### MAPPING OF RELEVANT INITIATIVES

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Mandate/objectives</th>
<th>Structure</th>
<th>Membership/participants</th>
<th>Current priorities/focus/countries/key deliverables with timeline</th>
<th>Website/link for further info</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic package of health care in Afghanistan</td>
<td>To support the identification of critical capacity gaps at country level in view of prevailing risks and the articulation of coherent UN System and other stakeholder’s interventions to address those capacity gaps. The CADRI Partnership uses the convening power of the UN Resident Coordinator System to facilitate a multi-sectoral and multi-stakeholders approach to increase investment in Disaster Risk Reduction (DRR) across sectors.</td>
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<tr>
<td>CADRI Partnership</td>
<td>To support the identification of critical capacity gaps at country level in view of prevailing risks and the articulation of coherent UN System and other stakeholder’s interventions to address those capacity gaps. The CADRI Partnership uses the convening power of the UN Resident Coordinator System to facilitate a multi-sectoral and multi-stakeholders approach to increase investment in Disaster Risk Reduction (DRR) across sectors.</td>
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<td></td>
<td>The CADRI Partnership proposes a range of capacity assessment, planning and development services covering 9 sectors: agriculture and food security, nutrition, health, education, environment, infrastructures, WASH, human mobility and climate services. The Capacity for Disaster Reduction Initiative (CADRI) is a global partnership composed of 14 UN and non-UN organizations that works towards strengthening countries’ capacities to prevent, manage and recover from the impact of disasters. The CADRI Partnership draws upon the diversity of expertise of its members to offer a unique combination of knowledge, experience and resources to support countries implement the Sendai Framework for Disaster Risk Reduction. UNDP, OCHA, UNICEF, WFP, FAO and WHO are Executive Partners.</td>
<td>MoP, Health in Humanitarian Crises at the London School of Hygiene &amp; Tropical Medicine, University College London, Disease Control Programme</td>
<td></td>
<td>Over the past few years:</td>
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<tr>
<td></td>
<td>• 28 Landscapes articulated on the capacity for disaster reduction at country level</td>
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<td></td>
<td>• 19 National Multi Sectoral Plans of Action for Disaster Risk Reduction developed</td>
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<td></td>
<td>• 2000+ professionals from governments, UN, NGOs, Red Cross/Crescent societies trained</td>
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<td></td>
<td>• Support to institutional, legal and policy reform in 10 countries</td>
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<td></td>
<td>Between 2012-2015, the CADRI Partnership provided support to 23 countries and trained more than 2,000 professionals from government, UN agencies, NGOs and other stakeholders. In the context of an increasing number of requests for capacity development services in Disaster Risk Reduction, the CADRI Partnership is expanding the scope and geographic coverage of its services.</td>
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<td>ADRI is a demand-driven partnership. It can leverage a network of 90 DRR/DRM experts in 16 regional hubs. National activities: Albania, Armenia, Benin, Burkina Faso, Burundi, Chad, Côte d’Ivoire, FYR of Macedonia, Georgia, Ghana, Guinea, Jordan, Kosovo (as per UN resolution 1244), Lund, Sweden, Madagascar, Mali, Mauritania, Montenegro, Namibia, Niger, Nigeria, Sao Tomé and Príncipe, Sierra Leone.</td>
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<td><a href="http://crises.lshtm.ac.uk/">http://crises.lshtm.ac.uk/</a></td>
</tr>
<tr>
<td>Task Group</td>
<td>Goal 1: Community Health Program Learning</td>
<td>Goal 2: Organizational Collaboration</td>
<td>Goal 3: Advocacy for Improved Resources</td>
<td>Goal 4: Advocacy for Efficient Policy</td>
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<td>Compile and share lessons-learned on balancing development program deliverables with acute humanitarian response needs, and approaches for transitioning from humanitarian response to development work.</td>
<td>Collaborate with ongoing efforts to build operational evidence for community-based approaches in various humanitarian contexts e.g. iCCM in emergencies.</td>
<td>Support health advocacy partners with advocacy initiatives by providing a platform for collaboration to advance improved global health resources.</td>
<td>Collaborate with key advocacy partners to develop and roll-out targeted advocacy messages for donors, institutional partners, and policy makers to address systemic humanitarian-development coordination barriers.</td>
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<td>Collaborate with ongoing efforts to build operational evidence for community-based approaches in various humanitarian contexts e.g. iCCM in emergencies.</td>
<td>Facilitate the development of key guidelines and related training for humanitarian and development actors to better integrate humanitarian and development approaches, leverage shorter-term humanitarian funding for effective long-term strategies, both technically and operationally.</td>
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<td>Document and map the various ongoing global coordination efforts in the humanitarian-development nexus, and coordination/collaboration with other groups (e.g. IAWG for Reproductive Health in Crisis Settings, Global Health and Nutrition Clusters, InterAction, Global Health Council, etc.)</td>
<td>Engage in key global health and nutrition humanitarian and development fora to encourage and facilitate discussions, organize abstracts and panels, and share lessons already learned.</td>
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<td></td>
<td>Collaborate with the Global Health and Nutrition Clusters to leverage the CORE network in connecting local development actors in new humanitarian responses.</td>
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<tr>
<td>CORE Group</td>
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<td></td>
<td>The Task Group is facilitated by two standing co-chairs:</td>
<td>Workplan being developed. To include the following activities led by Save the Children:</td>
<td></td>
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<tr>
<td>Humanitarian-</td>
<td>Humanitarian Co-chair: Jesse Hartness, Senior Director for Emergency Health and Nutrition, Save the Children</td>
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<tr>
<td>Development Global Health Task Force</td>
<td>Development Co-chair: Vacant</td>
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<td></td>
<td>Task Force membership is open to all interested parties.</td>
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<td>Participation currently includes: IRC, Medair, MTI, USAID, World Vision, CRS, Johns Hopkins, Relief International, Adventist Development and Relief Agency International, ACDI/VOCA, Division of Global Health and Human Rights, MGH, International Medical Corps, Save the Children, FHI 360, UCP Wheels for Humanity</td>
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</table>
cohesive, transparent and effective approach to planning and resource management in fragile, complex and often, chaotic operational settings.

