
WHO Health Emergencies Programme

The Humanitarian Reset and its Impact on Health Care

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Altaf Musani, Director WHO Humanitarian and Disaster Management

WHO's Triple Mandate and its role in Health Emergencies

WHO's **Triple Mandate** is anchored in the 1946 Constitution and 16 Member State resolutions.

01 Global Health Leadership

standards, norms, guidance

02 Humanitarian Response

operations across all hazards

03 Health Systems Strengthening

through and after crisis

WHO's 14th General Programme of Work includes:

- Rapid and effective detection and response to acute health threats (6.1.)
- Sustained and equitable access to essential health services during emergencies (6.2.)

WHO's role as **IASC Global Health Cluster Lead** defines its humanitarian work.



Response to Ebola outbreak in DRC, 2026. © WHO



Immunization Campaign in Gaza, 2025. © WHO

WHE's Operational Role in Numbers

38

graded emergencies, incl. 15
Grade 3, in 37 countries

79+

countries with WHO
emergency operations

1,248

staff across 83 field offices

US\$9.1bn

managed across 123
countries over the decade

WHO's unique contributions to humanitarian assistance



COORDINATION



Health Cluster leadership (IASC)



Standards & Quality of care



Providing shared evidence base



Defining Public Health Risk
& Health System Functionality



Monitoring attacks on health care



OPERATIONAL EXPERTISE



Health-specific emergency logistics



Rapid surge deployment



Strategic vaccine allocation



Medical evacuations



PROVIDER OF LAST RESORT

to ensure delivery of essential services

WHO's as IASC Health Cluster Lead

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

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

1500+ partners

66 % are local & national NGOs

in 24 settings worldwide



Inter-cluster rapid needs assessment visit in Khan Younis, 2025. © oPT Health Cluster

Some of the Health Cluster partners:



The Humanitarian Reset and WHO's evolving role

The Humanitarian Reset

In June 2026, IASC Principals endorsed the **Humanitarian Complementarity Framework**. It now directly dictates roles, mandates, and funding allocations.

GUIDING PRINCIPLE

"As local as possible, as international as necessary."

Shrinking funding requires de-duplication

⚠ and decisions on who is best placed to lead or act.

WHO's Defined Aims through the Humanitarian Reset

- 1) **Define:** Continue to implement **public health risk assessments and situation analyses**. Widen data-sharing with other agencies.
- 2) **Deliver:** Continue to provide **health assistance** in as many of the 43 emergencies in 74 countries and territories graded as Grade 3.
- 3) **Devolve:** Work with other IASC partners to **accelerate area-based coordination and localization**, while **ensuring that health needs are met**.
- 4) **Defend:** Calling not only for the **upholding of IHL** but also the **protection of health as a pathway to peace**.

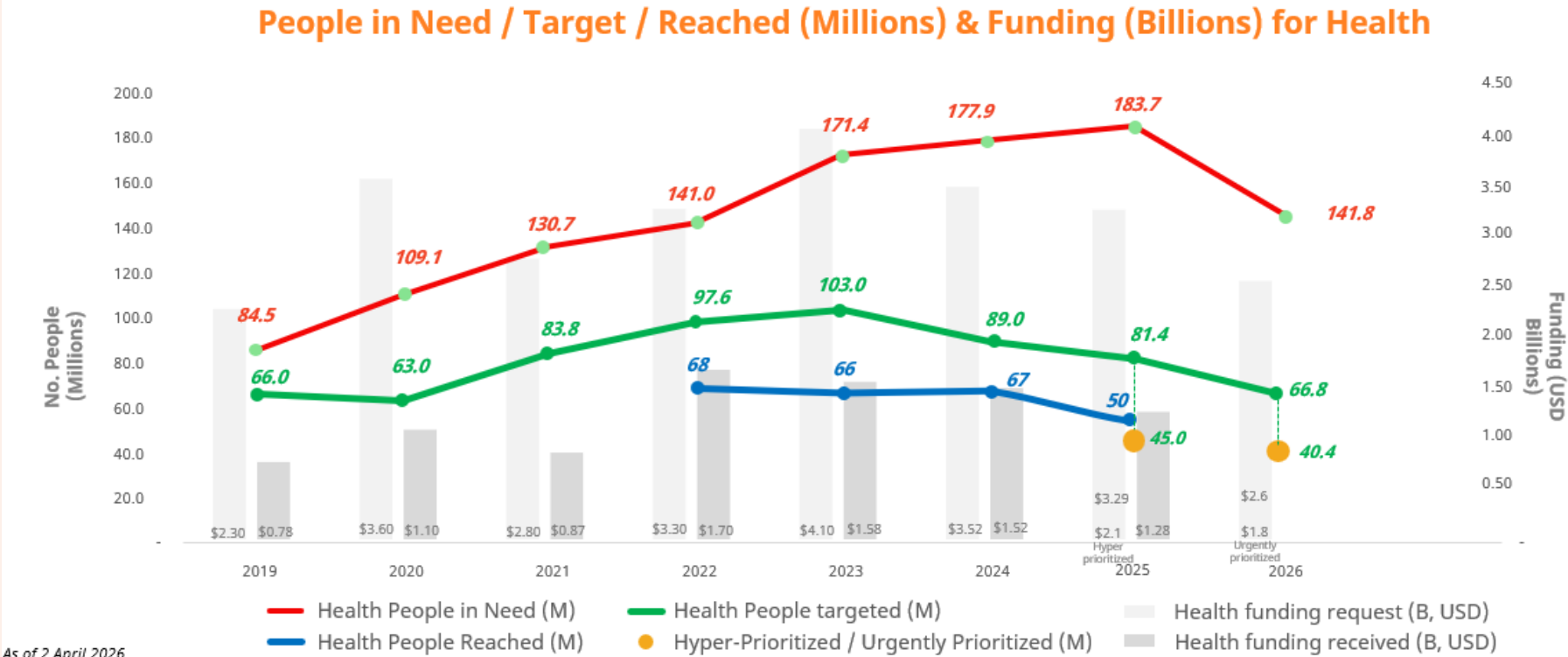
Rising humanitarian needs and crisis in the context of the Humanitarian Reset and reduced funding

