GHC MULTI-YEAR STRATEGY 2017-2019 SURVEY

SUMMARY RESULTS
Survey responders

Individuals invited to respond: 151
**Full/ completed responses:** 55
Incomplete responses: 50

<table>
<thead>
<tr>
<th>What type of GHC stakeholder do you belong to? Please select all categories you belong to.</th>
<th>Count</th>
<th>Percentage</th>
</tr>
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<tbody>
<tr>
<td>Strategic Advisory Group member</td>
<td>7</td>
<td>6.67%</td>
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<tr>
<td>Global Health Cluster member</td>
<td>31</td>
<td>29.52%</td>
</tr>
<tr>
<td>Global Health Cluster associate</td>
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<tr>
<td>Global Health Cluster observer</td>
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<tr>
<td>Global Health Cluster Task Team member</td>
<td>24</td>
<td>22.86%</td>
</tr>
<tr>
<td>Health Cluster Coordinator</td>
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<td>22.86%</td>
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<tr>
<td>Health Cluster Co-Coordinator</td>
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<td>4.76%</td>
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<td>Global Health Cluster unit</td>
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<td>5.71%</td>
</tr>
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<td>WHO Regional Adviser</td>
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<td>WHO Regional Emergency Directors</td>
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<td>WHO Emergency Operations Department</td>
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<td>WHO Country Office Head</td>
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</tr>
<tr>
<td>Other Global Clusters</td>
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<td>3.81%</td>
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</tbody>
</table>
Section 2: REFLECTION ON GHC STRATEGIC PRIORITIES 2014-2016

- **SP1** - Strengthen and expand the global capacity for effective humanitarian health action
- **SP2** - Strengthen technical and operational support for country health clusters
- **SP3** - Improve the standardization, quality and timeliness of humanitarian health information
- **SP4** - Address strategic and technical gaps
- **SP5** - Enhance the advocacy role of the global health cluster
- **Cross-cutting** - GHC effectively coordinated and resourced to achieve strategic priorities
SECTION 2: REFLECTION ON GHC STRATEGIC PRIORITY 2014-2016

**Good**

- PHIS global standards have been developed.
- Joint HC and IM training
- GHC has directly supported national HC capacity building,
- GHC has been effective in convening partners GHC meetings were well organised and interesting
- Health cluster branding and website
SECTION 2: REFLECTION ON GHC STRATEGIC PRIORITIES 2014-2016

Challenges

- Need for increased staff at the country level (both national and sub-national)
  - No career track and no mentorship
  - Need for common toolbox
- Development of standards seems top down prescriptive
- CCPM implementation rate should be improved
  - New areas require development of policy and technical guidance e.g. Cash, remote management.
- There is no GHC advocacy plan.
  - Need for an agreed methodology to report on attacks.
  - More training (coordination and technical)
  - Guidance for Country Offices is critical.
SECTION 2: REFLECTION ON GHC STRATEGIC PRIORITIES 2014-2016

Room for improvement

• Partners need to understand what the GHC need and want from partnership.
✓ Stronger links with other clusters
• Stronger reporting and communication
✓ E-learning to be developed
✓ Standardization and access to IM guidelines
• HeRAMS do not seem to produce the expected results although it is a tool that shows tremendous potential
• GHC multi-year strategy should encompass the different needs of the levels and types of emergencies and response globally
✓ The HCC Guide to be finalised
• Funding strategy should be equal for sudden onset and protracted crises.
✓ Closer engagement with other networks.
✓ Health Cluster Forum should be made a more regular endeavour
Section 3: SUPPORT TO COUNTRY HEALTH CLUSTERS/SECTORS
Section 3: SUPPORT TO COUNTRY HEALTH CLUSTERS/SECTORS
6 CORE FUNCTIONS CLUSTER AT COUNTRY LEVEL + ACCOUNTABILITY TO AFFECTED POPULATIONS
(Respondents = 66)

Good
• GHC is supportive to country clusters
• Strong work done on identifying advocacy concerns at country level
• Provision of HCC and IM training
• Development of IM standards
Section 3: SUPPORT TO COUNTRY HEALTH CLUSTERS/SECTORS
6 CORE FUNCTIONS CLUSTER AT COUNTRY LEVEL + ACCOUNTABILITY TO AFFECTED POPULATIONS
(Respondents = 66)

Challenges
• Very limited number of countries are producing evidence-based programming.
• Lack of analysis and prioritisation of identified needs prevents continuity and adequate follow-up.
• HRP processes should be further supported by GHC.
• Advocacy key messages have not been developed.
• Development of practical guidance at the global level on some technical issues would support the core functions.
• Lack of IMO capacity seriously hurts efforts.
• Limited funding available.
• A more consistent effort leading to more predictable, reliable responses during disasters is needed; national capacity to respond needs to be a priority.
• Increase accountability to host populations.
**Room for improvement**

- It is important to extend **support to the forgotten emergencies**
- GHC was **not often directly supporting** clusters in any of the Cluster functions.
- **Strengthen sharing tools** and **resources**.
- Support visits need to be better planned through the year.
- **Stronger engagement with HCT and HC/RC** are required to keep health relevant at all times
- **Stronger awareness raising** is needed among stakeholders at country, regional and global level
Section 4: Looking forward
How the Global Health Cluster can ensure delivery against the pledges made at the World Humanitarian Summit in May 2016?
Section 4: Global Health Cluster pledges made at the World Humanitarian Summit

**Pledge 1** - To **accelerate collective action** – grounded in humanitarian norms – to increase the life-saving impact of humanitarian assistance.

