EPI WIN Webinar – Cholera in Humanitarian Settings

Overall key considerations in operationalizing cholera response in humanitarian settings: partnerships, coordination, access, logistics

15 April 2026

Placeholder slide – please do not display

HEALTH CLUSTER

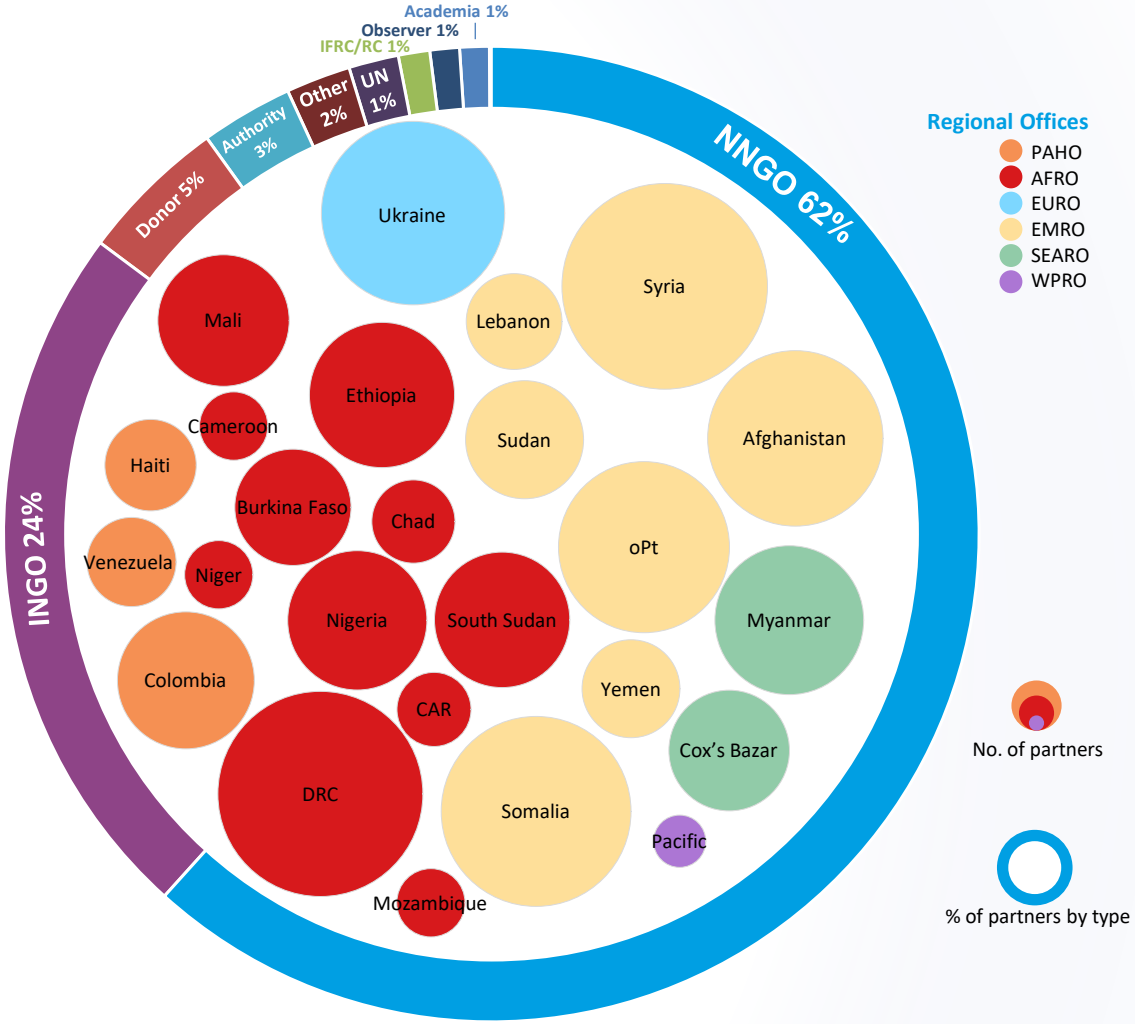
In emergencies, coordination is essential
no single organization can respond alone.

