

Formative Evaluation of the Global Health Cluster

EVALUATION BRIEF



PURPOSE AND OBJECTIVE

The evaluation served a dual purpose of accountability and learning designed to generate forward-looking recommendations for improving WHO's humanitarian coordination and informing the next Global Health Cluster (GHC) Strategy (2026-2030), as well as assessing progress against GHC's Strategic Priorities, core country-level cluster functions and Cluster Lead Agency (CLA) responsibilities. The evaluation's main objectives were to systematically and objectively assess the relevance, effectiveness, efficiency and coherence (connectedness, coordination) of the GHC. The evaluation focused on the GHCs work from September 2014 to 2025, with a particular focus on the last six years (2019-2025).

METHODS

The evaluation employed a non-experimental design, and theory-based, utilization-focused approach, using a reconstructed theory of change (ToC) to test assumptions and examine pathways to results areas. Five overarching evaluation questions and specific thematic areas related to the GHC Strategic Priorities, Core Cluster Functions and CLA responsibilities addressed five key criteria: relevance, coherence/coordination, effectiveness, efficiency, connectedness and cross-cutting issues of Accountability to Affected Populations (AAP), gender and disability. Data collection methods included a desk review of 179 documents, secondary data analysis, 106 key informant interviews and 19 focus group discussions. In-depth data were collected remotely in Myanmar, Sudan and Yemen, and face to face in Chad, Colombia and the Democratic Republic of the Congo. An online survey was administered to 984

respondents at global, regional and country levels. The evaluation's analytical framework was guided by the ToC, as well as OECD/DAC criteria and data were coded into evidence tables to facilitate analysis and triangulation across datasets.

KEY FINDINGS AND CONCLUSIONS

Relevance: The GHC is considered relevant as it has strengthened health management and coordination systems responding to needs during major humanitarian crises and disease outbreaks even when circumstances changed. The GHC and health clusters at the country level play a vital role in ensuring the appropriate prioritization. Measures to align interventions with local realities and update plans based on real-time information are critical and the GHC needs to continue playing this vital role. Community engagement and ownership are crucial for ensuring that affected populations participate in decision-making and that interventions align with their long-term health needs.

Efficiency: Despite being underfunded, the GHC efficiently delivered results in an economic and timely way at both global and country levels. It has used its very limited financial and human resources extremely well, even at times in emergencies, where the health cluster has not been activated. The GHC's global leadership has enabled it to fill gaps, including staffing through its surge capacity. The current funding crisis brings new and unprecedented challenges, which call for the GHC to prioritize and adjust to the humanitarian reset and home in on core, essential functions, providing the most essential level of support at both global and country levels.

Coherence: Overall, the GHC tends to be coherent and well-coordinated with other interventions, both at the global and country level. While it has strengthened and diversified partner engagement and collaboration with major humanitarian actors, it could be further mainstreamed within WHO, ensuring its role as CLA is not deprioritized in favour of other WHO priorities. At the global level, WHO's different roles are clearly delineated, however, this often does not translate to the national level, which has resulted in ad hoc lines of communication, siloed operations and limited collaboration with other WHO emergency units. Regional offices offer valuable additional capacity despite the absence of a clearly defined role.

Coordination

The health cluster has engaged with other clusters to promote inter-sectoral and multi-sectoral collaboration, which in some national contexts, has led to more integrated and effective responses. However, inter-cluster collaboration remains weak in certain countries, and inter-cluster planning does not necessarily translate into meaningful cooperation during a response. There has been engagement to ensure coherence across coordination mechanisms and further steps are now being taken to strengthen alignment through the Global Health Emergency Corps initiative.

Connectedness

The GHC has not made significant progress towards strengthening connectedness through transition planning, nor capacity strengthening for national authorities in respect of coordination in acute or protracted crises. There is little evidence that health clusters have strengthened connectedness by strengthening linkages between humanitarian programming and health system strengthening. The integration of local authorities and national partners into leadership roles is variable and decision-making processes have improved but remain limited. This weakens opportunities for building coordination capacity and preparing for sustainable transitions. Attempts

were made by the GHC to include the nexus in its agenda, but these efforts were not sufficient to be translated into any strong action or collaboration across humanitarian and developmental areas. The GHC's efforts to promote preparedness and contingency planning are showing results.

