Regional Consultation for Networking and Coordination of Health Partners for Emergency Response

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HUMANITARIAN CLUSTERS

- In support of national coordination efforts.....
- Address gaps & increase effectiveness of response through partnership
- Predictable, organized, inclusive & respect humanitarian principles.
- Be a better partner for affected people, host Governments, local authorities, local civil society & resourcing partners.
• The **Global Health Cluster** is a platform for organizations to work in partnership to ensure **collective action** results in more timely, effective and predictable response to health emergencies.

• Currently supports 69.7 million people in 24 countries.

• Leverages **operational, technical and coordination** capacities of its partners <over 700>.

• Multi-sector collaboration – Nutrition, WASH, Food Security, Protection
HEALTH CLUSTERS IN SOUTH EAST ASIA REGION
PARTNER ENGAGEMENT & GAPS

Information for strategic & operational decision making:

• Needs assessment; gap & vulnerability analysis - *strengthen joint analysis*

• Response monitoring – *third party monitors?*

Support service delivery:

• *Technical expertise – but common gaps – trauma response; disability/rehabilitation, MHPSS, RH, outbreak response, community surveillance, Cash based programs – new partners?*

• *Rapid Response Teams – South Sudan, NE Nigeria, DRC, Somalia - multi-sector approach.*

• *Deep field presence – Syria, Yemen, South Sudan – invest in local partners*

Coordination support:

• *Sub-national & thematic: - predictable surge capacity & promoting local actors.*

Logistic Support: *rapid access to quality medicines.*
ADJUSTING TO THE CHANGING HUMANITARIAN ENVIRONMENT

- Government investment in preparedness
- Less IASC cluster activation / more ‘national activation’
- Trend towards Sector Coordination using a ‘cluster like approach’ – integrated within national emergency or recovery & development coordination structures.
  - Philippines – typhoon response & sub-national conflict
  - Madagascar – cyclone/floods & current plague outbreak response
  - NE Nigeria – conflict, food insecurity, multiple outbreaks, hard-to-reach population.

- Interface with Emergency Operations Centres?
COORDINATION STRUCTURE OF HEALTH CLUSTER PARTNERS

- NGOs
- Private structure
- Academic institutions
- Volunteers
- Researchers
- Other assistance to

To Ministry of Health and Population (MHOPI)
To WHO

Organisations are directed to health cluster coordination system
Health Cluster Coordination (co-lead: WHO and MHOPI)

- Participate in joint planning, matching to areas – geographical and technical; join specific working groups/sub-clusters, provide regular reporting.
- Cluster partners implement their contribution to the joint cluster plan and work closely with local health authorities in districts.
- End of operations if NGO was not originally tasked there.
- For NGOs with regular presence prior to emergencies – phase out emergency work and continue development work.

NOTE: some organisations directly deployed teams to districts/afflicted areas

PRODUCTS
- Situation reports from districts
- Health Cluster bulletin
- Situation reports
- Assessment reports
- Technical guidelines
- Mapping of facilities/services
- Surveillance reports
- Health information/communication materials

District health officers and WHO staff implement health cluster coordination at sub-national level
NE Nigeria Cholera Response Coordination

EOC assigns tasks to partners

C1: Technical Coordination Pub Health EOC (MoH & WHO & Technical and key Partners (UNICEF/MSF/OCHA))
- Epidemiological Surveillance and Ewarn System
- Case Management
- Social Mobilisation/ Psycho-social Support
- Water and Sanitation
- Logistic Support and supply forecasting /Security
- Infection control and safe burial

C2: MoH & Clusters: Health/WASH Inter Cluster (OCHA) with operational & relevant Partners (National & International)
- Situation Analysis & Recommendation for the response/ToTs
  - W4: Who is doing What Where and When?
- Joint Response Planning
- Joint Advocacy and resource mobilisation
- Coordination at district /local level
  - Crisis Communication
- Sectoral Information sharing & Communication Product
- Skills reinforcement & dissemination of guidelines
- Situation/capacity assessment in the field & interventions monitoring
- Response plan implementations/
- Support to investigation; Health structures (CTC/CTU ORS_Pt) M&E
- Community-based interventions
- Logistic support

Joint Response

C3: Epidemics Committee
HOW CAN HEALTH CLUSTER PARTNERS PROVIDE BETTER SUPPORT?

• Be clear on their comparative advantages, speed & flexibility.

• More focus in providing resources & technical assistance

• Help strengthen the coordination, technical and operational capacities of local, national & regional actors to prevent, prepare for, respond and recover from public health and humanitarian emergencies: access to resources/funding; technical assistance, operational approaches; quality standards; coordination.

• Pool resources – consortia approach.
HOW CAN SOUTH EAST ASIA REGION CONTRIBUTE TO GHC?

• Capitalise on all partner presence – pre, during & post event.
• Be clear on your needs & their comparative advantages.
  • Partner capacity mapping & gap analysis
  • Joint frameworks for common response scenarios
  • Promote ‘partner-to-partner’ investment
• Pre-define partner roles & coordination interface with EOCs
• Joint <multi-sector> training & simulation exercises
• Enable partners in response – access, materials, information.
1. Strengthen the coordination, technical and operational capacity of national-, regional- and global-level actors to prevent, prepare for, respond and recover from public health and humanitarian emergencies

2. Strengthen inter-cluster and multi-sector collaboration to achieve better health outcomes

3. Strengthen our collective and respective health information management

4. Address strategic and technical gaps

5. Strengthen health cluster advocacy at country and global level