Health Clusters work **collectively** to save lives and protect dignity of affected populations.

Collective action for better health outcomes

coordinated

24 countries / over 1500 partners



Based on UN-wide multilateral mandate

2005	IASC Humanitarian Reform. Cluster approach established with WHO as the Cluster Lead Agency (CLA) for Health. Used in Pakistan earthquake response
2005/6	UNGA Res 60/124 request to strengthen coordination, ECOSOC A/61/85 Report of SG endorses cluster
2012	WHA65.20 mandates WHO to strengthen its role as CLA
2013	WHO Emergency Response Framework embeds the Health Cluster mechanism
2025	IASC Humanitarian Reset. WHO reaffirms its role as CLA

Health Cluster

Works with over **1500** partners

66% are local / national NGOs

In 24 Settings

In 2026

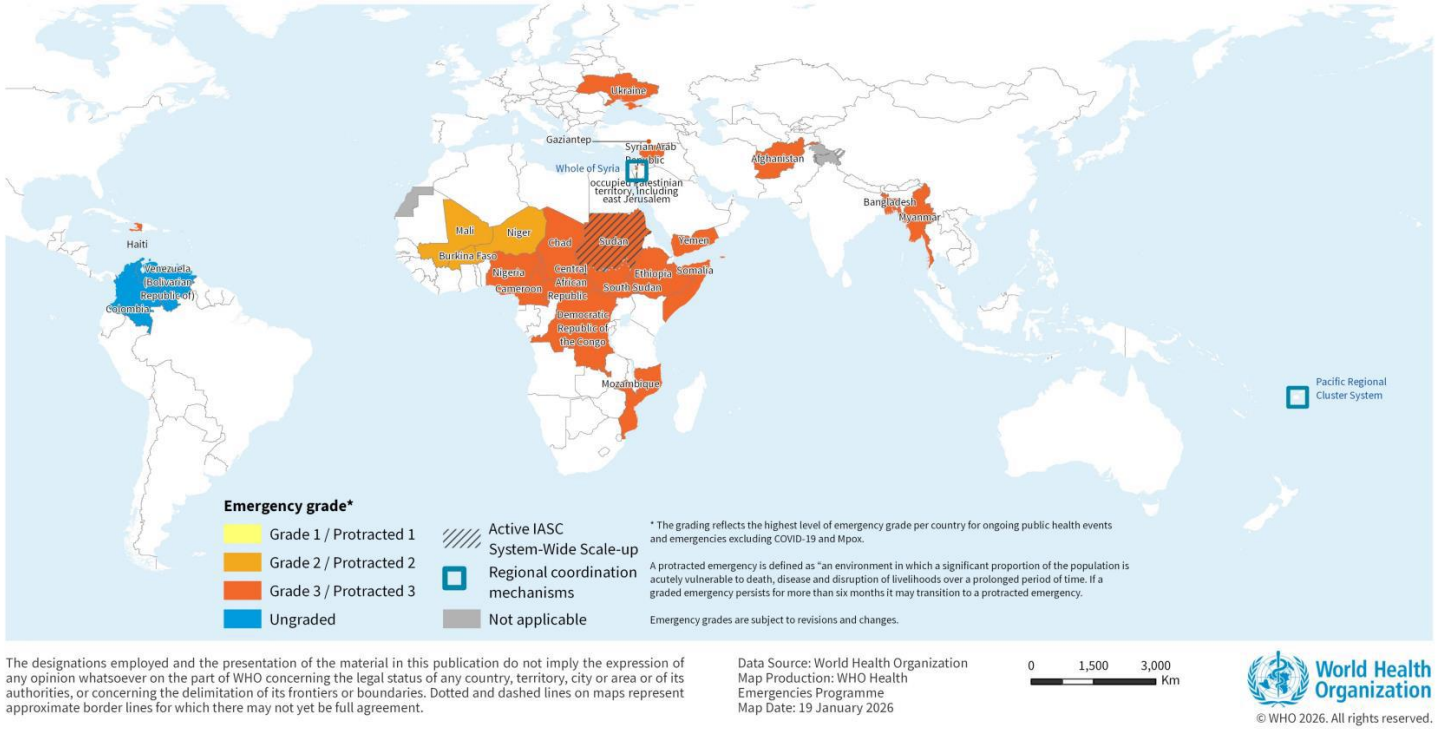
141M people in need of health assistance

