

MAPPING OF RELEVANT INITIATIVES

Initiative	Mandate/objectives	Structure	Membership/participants	Current status
<p>Basic package of health care in Afghanistan</p>		<p>Lead by MoPH and coordinated by LSHTM with UCL and DCP</p>	<p>MoP, Health in Humanitarian Crises at the London School of Hygiene & Tropical Medicine, University College London, Disease Control Programme</p>	
<p>CADRI Partnership</p>	<p>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.</p> <p>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.</p>	<p>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.</p>	<p>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.</p>	<p>Over the past 5 years, the following:</p> <ul style="list-style-type: none"> • 28 I • 19 I • 200 • Sup in 1 <p>Between 2010 and 2016, over 2,000 professionals from 100 NGOs and other organizations are increasing national disaster risk reduction capacity through the CADRI Partnership geographic driven partnership approach. National action plans are being developed in 10 countries.</p>

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<p>CORE Group Humanitarian- Development Global Health Task Force</p>	<p>Goal 1: Community Health Program Learning</p> <ul style="list-style-type: none"> • 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. • Collaborate with ongoing efforts to build operational evidence for community-based approaches in various humanitarian contexts e.g. iCCM in emergencies. • 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. <p>Goal 2: Organizational Collaboration</p> <ul style="list-style-type: none"> • 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. • 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.) • Collaborate with the Global Health and Nutrition Clusters to leverage the CORE network in connecting local development actors in new humanitarian responses. <p>Goal 3: Advocacy for Improved Resources</p> <ul style="list-style-type: none"> • Support health advocacy partners with advocacy initiatives by providing a platform for collaboration to advance improved global health resources. <p>Goal 4: Advocacy for Efficient Policy</p> <ul style="list-style-type: none"> • 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. 		<p>The Task Group is facilitated by two standing co-chairs:</p> <p>Humanitarian Co-chair: Jesse Hartness, Senior Director for Emergency Health and Nutrition, Save the Children</p> <p>Development Co-chair: Vacant</p> <p>Task Force membership is open to all interested parties.</p> <p>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</p>	<p>Workplan b activities le</p> <ul style="list-style-type: none"> • Develop based a (e.g. iCC • 2-3 case program

	<p>cohesive, transparent and effective approach to planning and resource management in fragile, complex and often, chaotic operational settings.</p> <p>The objectives are to:</p> <ul style="list-style-type: none"> • 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. 	<p>prevent, prepare for and respond to deteriorating health situations in fragile contexts.</p> <p>The partners have committed to leveraging their comparative advantages and strengths to improve efficiency and reduce overlap to optimize scale, speed and flexibility.</p> <p>This will include regular reviews, analysis and adaption of operations where necessary to deliver better results to improve population health and wellbeing.</p>		<ol style="list-style-type: none"> 1. Needs a 2. Strategi 3. Financir 4. Monitor <p>Guiding Pri</p> <ol style="list-style-type: none"> 1. Support 2. Implem 3. Ensure 4. Maximi 5. Be acco 6. Adhere <p>Pilot countr and an oppo of a closer c Somalia, Lib Republic of</p>
<p>Global Health Cluster</p>	<p>Mandate:</p> <p>WHO designated Cluster Lead Agency by IASC in 2005.</p> <p>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.</p> <p>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.</p> <p>GHC Objectives: Strategy 2017-2019</p> <ol style="list-style-type: none"> 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 	<p>Global Health Cluster Secretariat /Unit hosted by WHO-HQ.</p> <p>23 Country Health Clusters/Sectors¹ (national level hubs) with 86 sub-national coordination hubs.</p> <p>48% of national level clusters are co-lead by the Ministry of Health.</p>	<p>Total of 711 partners² of which:</p> <ul style="list-style-type: none"> • 26% International NGOs • 55% National NGOs • 7% Ministries of Health • 22% (UN agencies, donors, observers such as MSF& ICRC, GHIs , academic institutes) 	<p>Countries:</p> <p>DR Congo, E Myanmar/B Pakistan, OI Turkey (x-br (Regional cc</p>

	<p>coordination options for different operational contexts; EPHS and localization).</p> <p>5. Strengthen health cluster advocacy at country & global levels. (includes protecting health and improved access & equity of the health response)</p> <p>Country Health Cluster – priority objectives can be found in country specific Humanitarian Response Plans.</p>			
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.	<p>External assessment developed in an independent country, as measures n</p> <p><u>Note:</u> In February External Evaluation of this endeavor multisectoral prevent, de risks occurring accidental e evaluation i in achieving recommend technical ar</p>
Health Systems Assessment in Humanitarian (HAS) Crises			Health in Humanitarian Crises at the London School of Hygiene & Tropical Medicine	<ol style="list-style-type: none"> 1. 2. 3.
Health Systems Global Thematic WG on Fragile and Conflict Affected States	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)	<p>'Thematic working group' under the umbrella of Health Systems Global.</p> <p>Small (voluntary) Steering Committee. Advisory</p>	600+ individual membership, with interest in HPSR (Health Policy & Systems Research) from researcher or implementer perspective	<ul style="list-style-type: none"> • Build a HPSR in research national • Advance develop advocac

