

Managing dilemmas and prioritizing responses

Discussion with Health Cluster Coordination Teams

12 March 2025

Purpose of today's session

To **provide tools to support your engagement with partners**

- as they make difficult decisions regarding service delivery and resource allocation
- as you proceed with prioritization process
- deal with gaps created
- impact on populations

Webinar open for

- For **national and subnational health cluster teams**
- Both engaged with partners
- Prioritization processes
- Need to anticipate impact

Will not provide solutions

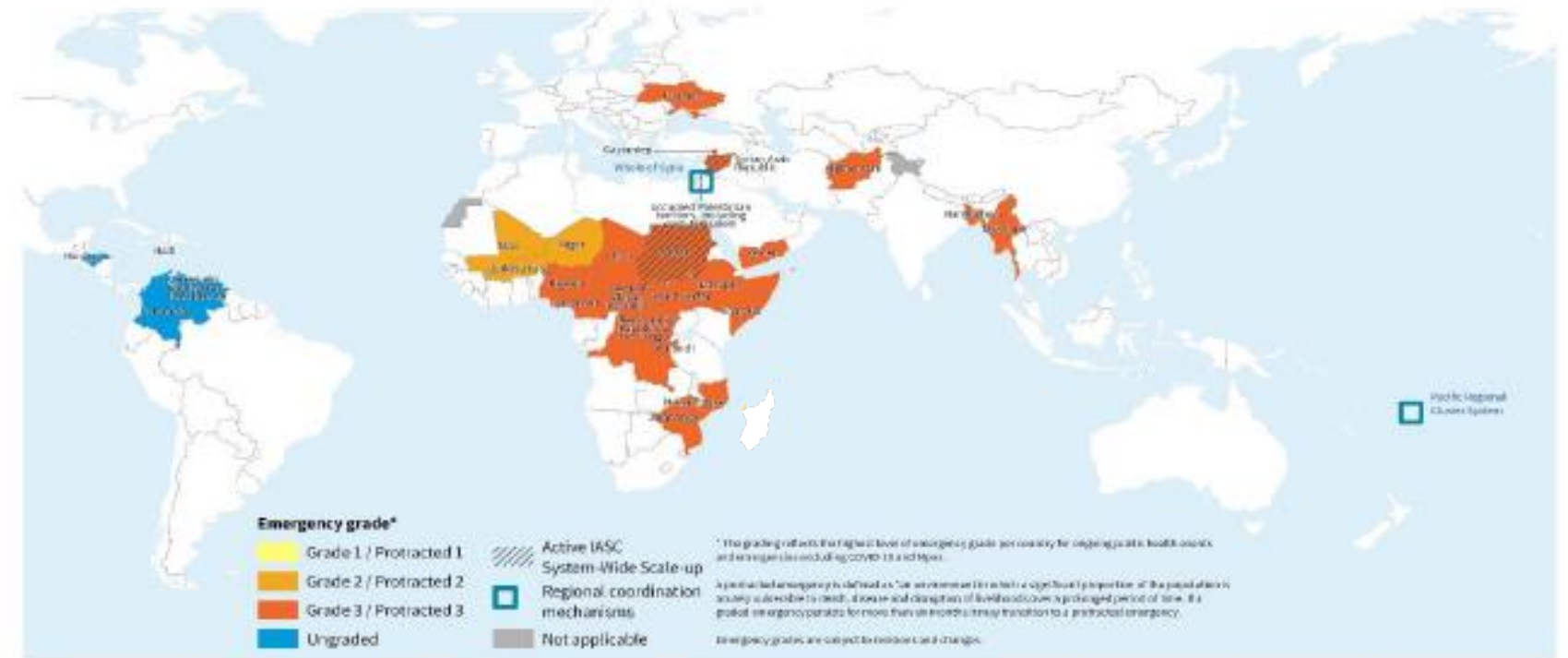
Provides framework to work

Current Context

Health Cluster Operations 2025

People in Need; 164.3M
People Targeted 75.2M
Number of settings 26
Funding 2.9B USD
Received 233M USD

of Partners 900
75% are LNAs



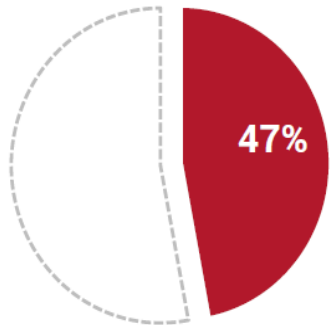
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Data Source: World Health Organization
 Map Production: WHO Health Emergencies Programme
 Map Date: 14 January 2025



