INTER-AGENCY STANDING COMMITTEE

PRINCIPALS MEETING

Cluster Working Group on Health Executive Summary and Table of Cost Estimates

12 December 2005
Hosted by OCHA
Palais des Nations, Geneva

Circulated 7 December 2005

I Executive Summary

Improving outcomes. The Humanitarian Health Cluster's strategy will be delivered through a Joint Initiative to Improve Humanitarian Health Outcomes consisting of a prioritised action package of 20 inter-related measures to strengthen: early warning, preparedness, capacity building, assessments and strategies, country-based management, review, reporting and lesson learning; and advocacy and resource mobilization. WHO is the designated lead for the Health Cluster.

Gaps. Though the overall health sector is not formally a gap area, it can benefit from improved humanitarian response performance. There are, in addition, some relatively neglected sub-sectoral areas especially in relation to mental health and psycho-social support, management of gender-based violence (GBV), and women's' health. Action is in hand to address these areas.

Capacities for effective and predictable implementation will be strengthened through the internal readiness improvement plans of members, and agreements on delivering core commitments by them.

Response in selected emergencies. The Health Cluster performed relatively well in the response to the Pakistan Earthquake, especially in the areas of information management and situation reporting, coordination of service provision, and joint strategies and appeals.

Non-UN Actors involvement. At the global level, IASC Standing Invitees are considered to be an automatic part of the Health Cluster. In addition, six NGOs that specialize in health or are major humanitarian health players have also joined. There has also been substantial country level participation by NGOs in the Pakistan quake. The Cluster is actively promoting NGO inclusion through creating an enabling environment for their participation.

Future working modalities of the Humanitarian Health Cluster envisage criteria for new members and standing invitees, a steering committee, and a cluster facilitation cell to draw down technical expertise for the specific activities of the 2006 Work Plan.

Cross Cutting Issues. The Health Cluster is committed to integrate cross cutting issues, especially gender concerns, and HIV/AIDS. A workshop on gender and health is proposed during 2006. A special programme on "HIV/AIDS in Populations of Humanitarian Concern" developed with UNAIDS involvement will be brought alongside the Health Cluster.

The Health Cluster has established communication with the Nutrition and Water and Sanitation Clusters and joint work in relevant areas is under discussion.

Response Planning and Preparedness Measures. These are included as specific actions in the twenty-point Joint Initiative to Improve Humanitarian Health Outcomes. In particular, recognizing that human resources are an urgent and serious constraint, a common international "Health Emergency Action Response Network (HEAR - NET)" has been initiated with 32 agencies attending a pilot induction course held in Geneva in November.

Plan for phased Introduction. The Health Cluster prefers to calatalyse a steady and systematic improvement in delivering humanitarian health outcomes across the spectrum of crises and disasters. However, if the wider IASC process decides that a focus on certain countries or emergencies is necessary, the Humanitarian Health Cluster will play its full role, alongside the other Clusters and in association with the concerned Country Teams. This is in addition to emerging practice (following the South Asia earthquake), that the Cluster approach would be the default model for organizing international assistance in future major disasters.

What we would like to achieve in a year's time. The 2006 Work Plan of the Joint Initiative has 11 outputs consisting of defined products and services that can be delivered at a cost of approx US$4.25 million. In addition, the cost of providing benchmarked healthcare for a moderate-to-serious crisis-affected population of 500,000 is US$8.3 million for the first three months (per capita US$5.5 per beneficiary per month).

II Table of Cost Estimates

Global Costs / Component of IASC Appeal

1. **Cost of Lead of Cluster Role:**

   - Staff-time to deliver system wide products and services (Staff-time cost is already included under the costs outlined in the 2nd (Capacity Building) and 3rd (System-wide Costs) bullet points below, benchmarked at 33% maximum i.e. US$1.42 million)

2. **Capacity Building – Inter-Agency**

   - Training human resources HEARNET - US$1.2 million

3. **System-wide costs – of specific inter-agency products and services**

   - Emergency Health Information Service: US$ 0.25 million
   - Health, Mortality, Nutrition Tracking Service: US$ 2.1 million
   - Humanitarian Health Action Planning US$ 0.25 million
   - Lessons learnt and evaluations US$ 0.45 million

4. Global Strategic stockpile

- Costs included in Operation costs (below)

Per operation (financed from Appeal)

▪ Specific Coordination Costs:	US$ 700,000
▪ Equipment + Supplies:	US$ 750,000
▪ Deployment of Additional Staff:	US$ 5,800,000
▪ Public Health Assistance	US$ 750,000
• Tracking and Review	US$ 300,000
Total	**US$ 8,300,000**
Grand Total	**US$ 12,550,000**

Prepared by Cluster Working Group on Health – December 2005