

## Note for the Record

**Subject:** **Informal Consultation on the Tracking Service organized by WHO on Tuesday, 25 April 2006 at 15.00h (WHO Offices in Geneva)**

**Present:** *(in alphabetic order)*

- Dr Ala Alwan (WHO/HAC)
- Dr Samir Ben Yahmed (WHO/HAC)
- Mr Mark Bowden (OCHA)
- Dr Denise Costa Coitinho (WHO/NHD)
- Mr James Drummond (DFID, UK)
- Ms Orla Keane (Permanent Mission, Ireland)
- Ms Patricia Kennedy (WFP)
- Mr Mikael Lindvall (Permanent Mission, Sweden)
- Dr Daniel Lopez-Acuna (WHO/HAC)
- Ms Joanna Macrae (DFID, UK)
- Mr Peter Oldham (Permanent Mission, Canada)
- Mr Everett Ressler (UNICEF/EMOPS)
- Ms Flora Sibanda-Mulder (UNICEF)
- Dr Michel Thieren (WHO/EIP/MHI)

**Apologies:** (ECHO)

### Meeting Agenda

*Item 1:* A short briefing on WHO / HAC strategic approach and plan, followed by discussion.

Reference: **Briefing paper on the Impact of Emergencies and Crises on People's Health and Well-being - An Update on the current status, April 2006**

*Item 2:* Discussion on the Health Tracking Service draft proposal

Reference: **The draft proposal and the invitation letter sent to all participants**

1. Brief introduction of the document and the steps taken in putting the draft together.
2. Comments and discussion on the draft proposal and the way ahead.

### Discussion

Dr Ala Alwan, DGR/HAC, opened the meeting by welcoming the participants and by introducing the agenda.

He then made a 15 minute presentation on item 1 of the agenda, describing strategic changes in the way WHO manages emergencies and crises. He underscored WHO's commitment to a wider partnership in implementing the health agenda in humanitarian settings. The partnership is both internal by drawing on the wide expertise and operational potential available at WHO's technical departments both in Geneva and in the six regional offices, and external through the OCHA and IASC network and, more specifically, members of the Health, Nutrition, and Water and Sanitation Clusters.

The participants moved to the discussion of Item 2 related to the Tracking Service. Dr Lopez Acuna introduced the project's major directions and operating blocks. He, and Dr Alwan in his introductory remarks, emphasized that the project was still in its draft form and that the meeting was meant to provide input for the purpose of finalizing it. They also mentioned the remarks and observations received so far which related mainly to scope of the project and the specific mention of "nutrition" in the title. WHO's position is that tracking key nutritional indicators is a major component and that inter-agency partnership is the basis for the project.

All participants took the floor and made the following observations:

- They stated that they all share the same need for robust, independent data in order to inform their work. This initiative is potentially very important in meeting that need.
- In its current version, the draft was seen to be exclusively focused on "health". The Nutrition aspect needs to be specifically mentioned and re-inserted as a core component of the project. In this regard many participants welcomed the opening remarks made by WHO that Nutrition is an integral part of the project which will be reflected in the final draft. Accordingly, WHO agrees with the decision to change the title of the project proposal, thus becoming a "Health and Nutrition Tracking Service" and that this project is a partnership between the health and nutrition clusters.
- The current draft reads as though WHO is the manager and the home of the project. Although it is mentioned in the current draft that the project is based in WHO, it is clearly stated that it is a partnership and that its governance should be delegated to a steering committee in which the main stakeholders are represented. The IASC umbrella and endorsement are pre-requisites for its success.
- The role of ERC and OCHA merits clarification as it this is not clearly mentioned in the draft proposal. The same applies to country Humanitarian Coordinators and to the role of governments.
- There will be a need, in the future, to approach more actors who have expertise and experience in this field in order to ensure a wider basis for project "Buy In" and for implementation.
- The technical content of the project was viewed by many participants to be too ambitious with "global" components that are too large. This is also reflected in the budget which is seen by some as too expensive. Recommendations were made to simplify the project, having few indicators (focus on what is achievable) and expanding further once a solid building base is achieved, and linking where possible to existing (and funded) on-going work.
- Some participants recommended initiating the project in the countries where the rolling out of the cluster approach is being initiated and perhaps other countries where there is a need for health and nutrition tracking for monitoring trends and the impact of interventions and for informing the design of humanitarian action.
- Other technical comments concerned the roles of academia and whether they are included in the Steering Group, and those of major NGOs and IFRC and ICRC. In this respect the existing expertise available within WHO in coordinating normative aspects of health statistics was mentioned. In particular, the *modus operandi* of a "reference" or "peer review" or "expert working" group as stated under component 1 was further clarified to the participants. The purpose of such groups is to ensure accountability on methodological issues and to provide the necessary data auditing (review and transparency on methods and analysis) required for publicly disseminated statistics and data.
- The establishment of a small multi-partner technical group representing the main stakeholders to finalize the project proposal before its submission to the next IASC WG was recommended. This recommendation requires quick implementation in order not to further delay the project's finalization and implementation.

## **Conclusions and agreements**

In closing the informal consultation, Dr Alwan summarized the conclusions and the agreements reached by participants:

1. The title and the content of the project will be amended to include the "Nutrition" dimension as unanimously recommended by participants.
2. Stakeholders will comprise members of the health and nutrition clusters in addition to OCHA/IASC and representatives of interested donors.
3. There is consensus in starting with a simpler version with a limited scope and growing gradually.
4. A decision was reached to establish a small technical group designated by the main stakeholders to finalize the draft proposal taking into account the observations made above. The group will include representatives from WHO, UNICEF, FAO and WFP. A representative from one NGO from each of the health and nutrition clusters, IFRC, CDC, and donors will participate in the work of the technical group.
5. A draft of the final draft should be discussed and agreed by the health and nutrition clusters respectively.
6. The aim is to finalize the draft proposal in time to receive IASC WG endorsement at its July 2006 session.

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