Impact of US funding Freeze

OCHA Feb 2025



Almost half
Of funding for humanitarian coordinated appeals provided by the US last year

We are witnessing a seismic contraction of humanitarian action

Findings

- **Tens of millions of people are not being reached**, with partners reporting significant reductions in geographic coverage and people targeted.
- **National NGOs have been hardest-hit within the humanitarian system.** NNGO respondents reported the highest proportion of frozen funds (95%) and lowest proportion of waivers received (5%), as compared to INGOs and UN entities

Direct impact



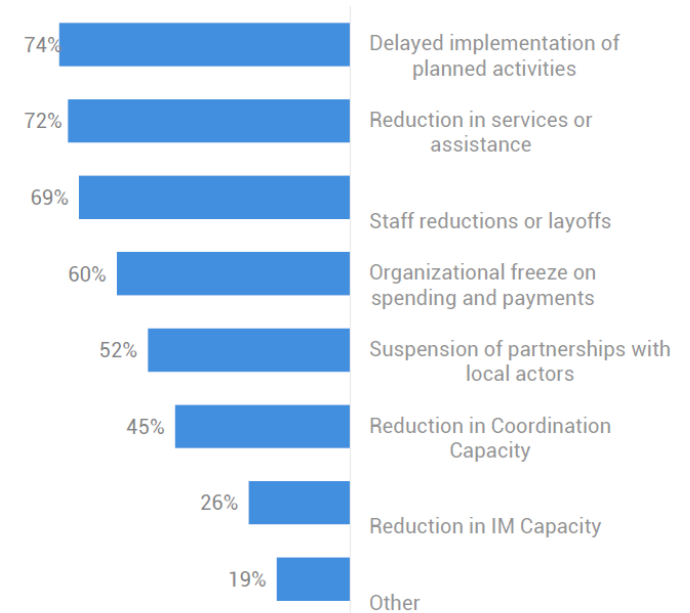
Geographical coverage was reduced almost by half

50% NNGOs; 45% INGOs and 45% UN entities



Major staff capacity reduction was reported

51% NNGO, 45% INGO, 37% UN



Impact of US funding Freeze on Health Cluster



Defunding Impacts in Health Facilities

Latest update: 10/03/2025

-DRAFT-

Health Cluster
All

2,604

Health Facilities affected

23.80M

Estimated Population affected

116

States/Provinces affected

381

Implementing Partners in States/Provinces affected

For the purpose of this exercise Health Facilities includes Hospital, PHC Health Facilities, Mobile Clinics and Other Structures / Service Delivery Points. Implementing partners are uniquely counted for State/Province, which could represent a double count at the National level.

Partners Affected by Country



| Health Cluster | Health Facilities Affected | Est. Population Affected |
|----------------------|----------------------------|--------------------------|
| Ukraine | 867 | 1,803,027 |
| Nigeria | 427 | 1,880,451 |
| Sudan | 335 | 1,500,000 |
| Yemen | 276 | 8,015,368 |
| Afghanistan | 188 | 1,576,000 |
| Syria Whole of Syria | 150 | 4,410,000 |
| Mozambique | 119 | 2,617,753 |

| Health Cluster | State/Province | Health Facilities Affected | Est. Population Affected |
|----------------|-----------------|----------------------------|--------------------------|
| Nigeria | Adamawa | 171 | 304,067 |
| Nigeria | Yobe | 145 | 185,769 |
| Ukraine | Dnipropetrovska | 137 | 455,692 |
| Ukraine | Kharkivska | 133 | 312,413 |
| Mozambique | Cabo Delgado | 129 | 2,617,753 |
| Ukraine | Odeska | 119 | 258,540 |



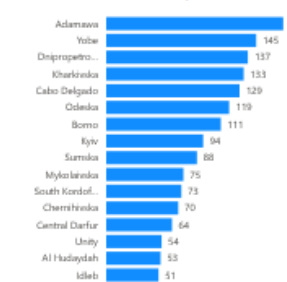
23.8M people affected*



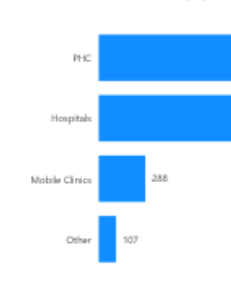
2604 health facilities suspended or reduced services

1244 PHC HF, 965 hospitals, 288 mobile clinics

Health Facilities affected by State/Province



Health Facilities affected by type



Implementing partners affected by State/Province



* From 12 out of 26 health clusters that have reported as of 10 March 2025

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Collective action for better health outcomes



The humanitarian reset



A humanitarian worker assists displaced families who fled armed violence in Sudan's Aj Jazirah State and sought refuge in Kassala and Gedaref States. Photo: OCHA/Yao Chen

Message from Emergency Relief Coordinator Tom Fletcher to the humanitarian community

New York, 10 March 2025

Dear IASC Principals,

This is a defining moment for the humanitarian community. As I set out in my [statement](#) following our meeting in February, we face a profound crisis of legitimacy, morale, and funding.