The objectives are to:
- progressively increase the coverage and quality of essential health, nutrition and WASH services;
- strengthen health systems to ensure support to the most vulnerable and hard to reach;
- lay the foundations for sustainable health system recovery, including community level systems.

The partners have committed to leveraging their comparative advantages and strengths to improve efficiency and reduce overlap to optimize scale, speed and flexibility.

This will include regular reviews, analysis and adaption of operations where necessary to deliver better results to improve population health and wellbeing.

<table>
<thead>
<tr>
<th>Global Health Cluster</th>
<th>Mandate:</th>
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<tbody>
<tr>
<td>WHO designated Cluster Lead Agency by IASC in 2005.</td>
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<tr>
<td>IASC clusters are created when existing coordination mechanisms are overwhelmed or constrained in their ability to respond to identified needs in line with humanitarian principles.</td>
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<tr>
<td>Health Cluster agencies work collectively to provide timely, effective and appropriate actions to minimize the health impacts of humanitarian and public health emergencies through the strengthening of service delivery, addressing gaps and promoting effective leadership.</td>
<td></td>
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</tbody>
</table>

GHC Objectives: Strategy 2017-2019
1. Strengthen the coordination, technical & operational capacity of national, regional and global level actors to prevent, prepare for, respond to and recover from public health & humanitarian emergencies
2. Strengthen inter-cluster and multi-sector collaboration to ensure that the health and humanitarians sector can respond effectively to emergencies

Global Health Cluster Secretariat /Unit hosted by WHO-HQ.
23 Country Health Clusters/Sectors\(^1\) (national level hubs) with 86 sub-national coordination hubs.
48% of national level clusters are co-lead by the Ministry of Health.

Total of 711 partners\(^2\) of which:
- 26% International NGOs
- 55% National NGOs
- 7% Ministries of Health
- 22% (UN agencies, donors, observers such as MSF & ICRC, GHIs, academic institutes)

Countries: DR Congo, E Myanmar/B Pakistan, Of Turkey (x-bc) (Regional cc

Guiding Principles
1. Needs assessment
2. Support
3. Finance
4. Monitoring
5. Be accountable
6. Adhere

Pilot countr and an opp of a closer c Somalia, Lib Republic of
| **Global Health Security Agenda** | To advance a world safe and secure from infectious diseases threats, to bring together nations from all over the world to make new, concrete commitments, and to elevate global health security as a national leaders-level priority. | Led and supported by a GHSA Steering Group composed of 10 member nations. The Chair of this Steering Group is filled by a different nation each year. | A partnership of nearly 50 nations, international organizations, and non-governmental stakeholders. |
| **Country Health Cluster** – priority objectives can be found in country specific Humanitarian Response Plans. | | | External assessment. The GHSA Steering Group developed a voluntary assessment process that can independently assess the health security of each country, as well as offer assistance in determining the measures necessary for improving health security. Note: In Feb 2016, WHO adopted the Joint External Evaluation (JEE) tool to support countries in this endeavor. The JEE is a voluntary, collaborative, multisectoral process to assess country capacity to prevent, detect and rapidly respond to public health risks occurring naturally or due to deliberate or accidental events. The purpose of the external evaluation is to assess country-specific status, progress in achieving the targets under Annex 1 of the IHR, and recommend priority actions to be taken across the 19 technical areas being evaluated. |

