Global Health Cluster

Mali

The lead agency in the Global Health Cluster (GHC) is the World Health Organization (WHO) and the main objective is "to relieve suffering and save lives in humanitarian emergencies while advancing the well-being and dignity of affected populations".[15]

GENDER EQUALITY IN HEALTH

The GHC collaborates closely with other clusters to strengthen multi-sectoral action and improve health outcomes in emergency settings. There are 29 thematic areas ranging from maternal, newborn and child health, to vaccinations, to epidemic outbreaks. Health clusters are currently meeting the needs of approximately 66 million people around the world.[16]

One of the GHC's strategic approaches is to ensure that people are at the centre of the response – and that affected populations are at the heart of decision making. Harmful gender norms and social behaviours are often what drive humanitarian public health emergencies.[17] Involving affected people in health responses, particularly those who are underserved, facilitates a greater understanding of differential health issues and informs adapted health services and targeted preventative health promotion. For example, adolescents, and specifically adolescent girls, are often underserved but require specific health services that need to be integrated. Adolescent and adult members of the LGBTQIA2S+ community may need specialised psychosocial support and health services.

PROGRAMMING HIGHLIGHTS FROM THE HEALTH CLUSTER

- Engaging men and boys in sexual and reproductive health and rights programming can improve gender relations. Men and boys can be survivors, ex-perpetrators of violence, and health professionals so they have an important role to play in preventing SGBV and responding to survivors needs;
- Working across clusters/sectors can facilitate spaces for health promotion and psychosocial support. For example, a nutrition/livelihoods intervention created a kitchen that also served as a woman and child-friendly space where survivors of SGBV could share their experiences and connect with each other while cooking;
- Gender responsive decision making in the health sector, and increased gender parity of health practitioners, requires support for women's education and career paths. For example, grants to pay for women's tuition to become health practitioners;
- In complex health responses where harmful gender norms restrict women's work or mobility, engaging men and boys could facilitate programming. For example, in Afghanistan, men were hired to accompany mid-wives and female community health workers in home visits or at mobile health units;
- Consider the potential of pooled funds for pregnant women unable to work, for attending ante-natal consultations; and delivery with communities and women's savings groups; and
- It is vital to have diverse health practitioners from the community, including women health providers, recognizing that there are specific barriers to their participation.

RECOMMENDATIONS AND BEST PRACTICES

- Increase access by adapting services to make them more gender, age, and ability responsive (for example, for women health centres, mobile clinics, home birth kits);
- Collect and analyse gender, age, and disability-disaggregated data to determine any gender-related trends in access/use of community or facility-based health services; and
- A gender, age, and disability-based context analysis and needs assessment should be conducted, including an analysis of the specific needs (and barriers to accessing health services) of members of the LGBTQIA2S+ community. If completed, this will improve project implementation and will facilitate:
  - Understanding of and value for traditional health knowledge and actors;
  - Improved gender ratios of qualified health staff and understanding of their scope of practice:
  - Emphasis of gender-specific priorities and preferences in health services;
  - Assessment of gender differences in willingness to access institutional health facilities; and
  - Support a better understand of pre-existing gender-based trauma and any gender-sensitive health services/practices in the community.

15. https://www.who.int/health-cluster/about/en/
16. Ibid
17. Fleming & Agnew-Brune. (2015) Current trends in the study of gender norms and health behaviours. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4461071/