You asked me to be ambitious (and where necessary to take unpopular decisions) to reform how we work. I am conscious that we are doing this at a time when the people we serve are already reeling from the impact of cuts, and many partners are making tough organizational decisions. And when our principles are under sustained attack.

A tough message: we need to regroup. That is not easy. We believe passionately in what we do, with good reason. But we cannot continue to do it all. As we are experiencing, this means stopping work that we have invested in, and that we know matters. With resources slashed, our defining mission must be saving lives.

And we must renew. Reimagine how we work. Fight back, not for systems or institutions, but for the people we serve. Build fresh arguments and allies, locally and globally. Find new sources of funding.

We must both regroup and renew at the same time. I propose we do so on the foundation of three strategic priorities: the best possible crisis response with the resources we have; urgent work to reform and reimagine how we work; and shift power to our humanitarian leaders in country, and the people we serve. We need much lighter, more nimble coordination.

[Link to statement found here](#)

Humanitarian Reset

ERC Statement 10 March 2025

we face a profound crisis of legitimacy, morale, and funding

Recommended Actions

- Funding – prioritize LNA, support CERF, CBPF
- **Revise** humanitarian strategies to **prioritize life saving actions**, and simplify coordination
- EDG creating prioritization plan. OCHA mapping to **focus on Intersectoral Severity 4 and 5**. Reduce number of humanitarian response plans
- Create plans on reform
- Ensure communication
- Eliminate turf wars
- Uphold responsibilities as CLA, **Cluster Coordination role is essential to ensure discussions regarding prioritization of humanitarian action represent the totality of cluster memberships**

Ethics

Key questions to ask when facing dilemmas

What is a dilemma?

When facing a challenge
but all response options are bad, and
create some degree of inequity or even harm

Some examples of dilemmas during a humanitarian crisis

Choosing who should receive medicine or oxygen, when out of supplies

Suspending humanitarian programmes
Or health services

Curfews

Closing markets or shops in lockdown

insufficient WASH and IPC in frontline secondary health care facilities

Addressing traditional harmful practices or negative coping mechanism

What is a dilemma?

When facing a challenge
but all response options are bad, and
create some degree of inequity or even harm

Health clusters will have to deal with dilemmas

- **which populations to prioritize**
- **which services or response to prioritize**
- **Which populations will not receive life saving assistance**

What is ethics?

- study and practice discussing **standards to guide right actions.**
- **helps identify** and ideally agree upon **common guiding principles and values.**
- has evolved over hundreds of years and across all cultures
- There is not one right ethical concept
- Also helps ensure **decisions are taken in the right way**

Why do we need to make decisions in the right way?

Why should we use a tool to manage dilemmas?

- Maintain **public trust**
- Ensure consistency and decisions equally applied
(**not ad hoc**)
 - Transparent
- allows communities to be engaged when making a decision, and to challenge them
 - Ensures **frontline workers are supported**

Health clusters need to anticipate having to deal with dilemmas



<https://healthcluster.who.int/publications/m/item/ethics-key-questions-to-ask-when-facing-dilemmas-during-covid-19response-in-humanitarian-settings>

- Tool developed during COVID -19 response, but useful when facing any dilemma
- Tool is for Health Clusters and partners
 - To help **manage dilemmas, make difficult choices**
 - **In line with humanitarian commitments**

Developed with key partners



MHPSS Reference Group



Some fundamental concepts in Ethics





Equity (resources, opportunities, outcome)

- Regardless of vulnerability

Procedural justice

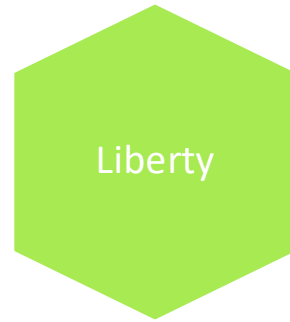
- Fair process making decisions
- Inclusive, with community, stakeholders, accountability



Aim is to **benefit others**



Do no harm



Fundamental human rights

- Socio, religious political freedom, movement, assembly, speech, health



Dignity

- **Values and preferences**
- Informed consent
- Privacy, confidentiality
- Socio cultural beliefs



Promote well being of individuals and communities

- **Proportional** balancing benefits vs harm
- **Efficient** greatest benefit with lowest possible cost

Current challenge

Maximise resources to support wider community vs withdraw services
Utility vs Beneficence, non maleficence

The tool

8 questions to ask

Tool: 8 key questions to ask

What should the process look like?

