

**CLUSTER WORKING GROUP ON  
HEALTH**

**EXECUTIVE SUMMARY**

**Circulated: 8 September 2005**

The Health Cluster Working Group was convened by WHO and included key personnel from the IASC Secretariat, ICRC<sup>1</sup>, IFRC, Interaction, IOM, IRC (representing ICVA, Interaction, and SCHR), OCHA, UNFPA, UNHCR, UNICEF, and WFP. Contact was maintained with other Cluster Working Groups to ensure appropriate read-across.

**Summary of Recommendations**

**A:** A Joint Initiative to Improve Humanitarian Health Outcomes is proposed - consisting of a prioritized 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.

**B:** A Humanitarian Health Cluster - under the umbrella of the IASC - should be established as a standing arrangement to progress the Joint Initiative to Improve Humanitarian Health Outcomes, with WHO as cluster lead agency.

**C:** The Humanitarian Health Cluster should have a Global Steering Committee of representatives from IASC member agencies, and additional invited NGOs; the Steering Committee would be convened by WHO in its lead agency role, and be accountable and report to the ERC and IASC.

**D:** The Humanitarian Health Cluster should be served by a modest-sized, dedicated Joint Secretariat located at WHO in Geneva, operating as an autonomous entity under the direction of the Steering Committee.

**E:** System-wide improvements should be implemented and reported-on by Health Cluster members to the ERC and IASC through (a) internal self-improvement agency plans; and (b) specific partnership arrangements to deliver agreed core commitments under the framework of the Joint Initiative to Improve Humanitarian Health Outcomes.

**F:** A framework for the Joint Initiative to Improve Health Outcomes and outline terms of reference for the Lead Agency, Steering Committee, and Joint Secretariat are proposed in this report. Subject to IASC endorsement, an inception phase from September to December 2005 would finalize all TORs and implementation plans, clarify the core commitments of Health Cluster member agencies, quantify and mobilize needed resources, establish the Steering Committee and an initial Shadow Secretariat, as well as initiate pilot flagship activities in benchmarks and standards, surge roster and training.

**G:** Subject to resources and capacity, fuller operational effectiveness of the Humanitarian Health Cluster could be anticipated from January 2006.

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<sup>1</sup> The ICRC's established policy on its independence and neutrality in humanitarian action while coordinating as appropriate with other agencies, was re-affirmed.