further discussion with the HIM department by 21 March.
- SAG members to share additional questions/concerns about the PHIS consortium with the GHC unit for further discussion with the HIM department by 21 March.
practice of directly reporting to the Health Cluster Coordinator.

O. Morgan, HIM Director, underlined that an IIM team aims to strengthen information management as one of WHO core functions in its role as Cluster Lead Agency. The whole team should be at the service of the Health Cluster. The IMO dedicated to the Health Cluster should just serve as the entry point for Health Cluster requests, according to a matrix approach.

O. Morgan also introduced the PHIS Consortium concept, its governance and plan. The consortium will provide additional technical support, development of tools and services; and support for the PHIS standards roll-out.

B. Pavlin updated the SAG on the next phase of PHIS implementation including proposed roll-out in 15 countries in one year; mostly through remote support. It was noted that some countries still have no IMO and that WHO country office relies heavily on stand-by partner’s staff, which is not a sustainable solution.

SAG asked for further clarification on this implementation plan, especially considering the lack of resources, once OFDA-1 funding ends in September 2018.

LD asked the SAG to decide on the way forward for the PHIS standards roll-out, in view of the GHC Strategic Priority 3 related to information management, the current WHO role and plan, and the mentioned financial constraints.

• PHIS TT to provide an update at the GHC Partner Meeting on PHIS standards roll-out (progress, challenges and next steps) and on the PHIS consortium (governance and roll-out plan, including a timeline).
### 6.4 Inter-cluster and multi-sector programming

LD provided an update on current implementation status. Consultant on WASH/Health joint operational framework (JOF) is about to be hired. Consultant Terms of Reference for Nutrition/Health JOF are being drafted in collaboration with WHO nutrition department. GHC awaiting feedback from Protection cluster on actions related to GBV, MHPSS and victim assistance in the context of mine/explosive remnants of war.

SAG members appreciated the progress - although delayed - in developing the joint operational frameworks.

- GHC unit to share WASH/health consultant TORs with SAG.

### 6.5 Partners’ capacities

LD provided an update on the HC partners' capacity survey. A consultant was hired to conduct the first phase of the survey - international partners - to start in March.

SAG discussion focused on the quality aspect of partners' work and the following examples were reported:

- Quality assurance assessment and the use of Balanced Scorecards in the Iraq Health Cluster
- Supportive supervision, corrective action in a UNICEF project in South Sudan

- GHC unit to include the quality related examples in the GHC Partner Meeting session on partners’ capacities.
- GHC unit to inform ECHO about the scope of this session of the GHC Partner Meeting.

**Health Cluster Support Programme.**

RC gave an update on the HCSP (877,095 euros from ECHO for the period Jan 2017-Dec 2018 to cover surge of 5 staff, either IMOs or sub-national coordinators). So far 3 staff

- Review of current surge mechanisms to be conducted to inform GHC’s decision on how
deployed, one about to resign and the other two to be re-deployed for a second time after first deployment ends (currently IMO in Somalia and sub-cluster coordinator in Sudan). Additionally, HCSP is exploring possibility to funding additional consultants to cover vacant IMO and sub-cluster coordinator’s positions.

RC informed that SCUK will not continue this project after December 2018, as European Union will no longer provide funding to UK NGOs because of Brexit.

LD mentioned a review of alternative surge mechanisms is included in work-plan 2018-2019, but currently there is no funding to carry it out.

6.6 GHC Advocacy Strategy 2018-2019

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<td>LD presented the final draft of the GHC Advocacy Strategy 2018-2019 developed by the consultant, taking into consideration the first draft from HelpAge, and in collaboration with Mary Pack, IMC, at the end of 2017.</td>
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<td>• SAG members to provide any feedback and final endorsement of the strategy to the GHC unit by 21 March.</td>
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<td>LD invited SAG to provide any feedback and to endorse the strategy. The strategy will be presented at the GHC Partner Meeting, and discussion will be on how at global level the Health Cluster shall advocate about the three priorities.</td>
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<td>• Mary Pack to present strategy at the GHC Partner Meeting and seek consensus on how we take advocacy forward.</td>
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### 6.7 GHC Partner Meeting

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<td>SAG reviewed the draft agenda and proposed the attached suggestions.</td>
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<td>• GHC unit to recirculate agenda among GHC partners by 21 March.</td>
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<td>In particular, SW proposed that reference is made to the current situation of sexual exploitation and abuse in the humanitarian sector. SAG concurred that reference has to be made to this issue in the GHC Partner Meeting, probably both during the EMO Director’s update, as well as a separate session on what partners think should be the role of the Health Cluster to ensure adherence to the various minimum standards.</td>
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<td>LD referred to the Health Cluster Operational Guidance on Accountability to Affected Population that includes a reference to upholding the policy on 'Prevention of Sexual Exploitation and Abuse' (PSEA).</td>
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<td>About partners’ suggestion on the agenda, - International Faculty of Humanitarian Medicine, Prof Tony Redmond – SAG shall hold a call to ask for additional information; - Displacement Tracking Matrix – IOM shall be invited to produce a poster rather than a presentation during the meeting; - Global Fund – Health/Logistics clusters to be included in the inter-cluster session.</td>
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- **GHC Partner Meeting**

- **Discussion**

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- LD referred to the Health Cluster Operational Guidance on Accountability to Affected Population that includes a reference to upholding the policy on 'Prevention of Sexual Exploitation and Abuse' (PSEA).

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- **Decision**

- **Action**

- • GHC unit to recirculate agenda among GHC partners by 21 March.
### 6.8 Governance issues (item added to agenda)

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<td><strong>SAG members’ terms</strong>&lt;br&gt;SAG revised current members' terms. TH and SW's terms are coming to an end in September 2018. SAG discussed that in order to ensure the continuity of SAG work, SAG members could be re-elected for an additional two-year term. SAG suggested that SAG Terms of Reference be revised to include the possibility for SAG members to serve for an additional two year term. In addition, a vacancy for Pierluigi Testa’ seat needs to be opened for nominations and election.</td>
<td>Process to take place after GHC Partner Meeting in April 2018.</td>
<td>• GHC unit to issue call for nominations for 1 NGO/non-UN operational partners seat. • SAG members to send feedback to the GHC unit on the process to allow an additional two year term for SAG members by 21 March.</td>
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<td><strong>SAG Co-Chair</strong>&lt;br&gt;A request for expression of interest for this post was sent by the GHC unit prior to the SAG meeting. No expression of interest was received for the time being. It was not discussed how to take this forward.</td>
<td></td>
<td>• GHCU to ask SAG how to take this forward.</td>
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<td><strong>Interest in joining the GHC</strong>&lt;br&gt;LD reported that the GHCU received the following expressions of interest to join the GHC:&lt;br&gt;• IPAS&lt;br&gt;&lt;br&gt;SAG recommended that GHC unit request more information on how IPAS coordinates at country level, especially where a health cluster/sector is activated.</td>
<td></td>
<td>• SAG to provide any additional feedback / request for clarification on IPAS to GHC unit by 16 March. • GHCU to request more information as suggested.</td>
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Meeting closed one hour earlier to allow some SAG members to leave to get their flights.