| **Health Systems Assessment in Humanitarian (HAS) Crises** | Support health systems for better health, equity and well-being by strengthening health policy and systems research, policy and practice communities with particular focus on the challenges faced by fragile and conflict affected states (FCAS) | ‘Thematic working group’ under the umbrella of Health Systems Global. Small (voluntary) Steering Committee. Advisory | Health in Humanitarian Crises at the London School of Hygiene & Tropical Medicine |

| **Health Systems Global Thematic WG on Fragile and Conflict Affected States** | | 600+ individual membership, with interest in HPSR (Health Policy & Systems Research) from researcher or implementer perspective | • Build a HPSR in research nations
• Advance develop advocacy |

**Note:**

- **Safe Hospital Initiative**
  - To enable hospitals to continue to function and provide appropriate and sustained levels of health care during and following emergencies and disasters;
  - Regional organization in PAHO.
  - Global, regional and country office
  - Member States supported by WHO and subject matter experts.
  - Global initiative with regional strategies and country programmes


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- **Joint External Evaluation Alliance**

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- **Joint External Evaluation Alliance**
To protect health workers, patients and families;
To protect the physical integrity of hospital buildings, equipment and critical hospital systems;
To make hospitals safe and resilient to future risks, including climate change.

Suggested indicators:
1. Safe hospitals included in national health sector emergency and disaster management programmes.
2. National safer hospitals programme in place.
3. Number of critical hospitals that have been assessed and recommendations made for enhancing safety and emergency preparedness.
4. Number of existing health facilities which have implemented activities to improve:
   - safety of buildings and equipment;
   - emergency and disaster management.
5. Number of new hospitals and other health facilities which have been built to withstand local hazards and have taken measures to improve safety, functionality and emergency preparedness.

Sphere Handbook revision
Guidance on common principles and universal minimum standards for the delivery of quality humanitarian response.

It is aimed to provide guidance mainly for humanitarian agencies but also for anyone involved in humanitarian response e.g. CSOs, government, donors etc

Structure of book:
- What is sphere
- Humanitarian Charter
- Protection principles
- Core Humanitarian Standard
- WASH standards
- Food security and nutrition standard
- Shelter and settlement standard
- Health standard

Health includes a large section on how to support Health Systems in a humanitarian response

Sphere Board comprises of 18 members (various NGOs and IOs e.g. Oxfam, ICVA, IFRC, LWF, WVI, CARE, Caritas,) overseeing strategy. Sphere Secretariat are from the project office overseeing the revision process.

Handbook authors come different organisations working with experts globally e.g. CDC, UN organisations, academic institutions and other organisations.

The Health Systems section written with input from LSHTM, independent experts, IRC and WHO

Open feedback has been given for draft 1 and draft 2 of the book. Draft 1 in June 2017 received 2500 comments online, with group consultations occurring in 40 countries with over 1200 participants (from governments as well as NGOs, CSOs and UN)

Current timeline:
- November 2017: review and address global feedback of draft 2
- December 2017 to January 2018: finalization of handbook
- Early 2018: Publication of book, also to be available online, Global launch

