Management Response

Evaluation Title	**Formative evaluation of the Global Health Cluster**
Commissioning Unit	**WHO Evaluation Office**
URL link to the evaluation	Full report ; Annexes ; Evaluation Brief
Organization-wide biennial evaluation workplan	**WHO Executive Board-approved Organization-wide Evaluation Workplan for 2024-2025**
Unit responsible for providing the management response	**HQ/WHE/HCA**

Overall Management Response: Accepted

WHO senior management endorses the formative evaluation of the Global Health Cluster findings and accepts all of its recommendations. This evaluation assessed WHO's unique role as Inter Agency Steering Committee (IASC) Cluster Lead Agency (CLA)[1] for humanitarian health response and shaped the delivery of humanitarian health assistance through partnerships to reach the most vulnerable crises-affected populations. It served a dual purpose of learning and accountability. By providing forward-looking recommendations, which were timely and actionable, the evaluation helped strategically position WHO, in the midst of the IASC Humanitarian Reset, and ongoing UN80 discussions, where prioritization and new ways of working are being developed.

This evaluation was conducted between 2024 and 2025 whilst global humanitarian action funding was plummeting by over than 50%, which triggered the launch of the IASC Humanitarian Reset. While restructuring and prioritization across the humanitarian landscape was underway, the evaluation, through iterative feedback loops, shared emerging findings which helped identify the most necessary crucial coordination functions. This has been essential given the context of increasing humanitarian needs and health risks due to armed conflict and natural hazards, and the at-risk capacity for all health partners to support Members States to equitably reach all populations affected by humanitarian crises and deliver responses.

Follow-up to the recommendations will help further strengthen WHO's IASC CLA coordination function at all levels, and with partners. It is noted that going forward, in light of current fiscal pressures confronting WHO, renewed resource mobilization strategies will be needed to enable WHO'S continued capacity to fulfil its coordination functions, in line with the IASC Humanitarian Reset whilst ensuring collective prioritization of Health Cluster action and quality coverage of health response. Furthermore, the evaluation informs WHO's work to strengthen locally-led action, national ownership and leadership of the sector to be ready for transition, and linkages with health system strengthening efforts. Additionally, the evaluation evidence will be used to optimize resource mobilisation for the Global Health Cluster, and to strengthen WHO capacity to deliver, plan for and monitor and evaluate results across its different levels.

Senior management thereby fully accepts the recommendations and has developed this management response plan to advance key actions as highlighted below, recognizing the timeline for implementation may vary for some actions depending on WHO restructuring, resource availability and time needed to engage all relevant stakeholders.

Management Response Status	*In Progress*
Date	21 November 2025

[1] Designated by the IASC as CLA for health in 2005, WHO's mandate as CLA was supported in 2012 in World Health Assembly Resolution 65/20 and subsequently re-iterated in 2015 World Health Assembly Resolution 68/27. The cluster approach is embedded in WHO's Global Health Strategy (2025–2028), its Fourteenth General Programme of Work, including the joint outcomes and corporate outcomes.

Recommendations and Action Plan

Strategic level recommendations

Recommendation 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 following Strategic Priorities

1.1. Coordination: Ensure the capacity to fulfil coordination functions at national level in priority countries, in line with the humanitarian reset. (SP1.3)

- Retain a scaled down, focused model for surge capacity, focusing on priority countries, and providing HCCs and information management capacity.

1.2 Quality, coverage and prioritisation of Health Cluster action (SP4.1 and SP4.2): Identify, develop, mainstream and contextualise guidance.

- Strengthen partners' capacity to deliver, taking into consideration the available capacity at global level and country levels, as well as changes in dynamics at country level post reset and according to context.

1.3 Information management (SP3.1 and SP3.2): Ensure partners' access to standardised, quality and timely public health and humanitarian information, and its use for operational decision making (see operational recommendation 1.2 below).

1.6 Support local led action, community engagement & accountability (SP4.1): Informed by the humanitarian reset, rework the GHC approach to localisation, AAP and community engagement in decision-making and service delivery. This has to take into consideration a realistic assessment of WHO/GHC capacity (financial and HR) going forward, as well as local capacity after the impact of the drastic funding cuts in the global humanitarian sector. Incorporate learning from other clusters/CLAs.