67 M targeted for health assistance
40 M hyper-prioritized

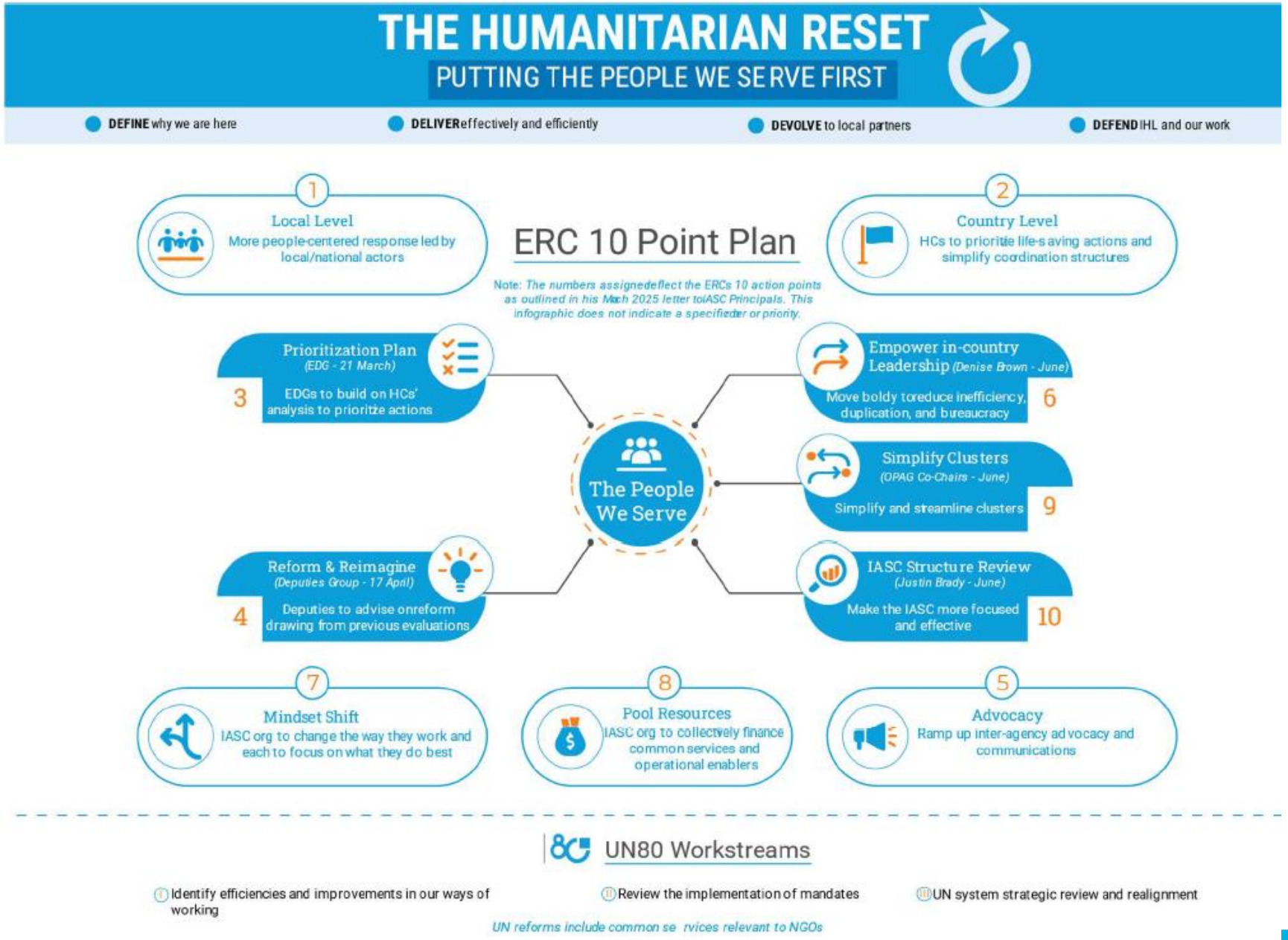
2.7 B USD funding request
1.8 B USD hyper-prioritized