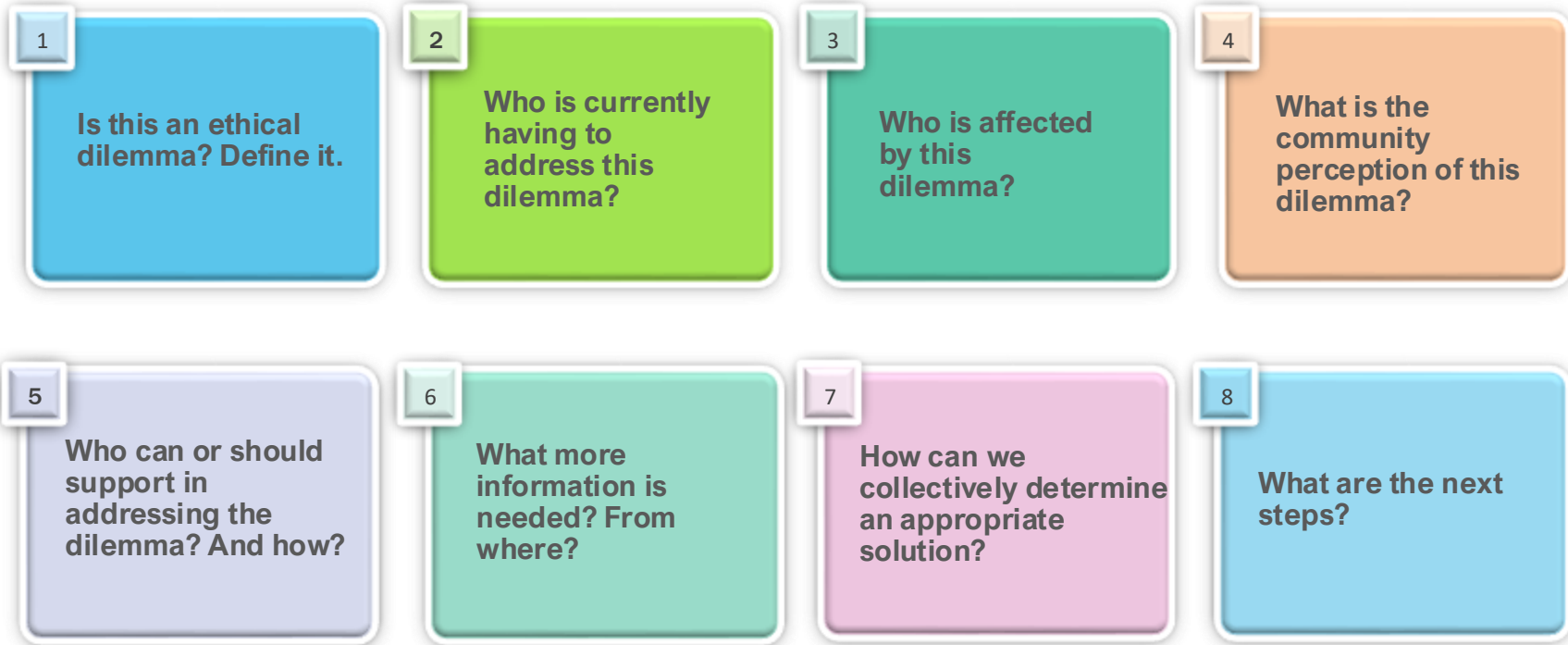
The objective

of developing a process is to ensure when facing a dilemma, the decisions made:

- Are consistent, i.e., not relying on ad hoc or individual decision making
- Take away the burden from individuals, especially frontline health care workers
- Maintains public trust

The process needs to:

- Be transparent
- Engage communities, including them in the process, to develop solutions, provide feedback and able to challenge decisions
- Ensure frontline workers have appropriate support e.g., from senior staff, supervisors, sector agreement, through SOPs etc



Tool: 8 key questions to ask

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- Ensure frontline workers, agencies have appropriate support e.g., from senior staff, supervisors, sector agreement

Understanding the issue

1

Is this an ethical dilemma?
Define it.