Management response	***Accepted***			
Status	***In Progress***			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
1.1 Given the Humanitarian Reset and continued role of WHO as Cluster Lead Agency, redefine health cluster coordination capacity, surge requirements and modalities, leveraging partners where needed, ensuring advocacy within and external to WHO including for adequate financing and resourcing	GHC/HCA with support from HPC/ HCA	31 December 2026	In progress	The WHO Director-General as IASC Principal has reaffirmed WHOs commitment to remain as Cluster Lead Agency (CLA) in January 2025, and the Health Cluster Coordinator position remains as critical personnel within the WHO Core Country Office Model. WHO will calibrate and support its role in line with the Humanitarian Reset ensuring advocacy and implementation across all three levels of WHO and externally. This is an ongoing activity.
1.2 Ensure appropriate development of guidance, including tools and tailored support given to health cluster partners to understand and implement humanitarian health response through the Humanitarian Programme Cycle, including identification of needs, prioritization, response planning,	GHC/HCA with support from RHC/ HCA and HPC/HCA	30 June 2026	In progress	WHO as CLA continues to engage in all IASC bodies and communities of practice to strategically and operationally advance humanitarian health response. Given the impact of defunding across all clusters and partners, and in line with the humanitarian reset work is ongoing to support partners to collectively judiciously prioritise response actions and to build capacity to deliver quality lifesaving response, tailoring technical support to identified capacity gaps. Tool development to be completed by Q2 2026; support to partners will remain an ongoing activity.

costing, monitoring as well building capacity for the technical delivery of quality health services and other response actions.				.
1.3 Strengthen the timely delivery of the PHIS toolkit identifying and standardizing a minimum set of tools and resources required for health cluster coordination, supporting partners to scale up or maintain services in crises.	GHC/HCA with support from RHC/ HCA	31 December 2026	In progress	Noting within the humanitarian reset the advancement towards locally led multisectoral area-based coordination, GHC and WHO will re-examine the PHIS toolkit, to identify and standardise the most critical tools that provides timely information for partners to enable them to operationally respond. Work will be conducted through the GHC Information Management Task team with partners. Actions to take place between Q4 2025 and Q4 2026.
1.6 GHC to advance on the implementation and monitoring of its localization strategy, integrating accountability to affected population community engagement in response design and supporting locally led action, ensuring monitoring, advocacy and technical support for local partners to deliver services and lead coordination	GHC/ HCA, country health clusters	31 December 2026	In progress	In line with IASC Humanitarian Reset and advances in supporting locally led action including funding mechanisms, whilst also complementing the WHO Strategy for Localization, the GHC will advance on implementing its localization strategy launched July 2024. This is an ongoing activity.

Recommendation 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 following Strategic Priorities

1.4 Multi-sector Coordination (SP2): 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.

- At sub-national level, design a model which enables/supports partners participation in area-based coordination (ABC).
- From national level, establish and maintain connections with health partners working under ABC, which ensures that both WHO and health partners actively advocate for health within the coordinated response

1.5 Linkages between humanitarian action and health system strengthening, including support for national ownership and leadership of health sector coordination (SP1.2), (see operational recommendation 4.3 below)

Management response	***Accepted***			
Status	***In Progress***			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
1.4 WHO and Global Health Cluster, to support development and implementation of IASC Guidance on the humanitarian reset, multisectoral	GHC/HCA, HPC/HCA, RHC/HCA ,	30 June 2026	In progress	WHO as Cluster Lead Agency and GHC is already engaging in IASC bodies and communities of practice for policy and tool development. The Humanitarian Reset promotes multisectoral area-based coordination, as such WHO, GHC, and country health clusters have a role to play to integrating lessons learned