Tbc funded

As of 02 April 2026 all appeals with Health Cluster GHO 2026 and Lebanon



Map to shown countries with health cluster and WHO grading as of March 2026


THE HUMANITARIAN RESET
PUTTING THE PEOPLE WE SERVE FIRST
DEFINE why we are here
DELIVER effectively and efficiently
DEVOLVE to local partners
DEFEND IHL and our work
ERC 10 Point Plan
Note: The numbers assigned reflect the ERC's 10 action points as outlined in his March 2025 letter to IASC Principals. This infographic does not indicate a specified order or priority.
1
Local Level
More people-centered response led by local/national actors
2
Country Level
HCs to prioritize life-saving actions and simplify coordination structures
3
Prioritization Plan
(EDG - 21 March)
EDGs to build on HCs' analysis to prioritize actions
4
Reform & Reimagine
(Deputies Group - 17 April)
Deputies to advise on reform drawing from previous evaluations
The People We Serve
6
Empower in-country Leadership (Denise Brown - June)
Move boldly to reduce inefficiency, duplication, and bureaucracy
9
Simplify Clusters
(OPAG Co-Chairs - June)
Simplify and streamline clusters
10
IASC Structure Review
(Justin Brady - June)
Make the IASC more focused and effective
7
Mindset Shift
IASC org to change the way they work and each to focus on what they do best
8
Pool Resources
IASC org to collectively finance common services and operational enablers
5
Advocacy
Ramp up inter-agency advocacy and communications
UN80 Workstreams
(i) Identify efficiencies and improvements in our ways of working
(ii) Review the implementation of mandates
(iii) UN system strategic review and realignment
UN reforms include common services relevant to NGOs

Humanitarian reset: prioritization

Lead: IASC Emergency Directors Group (EDG)

Prioritized operations

1. Afghanistan
2. Burkina Faso
3. CAR
4. DRC
5. Ethiopia
6. Haiti
7. Lebanon
8. Mali
9. Myanmar
10. Niger
11. OPT
12. Somalia
13. South Sudan
14. Sudan
15. Syria
16. Venezuela
17. Yemen
18. Chad*
19. Mozambique*
20. Ukraine*

Accelerated transition

1. Cameroon
2. Colombia
3. Eritrea
4. Iraq
5. Libya
6. Nigeria
7. Pakistan
8. Zimbabwe

- Reduce from 28 HCT countries to **17 + 3 prioritized** with potential accelerated transition*; 8 countries - accelerated transition
- **De-hatting Humanitarian Coordinators;** RCs to coordinate humanitarian affairs in deactivated countries
- **More localized funding**, CERF and CBPF realignment to focus on 17 priority contexts.
- Simplifying/merging coordination structures: merge/eliminate thematic Working Groups (e.g. AAP, PSEA, cash, etc.)
- **Absorption of humanitarian caseload by agencies with remaining capacity based on comparative advantage**

Health cluster activated in orange

The Humanitarian Reset – the 4 ‘Ds’

DEFINE

- Aim: Prioritizing life-saving humanitarian action based on needs and shrinking resources.
- Key actions: Prioritizing 20 IASC operational contexts (completed); 2025 hyper-prioritized GHO (completed); 2026 GHO (ongoing)

DELIVER

- Aim: Simplifying humanitarian coordination
- Key actions: Reducing number of clusters from 11 to 8 (ongoing); integrating cluster and refugee coordination models (ongoing); simplifying IASC global structure (ongoing)