	change.			<p>2. National</p> <p>3. Number of and recommendations for emergency</p> <p>4. Number of implemented - safety of beneficiaries - emergency</p> <p>5. Number of which have taken and emergency</p>
<p>Sphere Handbook revision</p>	<p>Guidance on common principles and universal minimum standards for the delivery of quality humanitarian response.</p> <p>It is aimed to provide guidance mainly for humanitarian agencies but also for anyone involved in humanitarian response e.g. CSOs, government, donors etc</p>	<p>Structure of book:</p> <ul style="list-style-type: none"> • What is sphere • Humanitarian Charter • Protection principles • Core Humanitarian Standard • WASH standards • Food security and nutrition standard • Shelter and settlement standard • Health standard <p>Health Includes a large section on how to support <i>Health Systems</i> in a humanitarian response</p>	<p>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.</p> <p>Handbook authors come from different organisations working with experts globally e.g. CDC, UN organisations, academic institutions and other organisations.</p> <p>The Health Systems section written with input from LSHTM, independent experts, IRC and WHO</p> <p>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</p>	<p>Current timeline</p> <ul style="list-style-type: none"> • November feedback • December handbook • Early 2018 online, • Global launch

			Participation is substantial and Sphere is considered to have large reach amongst humanitarian practitioners.	
UHC Partnership	Support policy dialogue around planning, health financing, and effective development cooperation	Multi country, multiregional interventions to support health system strengthening for UHC	35 countries, European Union, Luxembourg, Ireland, WHO + invitees (GIZ, JICA, S Korea, DFID, France,...)	Health polic developmen Active in 35
UHC 12 Country Case studies	Case studies to highlight foundational gaps in health system and demonstrate progress towards UHC	Multi country, multiregional support to review and document progress in countries towards UHC	12 countries, led by WHO in collaboration with WB and JICA	<ul style="list-style-type: none"> • Sun gap pre • Det cou futu • A sy
UHC2030 Health System Assessment (HSA) TWG	(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)	Core team with 2 nd tier level group who take part in teleconferences every 6 weeks and comment on draft documents. A 3 rd tier group would include higher-level representation from agencies and countries to validate TWG deliverables	Tool owner agencies, country users, UHC2030 members	<ul style="list-style-type: none"> • A re recclig com • An i out pre: rec app
WHO EMRO meeting on Essential Package of Health Services	<p>Consultation Specific Objectives</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> ▪ In e serv invc bloc dev strc ▪ Finā witl ▪ Cos

				<p>In t upo</p> <ul style="list-style-type: none"> ▪ Dev futu view ▪ Estā Pric Me
WHO Health and Migration Focal Point Group	Support WHO work on health and migration at HQ, regional and country levels	The work is coordinated by SDS/HIS, across the organization – HQ and Region	The group involves relevant technical departments at HQ and 6 regional focal points	Implementi Situation an learned by r the health c the 72 nd WF
Wider UN initiatives on the Humanitarian Development Peace Nexus (so called, New Way of Working)	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.	<p>a) Joint Steering Committee to strengthen humanitarian development collaboration: <i>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.</i></p>	<p>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.</p> <p>Additional membership of the Committee, at the level of Principals, will be as follows: FAO, IOM, OHCHR, PBSO, UNHCR, UNICEF, UNWOMEN, World Bank, WFP and WHO.</p>	<p>Mandate is Committee famine/pre</p> <p>Priorities:</p> <ol style="list-style-type: none"> 1. Ens coll: betw acti 2. Adc reqi and 3. Mol crisi
		<p>b) IASC Task Team on</p>	The Task Team is chaired	Mandate is

		<p>collective views of the IASC TT members³ 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.</p>	<p>practical build and human</p> <ol style="list-style-type: none"> 2. Review guidance Trajectory gap 3. Ensure success
	<p>c) UNDG Task Team on Humanitarian Development Peace Nexus: Supporting 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.</p>	<p>The Task Team is chaired by UNDP, OCHA, PBSO.</p> <p>DOCO acts as Secretariat</p> <p>Additional members include all members and observers of the UNDG and the UN Secretariat including DPA, DPKO – FAO, UNICEF, WHO, WFP, UNOCC, EOSG, MPTFO</p>	<p>Priorities:</p> <ol style="list-style-type: none"> 1. Develop link sustained 2. Major (in the area) 3. Develop governance field HDI 4. Facilitate policy level imp major cap
	<p>d) Grand Bargain Workstream 10 (stronger humanitarian-development cooperation): Work Stream 10 will</p>	<p>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</p>	<ol style="list-style-type: none"> 1. To ensure nexus Grand 2. To ensure the nexus

		<i>around multi-year planning and financing, joint needs assessments and localization.</i>	donor and aid agencies.
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