- Do I need to choose from a range of **bad options**?
- What are the **pros and cons** of each possible response option
- What are the ethical principles being challenged?
- What **rationale** currently being used to make the decisions?
- **What are my own biases** and cultural differences compared to that of the community?

2

Who is currently having to address this dilemma?

- Individual frontline workers
- Cadres of workers?
- Organisation, health cluster partners, MoH ?
- health cluster?
- everyone ?

3

Who is affected by this dilemma?

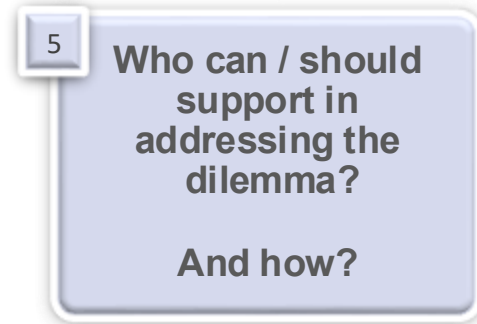
- Individuals within the population?
- Entire populations?
- **Certain groups disproportionately affected?** which?

4

What is the community perception of this dilemma?

- Are they **informed** about the different options?
- Are they able to **engage** in this process?
- What feedback mechanisms exist?
- What **do they think** about the different options?
- Are some more acceptable than others?
- Do they have **trust** in the existing system?
- Is their viewpoint **different** or at odds with mine or the humanitarian community?

Determining a way forward



Who

- Within organisation: supervisors, managers,
- Other health cluster partners, LNA, MOH
- health cluster as a whole
- Humanitarian Country Team (HCT)
- national authorities,
- Communities, etc

How

- **Create an environment to collectively discuss and manage dilemmas**
- Organizational or collective cluster **agreement** / e.g. SOPs
- **Advocacy** with HCT and others



Do I have enough info on

- Vulnerable /at-risk groups
- Community perceptions
- Impact of treatments or interventions on different groups

Where can I find more information?

- Protection risk assessment?
- Other clusters AAP platforms?

7

Collectively determine an appropriate response

- (If immediate action needed frontline workers should discuss with a supervisor)
- Create a **working group** to collectively address the situation (e.g., within organisation, health cluster)
- **Include communities**
- **Collectively review** the situation
- Decide ethical principles (or humanitarian commitments) to use to **analyse pros and cons** for each response option
- Decide on a “best option”
- Be **HONEST** about its impact including those who will lose out
- Collectively develop SOPs for the scenario as necessary
- Include **mitigation** measures for those who will lose out

8

What are the next steps?

- Where immediate response needed escalate with senior management
- **Use and disseminate SOPs** across organisation, health cluster and community
- Collectively **ensure advocacy** e.g., to HCT for unmet needs
- **Engage with communities**
- **Ensure feedback mechanisms exist including how to challenge decisions / SOPs made**
- **Provide MHPSS support** to frontline workers who may be distressed
- Review the dilemma,
- collect feedback,
- changing response as needed

Role of the Health Cluster

Health Clusters and Health Cluster partners should **collaboratively work** to address ethical dilemmas

- **Create an environment** to discuss dilemmas
- **Collaboratively develop a process** to analyse the dilemma and collectively agree on the best response option
- **Maximise existing resources and capacities**
 - e.g., improve referral, increase coverage of a service by a partner if another partner has to decrease or suspend theirs
- **Supporting frontline workers**, or partners making difficult decisions
 - through creating technical working groups developing SOPs that all partners will follow
- **Ensuring advocacy** is occurring
 - to highlight unmet needs to Humanitarian Coordination Team (HCT) and other stakeholders as necessary