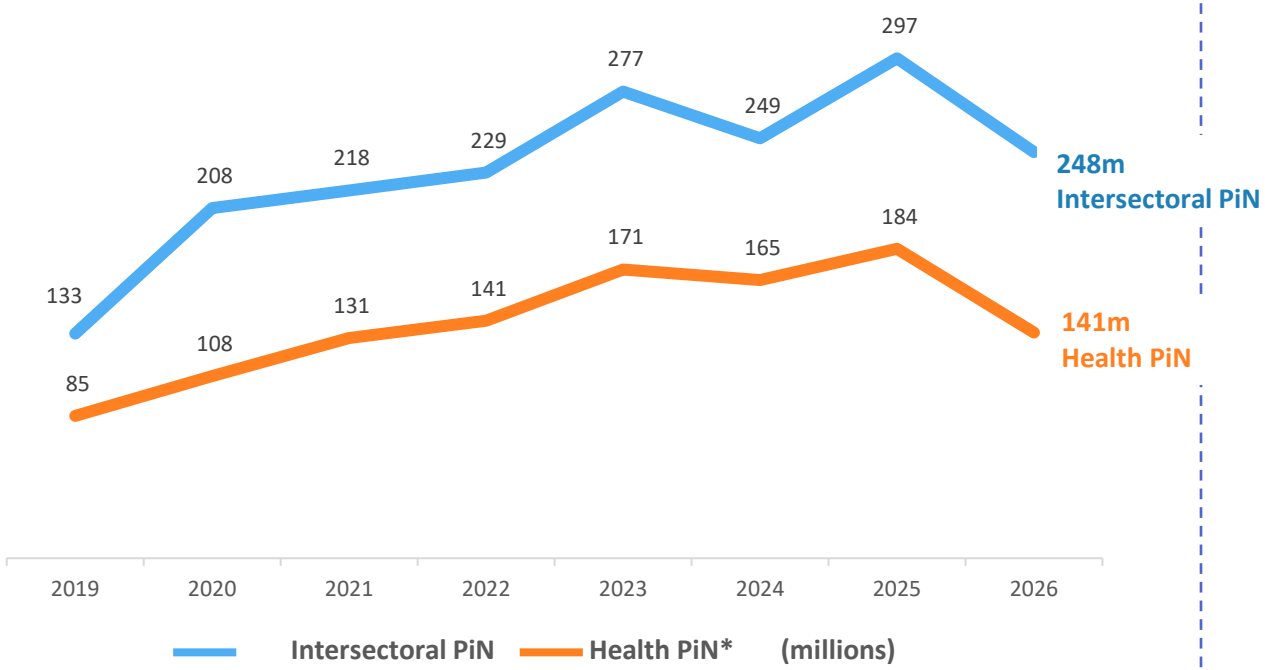
DEVOLVE

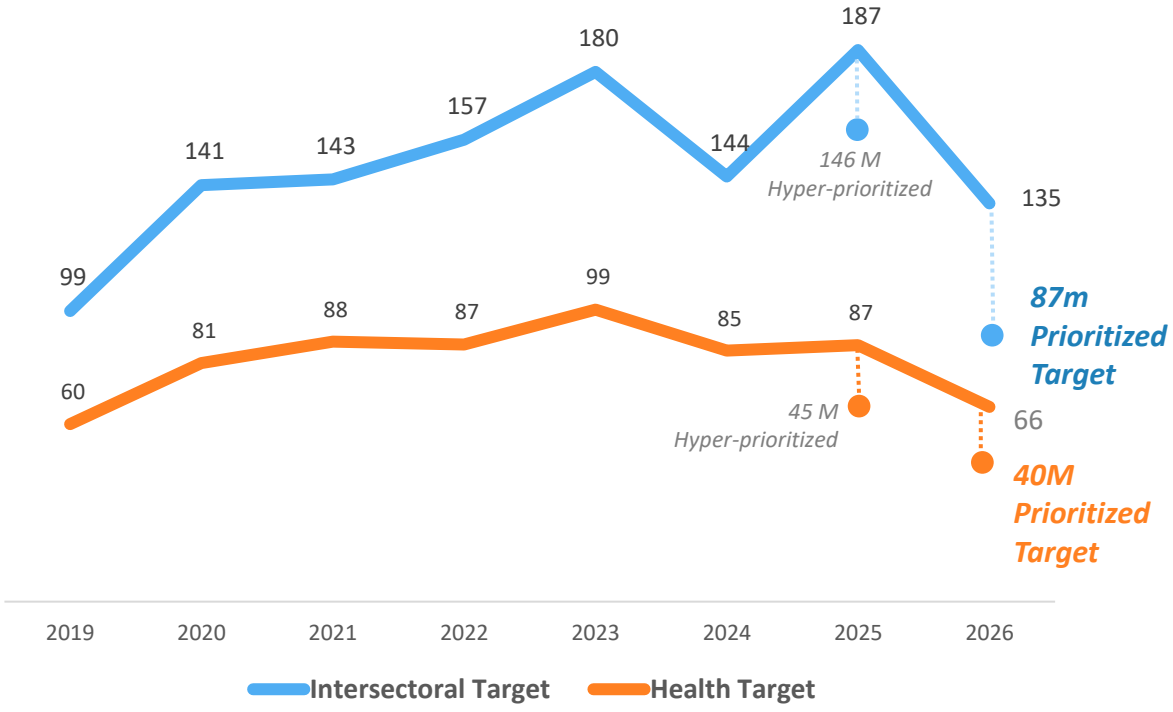
- Aim: Localizing humanitarian response by shifting decision-making/resourcing to local actors
- Key actions: Humanitarian Coordinators empowered to shift up to 70% of country pooled funds to local actors, bypassing UN and INGOs (ongoing); basing country humanitarian targets on locally-identified priorities + accountability metrics (ongoing)

DEFEND

- Aim: Uphold humanitarian principles, IHL and protect humanitarian space/workers
- Key actions: Centrality of humanitarian principles (also in line with UN80 Track on Pooled Humanitarian Diplomacy); protection of civilians and humanitarian/health workers

Trends in Intersectoral and Health PIN and People Targeted 2019 to 2026