305.9M

People needed humanitarian assistance by end 2025, a 4-fold rise since 2015

US\$23bn

Needed now for the most life-threatening needs of 87 people in 80 countries



Funding constraints affect health facilities and health coverage

Health facilities affected

8,317

facilities affected by
2025 funding cuts across
22 settings affecting
61m people - 72% of
people in need

2,968

facilities forced to
suspend operations

Health coverage insufficient

only 61%

of people targeted for
humanitarian aid were
reached in 2025



Funding constraints affect essential health service delivery in fragile and conflict-affected contexts

UNHCR Health Services for Refugees

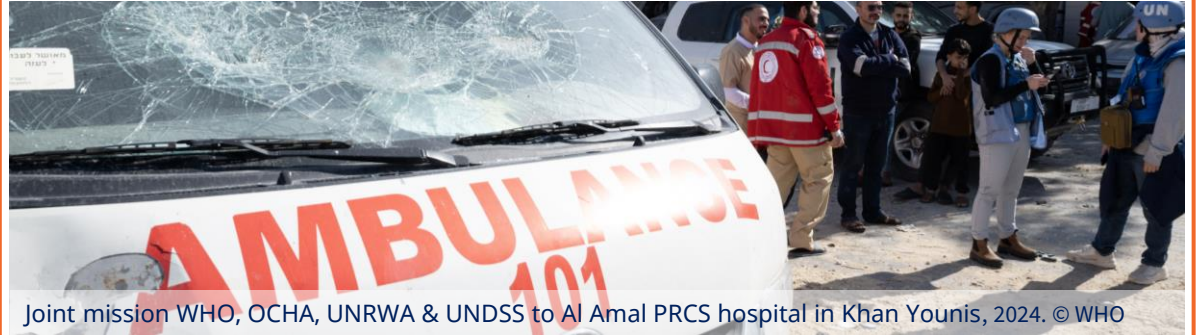
UNHCR is progressively retreating from health **delivery** (formerly across 63 countries). WHO cannot absorb the caseload alone.

Maternal, newborn & child health

Evidence links clinic closures to **maternal deaths in Afghanistan, Ethiopia, & Yemen.**

Gender-based violence (GBV)

>**60%** of organizations in humanitarian settings have **scaled back or stopped GBV services.**



Joint mission WHO, OCHA, UNRWA & UNDSS to Al Amal PRCS hospital in Khan Younis, 2024. © WHO

General Clinical and Trauma Care

Only 16% of clinical and trauma care available (across 19 FCV country contexts). 84% are (partially) unavailable or not functional.

Mental Health & Psychosocial support

73% of MHPSS positions lost, **affecting close to 1 million people** across 32 countries

Malnutrition & Famine

14 million expected **children at risk** from 2025 nutrition funding disruptions

Attacks on health care further increase pressure on health delivery

THE GLOBAL SCALE

791

Incidents across 17 countries, between **Jan 2026** and **19 Jul 2026**.

10.200+

attacks documented **since 2018** across **27 countries**.