area-based coordination and multisectoral tools throughout the Humanitarian Program Cycle etc whilst also ensuring tools remains fit for purpose and appropriately reflect health needs and response to guide operational humanitarian health decision making for response.	Country level Health Clusters			ensure health is appropriately integrated and reflected in all tools. Tool development will be completed by Q2 2026; support for implementation will remain an ongoing activity.
1.5 Develop clear guidance and framework for Ministries of health regarding health cluster coordination for all hazards and all threats in humanitarian crises, as well as deactivation and transition to support national ownership and leadership of health sector coordination in emergencies.	GHC/HCA	31 December 2026	Not started	In line with the IASC Humanitarian Reset, advancement of locally led cluster coordination, and quicker deactivation of clusters transitioning to coordination led by national authorities, tailored guidance will be developed for Ministries of Health to strengthen understanding of the humanitarian coordination mechanism and to enable national ownership and leadership of health sector coordination, supporting resilience and health systems. Actions to take place between Q1 2026 and Q4 2026.

Recommendation 2 Diversify donor funding (CLA responsibility 4): 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 incentivise and retain a donor base.				
Management response	*Accepted*			
Status	*Not initiated*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
2. WHO to develop and implement comprehensive resource mobilisation plan of action specific to WHO / WHE to ensure capacitation of the Global Health Cluster and country level health clusters with HCCs, including advocacy with donors for earmarked funding as well as conducting joint resource mobilisation with other actors such as partners, clusters, and OCHA.	HCA, CRM, GHC/HCA	30 June 2026	In progress	Note - due to WHO downsizing, restructuring, as well as defunding across the entire humanitarian system and development agencies, resource mobilisation plans of action are currently being developed.

Recommendation 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. This requires a performance framework which has clear KPIs for global and country levels, in line with these recommendations. Incorporate learning from other CLAs.				
Management response	*Accepted*			
Status	*Not initiated*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
3.1 Using participatory methods, update the GHC Strategy to ensure fit for purpose within new humanitarian coordination landscape	GHC/HCA	30 June 2026	Not initiated	Given the current evolving context of humanitarian coordination mechanisms under IASC, the current GHC Strategy has been 2020 to 2025 has been extended to 2026. Once clarity is provided on coordination mechanism and role and scope of cluster system including Cluster Lead Agencies, the GHC Strategy should be updated also building upon findings from the GHC Formative Evaluation.
3.2 Using participatory methods, develop a theory of change and performance indicators based on the new GHC Strategy and Work Plan (2027-2030).	GHC/HCA	30 September 2026	Not initiated	Building upon the theory of change developed for the GHC formative evaluation and updated GHC strategy, key performance indicators for global, regional and country level (for both WHO as CLA and GHC / country health clusters) will be developed

Operational Recommendations

Recommendation 4 Focus on the essential/successful core cluster functions at 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 (CF1). As a support function to the IASC/Humanitarian Coordinator led system at 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 (SP3, CF2 and CF3). This includes the essential interface between local health authorities, WHO and partners acting as a conduit for essential guidance and standards.

- Design/adapt the cluster coordination IMO function. Ensure that as part of any prospective common information platform in support of a reset cluster coordination model, Health Cluster staff at country level can engage with partners to produce and provide the required standard of information. This includes participation in needs assessment mechanisms in support of evidence-based decision-making.
- WHO and the GHC, must maintain, a coherent focus on data collection, analysis and reporting to guide priority-setting and response planning, as well as maintenance of key public health data sets under the PHIS.

- In line with the focus on minimum standards above, review the PHIS toolkit and focus on essential tools which have proven their added value (CF2). Focus on the lighter version of PHSAs, reducing the use of more resource intensive tools.
- Retain an essential minimum capacity at global level, and within these limits, focus on information management through a streamlined version of the PHIS Toolkit (see operational recommendation below).
- In light of the humanitarian reset's prospective emphasis on pooled information management capacity, WHO must ensure this same minimum standard of technical, health information is available in cluster and non-cluster settings. This will require widespread consultation with all actors with a stake in information within WHO.