The People in Need (PiN) of humanitarian and health assistance has increased since 2019

Boundary setting in 2026 has decreased health PIN by 40 million compared to 2025

In 2026 **40m** are urgently prioritized for health **leaving behind 100 million people in need** of humanitarian health assistance

As of 2 April 2026

* For all countries with Health Clusters

Impact of defunding on Health Cluster response

Reduced health cluster action

As of 20 September 2025, in 22 reporting countries

6,671 HFs affected

of which 2,038 HF suspended

52.68 M people affected

in 22 reporting countries

62% of people originally targeted to receive humanitarian health assistance,

32% of PiN

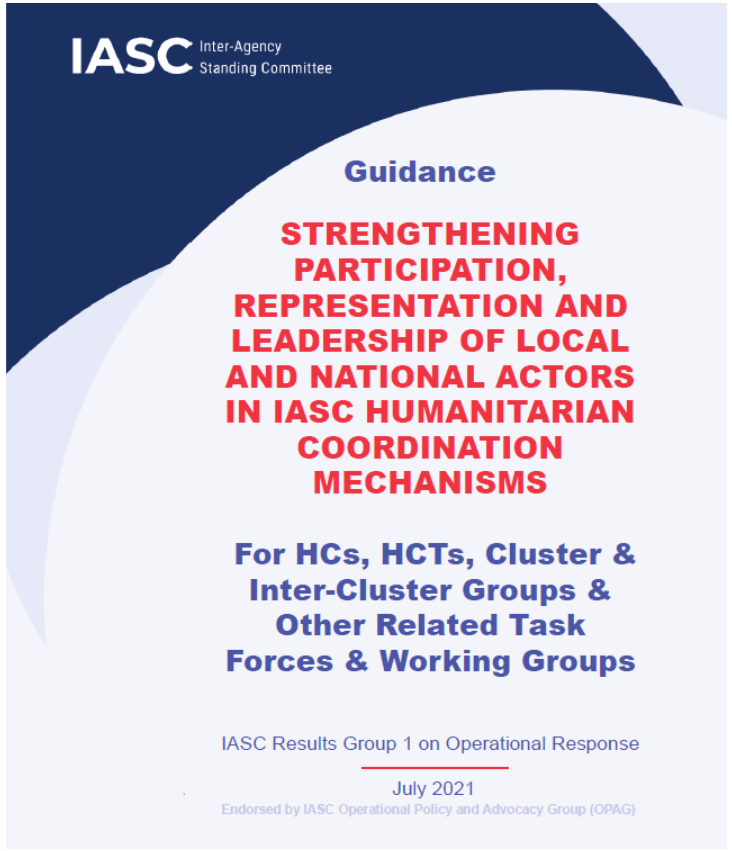
Reduced health cluster coordination capacity