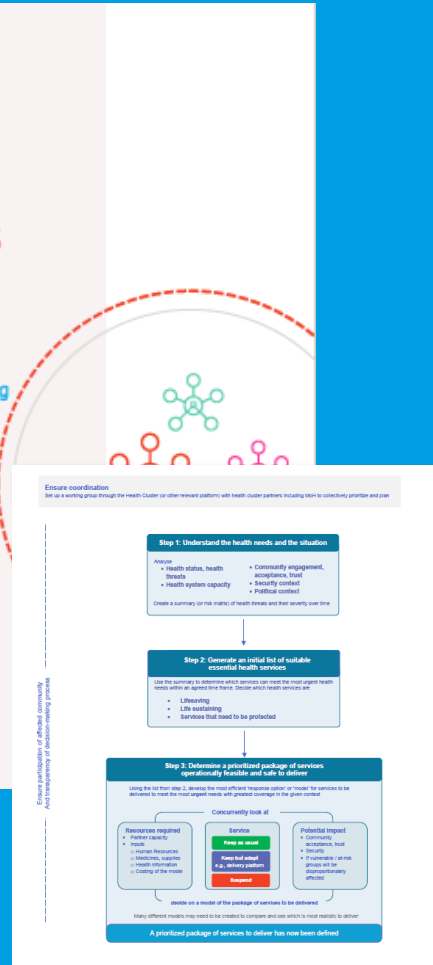
Prioritizing health services

Decision making to continue, protect or suspend services

Essential Health Services

A guidance note

How to prioritize and plan essential health services during COVID-19 response in humanitarian settings



<https://healthcluster.who.int/publications/m/item/essential-health-services>

- Tool developed during COVID -19 response,
- To be used by Health Clusters and partners
 - when usual capacities e.g. resources, operational feasibility to safely deliver services are compromised
- Is a decision-making tool to help prioritization of services
 - Anticipating
 - change in health needs
 - Impacts due to suspension of services
 - Other factors that increase risk of excess mortality and morbidity
- Can be used for any crisis, where prioritization needed

Helps determine which services to temporarily suspend, adapt, continue or protect



Collective action for better health outcomes



Guiding principles for prioritization

Safe service delivery

Must be safe for both patients to access care and for providers to deliver care

Coordination

Prioritization must be done collectively.
Evidence based, involving stakeholders

Community engagement, meaningful participation

Ensure voice of populations and their priorities is integrated
Understand needs, preferences, for diverse groups.
Ensure feedback mechanisms

An integrated approach, including with other sectors

Understand health threats across the life course
Examine if and how working with other clusters will increase efficiencies

Addressing the needs of vulnerable and at risk groups

Ensure needs of diverse at-risk groups understood
Aim that **prioritization of services does not impact them disproportionately**

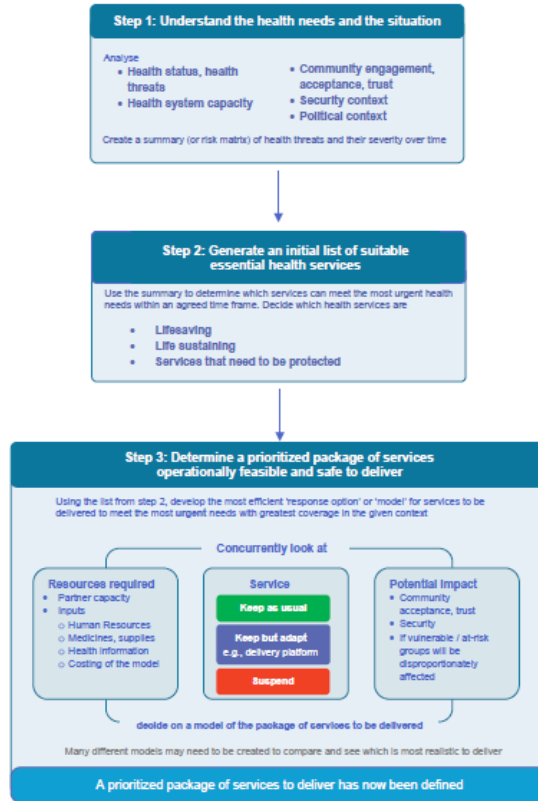
An ethical approach

Ethical dilemmas will occur. These should be addressed collectively and not fall upon individual HCW or organisations
See GHC guidance

Ensure coordination

Set up a working group through the Health Cluster (or other relevant platform) with health cluster partners including MoH to collectively prioritize and plan

Ensure participation of affected community
And transparency of decision-making process



Understand health needs and situation

Health status and health threats

e.g. population profile, environmental factors, overcrowding, WASH, nutrition, vaccination coverage, causes of morbidity, mortality, needs of vulnerable groups, community demand including preferences, barriers

Security political context

Risks for people accessing or providing services
Policies limiting services

Health system capacity

Inputs financing, management, supply chain, HCWF etc
Service availability
Community acceptance trust in pre-existing system