Management response	*Accepted*			
Status	*In Progress*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
4.1 Re-examine GHC IM plan of action to review PHIS tools, competencies and resources required, to ensure IM capacities are readily available at country and global level to serve partners in a timely manner with key health information throughout the Humanitarian Program Cycle ensuring tools are adaptable for multisectoral coordination, with pooled IM functions.	GHC/HCA, RHC/HCA	31 December 2026	In progress	Linking also to Key Action 1.4, the IASC Humanitarian Reset promotes locally led area-based multisectoral coordination, with potential for cross sectoral pooled IM resources. As such GHC and WHO need to ensure tools, and capacities are readily available to support any such coordination mechanism, with appropriate integration of health into tools and outputs, to support health cluster partners in operational decision making.
4.2 In line with the IASC Humanitarian Reset, supporting locally led action, and effective transition to government led coordination of humanitarian emergencies, based on good practice and lessons learned, support mainstreaming and find opportunities for health sector coordination for emergency events across WHO	GHC/HCA,	31 December 2026	In Progress	

Recommendation 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.

- From global level, design/develop a support function (with IASC partners) that supports the national ownership and leadership by national authorities and national and local NGOs in regard to health coordination, where appropriate/feasible.

• Under a national leadership model, as part of a multi-agency approach, ensure that key elements of appropriate humanitarian response are maintained, to a minimum acceptable standard. • Ensure regular collaboration with EOC during the cluster coordination period and plan for a handover to WHO to further support national authorities when clusters are deactivated • Ensure flexibility in the design of the support function to accommodate for the different partners capacities and contexts. • Facilitate sharing of lessons and experiences by national authorities and or national and local NGOs across countries. • Focus on the minimum capacity required by national authorities and local entities to take on the coordination function to facilitate rapid and ethical cluster transition and deactivation and the handover of the coordination function to local authorities, where appropriate.				
Management response	*Accepted*			
Status	*In Progress*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
4.3 In line with IASC Guidance on Transition and Deactivation, adapt and develop cluster specific tools to support health cluster coordination transition to national and local entities integrating principles from existing guidance, GHC localization strategy, and lessons learned.	GHC/HCA	30 June 2026	In progress	Using lessons learned from ongoing and previous cluster deactivation and transition planning, including other clusters, IASC guidance to be adapted specific to the Health Cluster integrating principles from existing GHC guidance including the GHC Localization Strategy

Organisational level recommendations

Recommendation 5 Reinforce the response model. Ensure that while responding to humanitarian crisis and health emergencies, WHO emphasises the linkage between emergency response/preparedness and health system strengthening work. • Reinforce the established response model, (global and country clusters). While the cluster will focus on live-saving response, WHO as CLA should reinforce linkages across response phases (including preparedness) and with national/WHO supported structures (such as EOCs). • Within WHO, strengthen the communication between technical teams (GHC, health system strengthening, epidemiology, partnerships); thereby breaking internal silos and ensuring that local partners experience a more united WHO through response phases. • Continue to prioritize WHO's role as CLA in countries with activated clusters, while ensuring the appropriate balance and connectivity between the CLA function and WHO's technical and operational roles.				
Management response	*Accepted*			
Status	*In Progress*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*

5 Disseminate best practices and lessons learned regarding clusters and sectoral coordination within the HEPR framework are promoted across WHO and the global public health landscape.	GHC/HCA	31 December 2026	In progress	To note that action will be implemented in the context of WHO's downsizing and restructuring, with a view to strengthen linkages across WHO departments.

Recommendation 6 **Concentrate on key elements of service delivery, including equipment, supplies, and considering a joint approach to logistics**.				
Management response	*Accepted*			
Status	*In Progress*			
Key actions	*Responsible Entity(ies)*	*Timeline*	*Status*	*Comments*
6 In line with current reforms and prioritization processes within the ongoing UN80 workstream on logistics, as well as the IASC Humanitarian Reset, WHO to continue engagement and advocacy for predictable delivery and utilization of medical supplies at the last mile including streamlining health logistic support to all health partners for example through establishment of health logistics working group at country level in crises with high need.	WHO, OSL/ EOP, with GHC/HCA Support	31 December 2026	In progress	This action will be implemented in the context of the evolving landscape across the UN, including UN80 discussions, and identification of new ways of working.

For further information about the evaluation, please contact the WHO Evaluation Office evaluation@who.int

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