37% (69/189) of all health cluster coordination personnel identified at risk in 2026

- Ability for predictability in humanitarian response at risk
- Reliance on Co Coordinators is a risk (as also face challenges)

As of 19 February 2026

Health Cluster Localization strategy and commitments



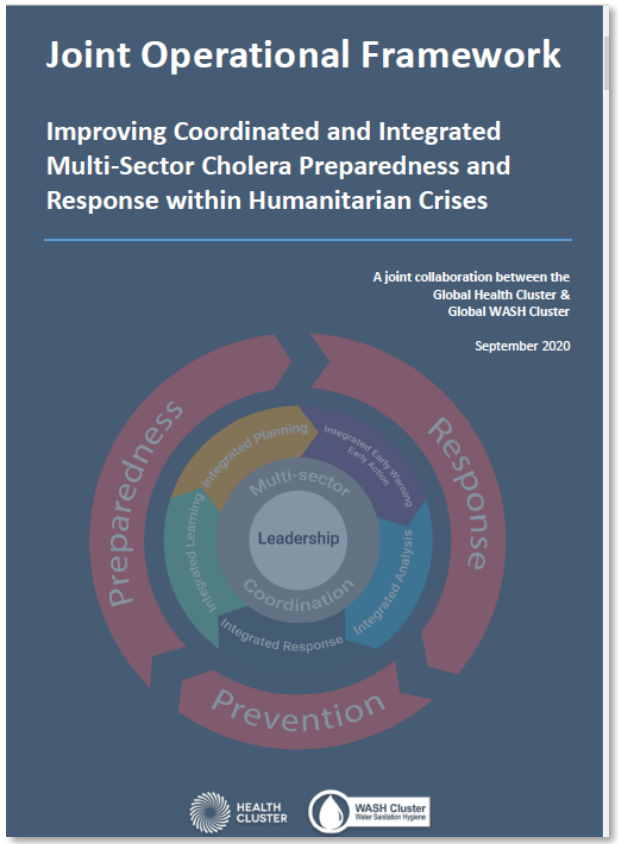
Three aspects of humanitarian responses - key considerations

Coordination – Health Cluster/Sector Coordination, local / national Health authorities, Humanitarian Country Team

Operational – Funding sources (e.g. CERF, CBPF, donors); prioritize response actions + partners with capacity and access

Technical – implementation of guidance / frameworks

Technical guidance - Key Resources



https://healthcluster.who.int/publications/m/item/joint-operational-framework-improving-coordinated-and-integrated-multi-sector-cholera-preparedness-and-response-within-humanitarian-crises

Joint Operational Framework between Health and WASH clusters

- **Practical guidance**
- key tasks in the critical areas of leadership, coordination, and integrated response, to increase the efficiency and effectiveness of cholera prevention and response

High-Priority Health Services for Humanitarian response (H3)

- Identified a set of prioritised health interventions for **humanitarian partners**
- Services can be **feasibly** delivered to populations affected by **protracted emergencies** in **low resourced settings.**
- Informed by FCV packages, DCP3 HPP, MISP, and 6 country examples
- Aligned with **WHO's UHC Compendium of Health Interventions, and integrated in SPDI**

https://uhcc.who.int/uhcpackages/packages/global