> 5700 deaths & 8400 injuries
+ 5200 HCWs & 5600 facilities impacted

1,404

attacks on health care verified with 968 facilities **& 626 HCWs affected in 2025**



Makariv District Hospital in Ukraine, 2021. © WHO

WHAT HAPPENS ON THE GROUND – Ukraine reported the highest number of incidents globally in early 2026 (n = 194)

Attack types through SSA in Ukraine since February 2022, total



WHO classifies a total of 15 types of attacks, incl. assault, abduction & arrest

Cuts and funding constraints heavily impact WHO's and HC partners operational capacity

46%
(86 out of 185)

of all Health Cluster Coordination staff are at risk after 3 months, inhibiting efforts under the humanitarian reset to strengthen multisectoral planning, support area-based coordination and transition to national capacity.



COORDINATION



INFORMATION



PARTNER CAPACITY

CUTS

48% (12/25)
of Health Cluster Coordinators at the national level are at risk of losing their position after 3 months

46% (12/26)
of Information Management Officers at national level are at risk after 3 months

7 out of 11
of our key NGO / other partners co-coordinators have already lost their positions

IMPACT



Coordination is needed to prioritize resources, avoid gaps and deduplicate.



The information capacity that optimal use of resources relies on is weakened.

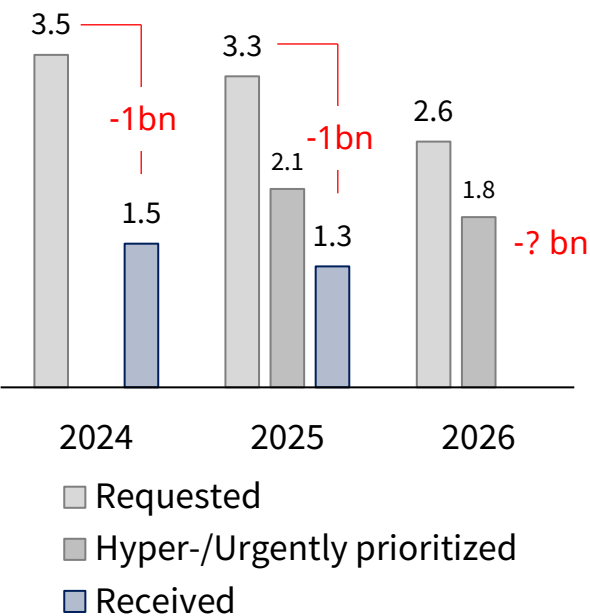


WHO loses key partners. National and local actors lose an important entry point to take more lead.

Under challenging circumstances, WHO is adapting how it delivers

Requested vs. received funding for health

2024 – 2026, USD billion



As of 2 April 2026

WHO delivering on localization



WHO raised country-level emergency funding to local actors from 18% to 41%: advancing the power shift agreed under the Grand Bargain, even as overall resources contract.

Reserves under strain



Lower donor contributions and reduced reimbursement rates leave limited buffer in the Contingency Fund for Emergencies (CFE).

Health at risk of being sidelined



Among the top humanitarian needs, health received only around 10% of country-based pooled fund allocations in 2025-26.

El Niño - An imminent, predictable shock on an already overstretched system



A time-limited window for Health Action

1

CLIMATE HAZARDS

Heat, floods, drought, cyclones; shifting disease vectors

2

HEALTH RISKS

Heat-related illness, water-, vector- & food-borne diseases, malnutrition

3

HEALTH SYSTEM IMPACT

Facility damage, service disruption, reduced access to care

WHO is already acting – and must sustain it



ACT NOW

- Risk prioritization & forecasting
- Surveillance, plans & partners



GET READY

- Strengthen readiness before impact
- Risk communication & mitigation



RESPOND

- Scale where impact hit
- Health cluster & emergency operations

A highly challenging situation

Across the globe, we face rising humanitarian needs and shrinking resources.

Increased mortality, morbidity and displacement are the real consequences of the financial constraints.

Without key coordination capacities, health care provision will be left uncoordinated and unaligned with national and local systems.

WHO keeps responding, acting and adapting. **Through this reset, WHO will have the chance to focus on what it is uniquely positioned to do in humanitarian operations.**

Member States can rely on WHO to support them in this new context to jointly ensure health care is provided within emergencies.

Our Ask to Member States

1. Back **WHO's 2026 Health Emergency Appeal**: about US\$1 billion, flexible for the most severe emergencies.
2. Protect a **"health minimum"** within humanitarian financing.
3. Support the **transition to nationally-led response** the Humanitarian Reset calls for and ask WHO for support in this.



Medical evacuation of patients from Gaza, 2026. © WHO