http://www.sphereproject.org/
<table>
<thead>
<tr>
<th>UHC Partnership</th>
<th>Support policy dialogue around planning, health financing, and effective development cooperation</th>
<th>Multi country, multiregional interventions to support health system strengthening for UHC</th>
<th>35 countries, European Union, Luxembourg, Ireland, WHO + invitees (GIZ, JICA, S Korea, DFID, France, …)</th>
<th>Health policy development. Active in 35 countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>UHC 12 Country Case studies</td>
<td>Case studies to highlight foundational gaps in health system and demonstrate progress towards UHC</td>
<td>Multi country, multiregional support to review and document progress in countries towards UHC</td>
<td>12 countries, led by WHO in collaboration with WB and JICA</td>
<td>- Sun gap pre</td>
</tr>
<tr>
<td>UHC2030 Health System Assessment (HSA) TWG</td>
<td>(1) to recommend options for conducting a more harmonized and aligned HSA, with practical guidance on the optimal country-led and demand-driven process (2) to recommend a common, adaptable annotated framework for health systems performance assessment (HSPA)</td>
<td>Core team with 2nd tier level group who take part in teleconferences every 6 weeks and comment on draft documents. A 3rd tier group would include higher-level representation from agencies and countries to validate TWG deliverables</td>
<td>Tool owner agencies, country users, UHC2030 members</td>
<td>- A re rec align</td>
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</tbody>
</table>
| WHO EMRO meeting on Essential Package of Health Services | Consultation Specific Objectives  
• To share global experience in designing, financing and delivery of benefit packages, while examining their relevance for EMR Member States.  
• To share the current status of the design, finance and delivery of benefit packages in the three groups of EMR Member States, including in countries in emergency.  
• To advocate with policymakers on the importance of defining a ‘UHC Priority Benefit Package’ for EMR and the requirements | Experts Consultation workshop | Global, Regional and national experts and Health System focal points | - In e serv  
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<tr>
<th>WHO Health and Migration Focal Point Group</th>
<th>Support WHO work on health and migration at HQ, regional and country levels</th>
<th>The work is coordinated by SDS/HIS, across the organization – HQ and Region</th>
<th>The group involves relevant technical departments at HQ and 6 regional focal points</th>
<th>Implement Situation an learned by r the health c the 72nd WHA</th>
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Protracted humanitarian crises are the new normal. Over recent years, the nature of crises has evolved both in sheer numbers and in complexity. These emergencies – often located in fragile contexts and caused by long, drawn-out conflicts, have resulted in massive levels of displacement lasting for years and sometimes decades. These interdependent challenges cannot be solved through short-term or incremental measures or approaches. Based on the outcomes of the World Humanitarian Summit, and the SDGs (Agenda 2030), and the sustaining peace resolutions of 2016, the UNSG has embarked on a reform process to increase coherence, and integration between humanitarian, development, and peace workstreams. It is a system-wide mandate with the objective of ending needs while simultaneously reducing vulnerabilities; (Leave no one behind, and reach the furthest first). This policy thrusts has spawned mechanisms and for at both operational and policy levels, on both the humanitarian (IASC – Interagency Standing Committee) and development (UNDG- UN Development Group) sides.

| Wider UN initiatives on the Humanitarian Development Peace Nexus (so called, New Way of Working) | a) Joint Steering Committee to strengthen humanitarian development collaboration: Guide policy setting for collective action and to foster greater synergies in humanitarian and development action to implement the Sustainable Development Goals. The Committee seeks to promote greater coherence of humanitarian and development action in crises and transitions to long-term sustainable development and in reducing vulnerabilities. | The Joint Steering Committee will be chaired by the Deputy Secretary-General, with the Administrator of the United Nations Development Programme (UNDP) and the Emergency Relief Coordinator (ERC) as well as the Under-Secretary-General for Humanitarian Affairs and Vice-chairs. | Implementation
Mandate is Committee famine/pre |

Priorities:
1. Ens colli betv acti
2. Adreqi |
3. Mol crisi |

b) IASC Task Team on | The Task Team is chaired | Implement |

Mandate is
collective views of the IASC TT members around the issue of strengthening the humanitarian development nexus. In collaboration with the UNDG, its aim is to advance a collective narrative on this agenda in a sequenced and time-bound manner.

<table>
<thead>
<tr>
<th>Priorities:</th>
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<tbody>
<tr>
<td>1. Developing linkages between the UN operational work in programme countries to advance the implementation of the 2030 Agenda and the Sustaining Peace resolutions in a coherent and integrated manner across the humanitarian-development-peace (HDP) nexus, including through partnerships.</td>
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<tr>
<td>2. Reviewing and assessing current humanitarian policy, guidance and operational tools (such as the Transformative Agenda Protocols) to identify gaps and best practice.</td>
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<tr>
<td>3. Ensuring coherence in field support towards successful implementation of the HDN mechanisms.</td>
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</tbody>
</table>

The Task Team is chaired by UNDP, OCHA, PBSO. 

DOCO acts as Secretariat. Additional members include all members and observers of the UNDG and the UN Secretariat including DPA, DPKO – FAO, UNICEF, WHO, WFP, UNOCC, EOSG, MPTFO.

<table>
<thead>
<tr>
<th>Priorities:</th>
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<tbody>
<tr>
<td>1. To ensure that the humanitarian-development nexus is mainstreamed into other relevant Grand Bargain Work Streams;</td>
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<tr>
<td>2. To capture a wide variety of good practices of the humanitarian-development (and peace) nexus;</td>
</tr>
<tr>
<td>3. To advocate for a change in policies, programming and implementation to strengthen humanitarian-development (and peace) nexus;</td>
</tr>
</tbody>
</table>

Agreement between the top 15 humanitarian donors and top 15 aid providers (UN and NGOs). Although WHO is not a signatory, WHO has informally committed to

The Grand Bargain Workstreams will engage with other Grand Bargain Work Streams to foster the Agreement between the top 15 humanitarian donors and top 15 aid providers (UN and NGOs). Although WHO is not a signatory, WHO has informally committed to
around multi-year planning and financing, joint needs assessments and localization.

High-level Sherpa to represent WHO at Grand Bargain negotiations together with the major donor and aid agencies.