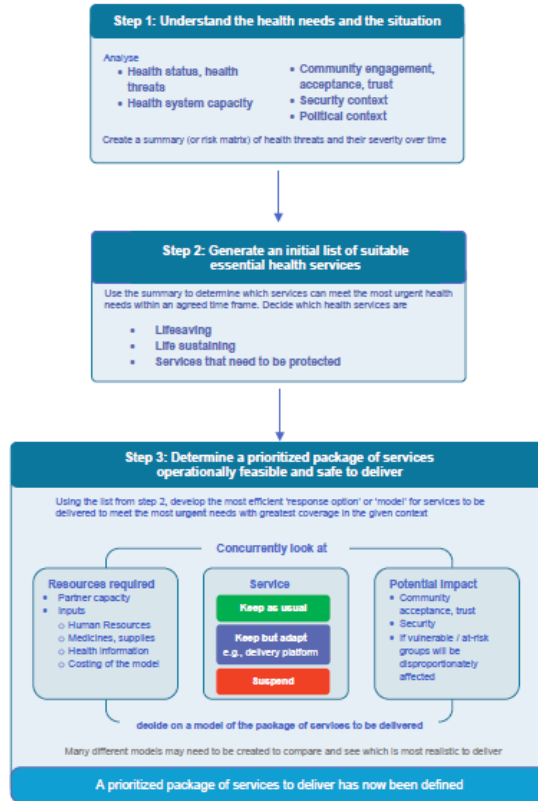
Community engagement, acceptance and trust

Understand community demand including priorities, preferences, barriers, trust
Expectations including on quality of services provided
Involvement in prioritization process to meet their priorities

Ensure coordination

Set up a working group through the Health Cluster (or other relevant platform) with health cluster partners including MoH to collectively prioritize and plan

Ensure participation of affected community
And transparency of decision-making process



Generate a list of priority services

That meet the most urgent needs

To be provided within an agreed time period

Life saving

Decreases mortality and morbidity

Time sensitive

Any disruption with cause immediate loss of life or harm

Life sustaining

Contribute to improving health outcomes

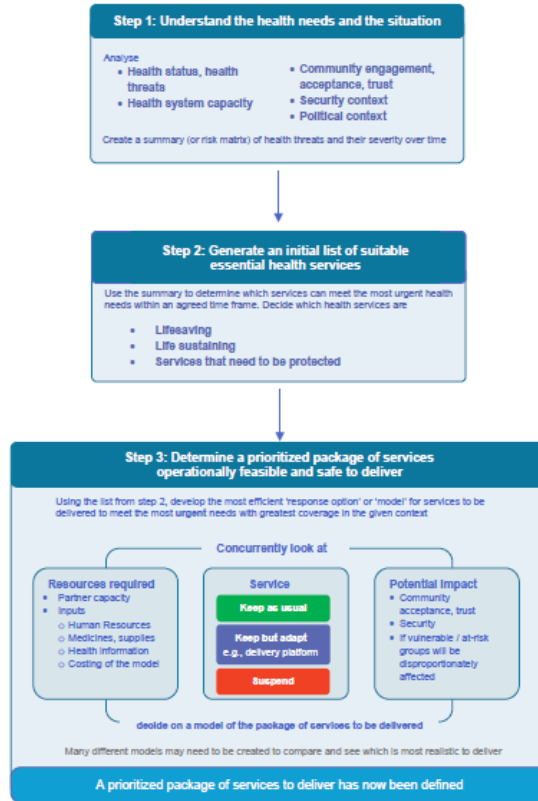
But temporary suspension will not result in immediate loss of life or psychological harm

Services that need to be protected

May not significantly decrease mortality or morbidity but **are critical** to meet basic needs of vulnerable or at risk groups, and help recover from harm e.g. GBV CMR services, accessible care for people with disabilities etc

Ensure coordination
Set up a working group through the Health Cluster (or other relevant platform) with health cluster partners including MoH to collectively prioritize and plan

Ensure participation of affected community
And transparency of decision-making process



Determine a prioritized package based upon what is Operationally feasible and safe to deliver

Review and discuss various response options

Concurrently look at

Adaptions

level of care, service delivery platform
Modality e.g. frequency of mobile clinic
Treatment protocols SOP
HR, task-shifting

Resources required

Partner capacity and sharing of resources
HR, medicines, health info costing

Potential Impact

Community acceptance, trust.
If vulnerable groups are disproportionately affected

determine

Services to maintain

Without change

Services to adapt

e.g.
Modality and service delivery platform
treatment protocols/ SOPs
task shifting to community

Services to suspend

Are referral pathways, transition to alternative care possible

Suspension will impact health needs, and thus resumption may become more urgent over time

- Does prioritizing groups in the population reduce costs
 - E.g. children and mothers?
- Prioritizing services, does it reduce costs?
 - 70% cost is HR
- For provider absorbing populations
 - Will they need to prioritize services