**Pledge 2** - To **strengthen capacity** to deliver essential health service packages and to prevent, detect and response to all major health threats

**Pledge 3** - To **enhance multi-sectoral programmes** to meet complex needs

**Pledge 4** - To **increase community engagement** to understand risks and vulnerabilities and inform programming.

**Pledge 5** - To robustly **monitor programme effectiveness** using technically sound indicators.

**Pledge 6** - To **protect access to health care** by monitoring attacks, advocating for change, and applying strategies to deliver health services in difficult to access environments.
Global Health Cluster World Humanitarian Summit Pledges

- **Capacity building** aimed at government and civil society groups
- Advocacy with the local authorities
- **Standardised tools** including, PHIS standards, collection tools, health indicators, monitoring, incorporate risk mapping
- **Strengthen collaboration** with other clusters/sectors; integrated multi sector assessment and programming
- Enhance and **improve partnerships** at country level (NGOs in co-cluster coordinator.)
- Improve **multi-sectoral / inter-sectoral collaboration**
- Better **communication and advocacy** with local partners
- Improve preparedness
- Improve **linkages with Global Health Security partners**
- **Innovative** approaches for service delivery.
- **Prioritize the vulnerable** groups.
- Promote **transparency neutrality and impartiality**.
Section 5: Partnership and Inclusivity
Increasing the capacity of national / local responders

- Mapping and assessing needs; capacity building
- Involve local partners when developing response; increase advocacy and resource allocation
- Develop and disseminate guidelines
- Preparedness & contingency planning, capacity development in assessment of risks and vulnerabilities

Engage and support partners in co-ordination at national and sub-national level?

- Fund co-ordination
- Engage with local partners
- Training
- Mapping gaps
- Responsibilities on both sides to ensure that it works
How can the GHC strengthen *partner engagement* at country and global levels?

- Provide **trainings** to local partners on cluster coordination
- Stakeholder **mapping** and analysis
- Improved timely **communications** among partners.
- To **work more closely with partners** on the ground and involve them more in decision making and monitoring/advocacy.
- Be held **accountable** for adhering to the **principles of partnership**.
- Understand the **comparative advantages** of each partners
- Requests partners to **induct their staff in the health cluster**, especially those who will be representing the organisation in the cluster.
Section 5: What can the GHC do to strengthen *inter-cluster coordination at country and global levels*?

- Develop **specific guidance for Clusters for inter-cluster coordination**
- Engage other sectors with a **multi-sector approach** to problems.
- Encourage HCCs to take the lead in the **development and implementation of joint projects and activities** with other clusters to address common needs in relevant settings
- Take a **health outcomes approach**, with more involvement with related clusters like WASH, food security, nutrition
- Undertake **joint or inclusive assessments, programming and resource mobilization**.
- **Simplify structures** and ensure adequate capacity at central and decentralized level ensuring adequate supervision and follow up
- Provide **leadership** and support country clusters partners in the effective and efficient delivery of assistance to affected people
Section 5: What can the GHC do to strengthen cluster partners' accountability at national and global levels?

- Provide **leadership** and country and global levels.
- Support country clusters partners in the effective and efficient **delivery of assistance** to affected people.
- Provide **operational frameworks** that can be practically adapted to Country Health Cluster realities.
- **Joint and inclusive** assessments, work plans, contingency plans, resource mobilization
- Support linkages between **humanitarian and development coordination mechanisms**, minimising duplication and maximising synergies.
Section 5: Should the Global Health Cluster have a Global Co-Coordinator position fulfilled by a GHC partner?

Yes
- This will ensure the inclusiveness that is currently missing within the Cluster.
- It could be a great opportunity to ensure strong NGO participation.
- It would enable the GHCU to hold the WHO to account.
- Increase the GHCU capacity for a team that is currently too stretched.

No
- This is the work of the SAG mechanism to have important partners' insights in the different discussions.
- This will cause confusion on the field and lead to unhealthy competition among the lead and co-lead.

Don't know
- This position seems more relevant at country level where partners are helping for facilitation.
Section 6
Top Priorities for 2017-2019
(55 respondents x 3 priorities)

Resulting top priorities have been classified under 8 themes with the number of comments per theme listed.

1. Coordination and partnerships (43)
2. Guidance (37)
3. Capacity and training (28)
4. Advocacy and resources mobilisation (27)
5. Accountability (10)
6. Monitoring (6)
7. Preparedness. (6)
8. Miscellaneous (8)
Section 6: Other comments

- Tools to scale up and roll-out at country level.
- Multi-year planning should include resilience, preparedness, and recovery.
- Sustainable funding.
- Strengthen regional level role in health cluster coordination.
- Clear delineation between GHC and WHO.
- We need to consider how we better promote and use our advantage as a "collective" more effectively.