Effectiveness: The effectiveness of the GHC is considered to be mixed. At the global level it met its strategic objectives and core cluster functions with differing degrees of success, which have likely resulted in improved response and health outcomes for affected populations in humanitarian and public health emergencies, including preventing high levels of morbidity and mortality. It is however difficult to say definitively the extent to which these changes have been achieved across health clusters in the absence of baselines and monitoring and evaluation systems that enable assessment of performance at higher levels. Monitoring and reporting at the country level enables the GHC to track the collective achievement of country health clusters, but the lack or absence of monitoring and evaluation, as well as advocacy at global level, are areas for improvement.

KEY RECOMMENDATIONS¹

Strategic level: For GHC global level and GHC global level in collaboration with partners and WHO

1. To remain fit for purpose and optimize operations focused coordination, in a simplified coordination model, where the Health Cluster is activated, the GHC should place emphasis on the specific Strategic Priorities. These include ensuring the capacity to fulfil coordination functions at the national level in priority countries, in line with the humanitarian reset, quality coverage and prioritization of health cluster action.

1.1. Coordination: Ensure the capacity to fulfil coordination functions at the national level in priority countries, in line with the humanitarian reset.

¹ While not originally anticipated nor planned for, the evaluation data collection and reporting were undertaken while the humanitarian reset (<https://www.unocha.org/news/humanitarian-reset-0>), a bold agenda to regroup and reform IASC was being developed. As such, several of the recommendations are framed against the key elements of its next phase <https://www.unocha.org/news/un-relief-chief-pushes-humanitarian-system-even-more-rooted-communities-we-serve>

1.2. Quality, coverage and prioritization of

Health Cluster action: Identify, develop, mainstream and contextualise guidance.

1.3. Information management: Ensure partners' access to standardized, quality and timely public health and humanitarian information, and its use for operational decision-making.

1.4. Multi-sector Coordination: In line with the prospective humanitarian reset, the GHC at global and country levels should engage in emerging models of inter-sector and multi-cluster collaboration.

1.5. Linkages between humanitarian action and health system strengthening, including support for national ownership and leadership of health sector coordination.

1.6. Support locally led action, community engagement and accountability: Informed by the humanitarian reset, rework the GHC approach to localization, AAP and community engagement in decision-making and service delivery.

2. Diversify donor funding: Allow the GHC to advocate directly to donors for autonomously managed resources, to be better able to deliver a streamlined package of services outlined in these recommendations. This requires diversification of the donor base, and a degree of autonomy for the GHC. While undertaking advocacy for this purpose, focus on the good news – what is working and what is essential, effective and efficient– in order to incentivize and retain a donor base.

3. To measure the GHC Strategy and action plan performance, develop a robust monitoring and evaluation framework: It is essential that the GHC can track and measure progress which requires a performance framework with clear key performance indicators (KPIs) for the global and country level.

Operational level: For country-level clusters and GHC global and country levels – in collaboration with other partners.

4. Focus on the essential and successful core cluster functions at the country level, in line with the size and role of the cluster after the reset, maintaining minimum levels of deployable capacity, including a realistic assessment of the ongoing capacity of health cluster and standby partners.

4.1 Provide a platform for collaboration. As a support function to the IASC/Humanitarian Coordinator led system at the country level, as part of the broader architecture for responsive decision-making, operational deconfliction, and gap filling, including engagement in common information management platforms (see below).

4.2 Provide a platform and the necessary tools for technical exchange. This includes the essential interface between local health authorities, WHO and partners acting as a conduit for essential guidance and standards.

4.3 Assert the temporary nature of clusters and ensure the transition to ownership to national and local entities as rapidly and ethically as possible.

Organizational level: For GHC and WHO at the global level in collaboration with regional and country counterparts

5. Reinforce the response model. Ensure that while responding to humanitarian crisis and health emergencies, WHO emphasizes the linkages between emergency response, preparedness and health system strengthening work.

6. Concentrate on key elements of service delivery, including equipment, supplies, and considering a joint approach to logistics.

The Humanitarian Reset and the forthcoming GHC strategy offer a vital chance to take forward these recommendations.