Next steps

Communicate with communities

Changes occurring, prioritization rationale,
Where to access care in future / referral
Ability to give feedback and challenge decisions

Ensure advocacy

Describe unmet humanitarian needs to all
stakeholders
Describe health threats, needs, gaps, challenges,
impact.
Suggest priority actions to support

Support frontline health care workers

Facing ethical dilemmas or distress of suspension

Monitor impact on health needs and situation

Impact of suspended services and resultant
cumulative health needs

**Agree criteria to trigger a review the
prioritized package**

Other resources

IASC Guidance on Cluster Transition and Deactivation

For Country-Level Clusters
and Cluster Lead Agencies

October 2024

<https://interagencystandingcommittee.org/operational-policy-and-advocacy-group/iasc-guidance-cluster-transition-and-deactivation>



Collective action for better health outcomes



A.4 Planning communication

Good communication on transition is critical to its success. This helps stakeholders' understanding and supports their buy-in to both the transition process and to any subsequent coordination mechanism. An HCT overall transition strategy should have a communication component - or be accompanied by a communication strategy - to ensure consistency of messaging to government and partners (local, national, and international), and affected people. Each cluster should consider how to communicate about its transition approach, aligned to the HCT transition communication strategy if there is one in place. *See Annex D - Example template for communication planning.*

Considerations when planning communication include:

- Messaging to government and other actors should be clear and consistent from all levels, in public and private.

● ...ur creation.

● ...f change in circumstances, this must be clearly explained.

● ...that there may be negative outcomes of a
done to mitigate risks and negative outcomes.

A.3 Conducting risk analysis

An analysis of any risks of cluster transition and deactivation should be conducted as part of the cluster's transition planning. The risk analysis should be straightforward, and operational. It should identify specific risks of transition and deactivation (particularly to affected people), the likelihood of the risk occurring, and the potential impact. It must include any protection risks specific to the sector that might be exacerbated by, or result from, changes in the coordination of the sectoral humanitarian response. It should identify mitigating measures that could be taken and specify how the monitoring of risks will be done. Finally, it should identify if risk level is acceptable, and if transition should be moved forward. If the level of risk is not deemed acceptable, the timeline or model for transition should be revisited. *See Annex C - Example risk analysis template.*

- Mitigation activities should be included in the cluster's transition workplan, and in the workplan of any entity continuing coordination functions.
- Risks, and their reduction through mitigation activities, should be included in transition benchmarks, as relevant.
- Risks should be monitored (include in the transition monitoring plan, and identify responsible for monitoring, and how) and the risk analysis updated as needed.

Identified risks should be communicated well to any bodies taking over any coordination functions and should be transparently communicated to cluster members during the transition process as appropriate. Consider how to gather inputs from, or conduct analysis joint with, stakeholders including any relevant development and government actors and any bodies continuing coordination functions, to ensure common understanding and planning against the risks.

If the context has factors that might change (e.g., humanitarian needs, political climate), consider conducting scenario planning to inform both the risk analysis and the transition plan. Consider possible context scenarios, likelihood, consequences, and any changed planning assumptions. This is particularly relevant for responses that initiate transition planning shortly after deactivation.

Please note that this analysis is meant to identify risks in the process of transition, and not a type of risk analysis that might be conducted to inform emergency preparedness.

A.2 Promoting localization

Recognising and strengthening national and local systems and capacities should be a strong focus of the cluster's transition workplan, both for the continuation of delivery of quality humanitarian response after cluster deactivation, and to support future preparedness. This is in line with the IASC's commitment to the [Principles of Partnership](#).

Examples of efforts to support local and national actors before and during transition include:

- Specific consultation with local and national actors⁴⁵ on which coordination functions are needed after deactivation, and promotion of their participation throughout the planning of the transition.
- Promoting participation, representation and strategic leadership in the cluster, to strengthen coordination leadership capacities in line with IASC guidelines.⁴⁶
- Provision for appropriate leadership of local and national actors in any coordination body taking over coordination functions, and appropriate inclusion national and local NGOs and other civil society actors in these mechanisms.
- Promoting funding access e.g., promoting direct linkages with donors.
- Institutional and technical capacity-strengthening to support local and national actors' continued operational implementation after cluster deactivation.
- Supporting advocacy skills and connections e.g., through inclusion in strategic roles in the cluster (such as SAG membership or co-ordination at national or sub-national level).

See: [Inter-Agency Toolkit on Localisation in Humanitarian Coordination](#)⁴⁷ for guidance on coordination considerations.