

Johns Hopkins Center for Humanitarian Health (CHH) – Lancet Commission on Health, Conflict, and Forced Displacement: *Health in a World of Crises and Impunity*

PRIORITY ACTIONS FOR AFFECTED POPULATIONS

Background and Context

Armed conflicts are driving prolonged humanitarian health crises in affected countries and large-scale forced displacement of populations. Conflict-related deaths nearly doubled between 2021 and 2024, and over 123 million people are now forcibly displaced. In 2026, an estimated 239 million people require humanitarian assistance, yet only a fraction are likely to receive life-saving care. Health and human rights are increasingly violated with escalating impunity, and such violations reflect failures of obligation, not inevitable consequences of armed conflict. The system intended to protect them is failing, fragmented, politicised, under-resourced, and inequitable.

The CHH–Lancet Commission on Health, Conflict, and Forced Displacement was established in 2024 to address the escalating failures of the humanitarian system and their impact on the health of populations affected by armed conflict and forced displacement.

to guide principled humanitarian action in contemporary humanitarian settings. Neutrality and independence remain essential and context-dependent means to ensure access and acceptance.

- Use health outcomes as measures of performance, indicators of compliance, and triggers for formal investigation and accountability across the system.

3. Fix the Money: scale predictable, needs-based, and equitable financing that centres the needs of affected populations and supports the agency of local actors.

- Establish an independent global pooled humanitarian fund, governed independently of UN agencies and bilateral donors, with allocations based on assessed need and equity.
- Substantially expand cash-based assistance so that affected populations have agency over their own lives, strengthen local economies, and support more efficient and equitable delivery of assistance.
- Integrate humanitarian action with national health and social protection systems, ensuring displaced populations have access through these systems rather than parallel structures.
- Deploy innovative financing instruments – including anticipatory financing, blended finance, and disaster risk insurance – to diversify and stabilise financing.

Overarching Recommendations

1. Invert the Power: transform humanitarian governance and operationalise localisation and decolonisation.

- Shift governance, funding, and decision-making to affected communities and locally legitimate actors.
- Apply a crisis typology and decision matrix to guide context-specific governance models and clarify the rationale, scope, and duration of regional and international actor involvement.
- Consolidate the fragmented UN humanitarian system toward a single, integrated and accountable operational entity, replace the Cluster System/Refugee Coordination Model where appropriate with fit-for-purpose incident management systems, and ensure coordination delivers clear leadership and measurable results.

2. End Impunity: centre accountability in international humanitarian law and principled humanitarian action.

- Establish a Global Health Protection Alliance – comprising States, UN entities, and NGOs – to systematically act when health protections are violated.
- Apply five core humanitarian principles – humanity, impartiality, do no harm, solidarity, and accountability –

4. Uphold Health for All: ensure continuity of equitable, safe, and locally anchored healthcare, with a focus on populations most at risk.

- Anchor health responses in the right to health, prioritising equity and essential services for populations at greatest risk, including women, children, older adults, and people with disabilities.
- Ensure continuity, quality, and safety of care across crisis settings, delivering essential services based on need and adapted to context, and integrate climate resilience and the use of technology – including artificial intelligence – as core enablers of system performance, with appropriate safeguards from the outset.
- Ensure the protection of health care and health workers as a non-negotiable right, integral to health outcomes and shared across States, non-State actors, and the humanitarian ecosystem.
- Integrate climate resilience into health systems transformation from the outset, including across health infrastructure, supply chains, and service delivery models.
- Deploy technology, including artificial intelligence, with appropriate safeguards for equity, data protection, and human oversight.

Priority Actions for Affected Populations

1. Access Care and Know Your Rights

- Know that you have the **right to free, impartial, and accessible healthcare** regardless of your nationality, displacement status, religion, or political affiliation. Humanitarian organisations are required to provide care based on need alone.
- **Seek care from community health workers, local clinics, mobile health units, and other available services.** Where national health and social protection systems exist – including health insurance schemes – you may be entitled to be included in them; advocate for your inclusion rather than accepting referral to separate, parallel services.
- Understand that attacks on health facilities, health workers, and medical transport are against international law. **You have the right to access care safely, and health workers have the right to treat you without fear of reprisal.**
- **Report denied care or attacks on health care** to local health authorities, humanitarian organisations, or community representatives. These reports matter: they help build the evidence needed for accountability.

2. Engage and Strengthen Local Health Systems

- **Support community health workers, mutual aid networks, mobile clinics, and local health initiatives.** These are often the most reliable and trusted sources of care, and they depend on community engagement to function.
- **Contribute where you can to health promotion, disease prevention, and peer support within your community.** Local knowledge and action save lives.
- **Share local knowledge about climate-related health risks** – seasonal disease patterns, flood or drought cycles, heat hazards – with community health workers and humanitarian organisations. This knowledge is essential for early warning and preparedness, and is often absent from official systems.
- **Participate in community health governance structures where they exist,** including local health committees or community representatives within coordination bodies. These are the channels through which community priorities shape decisions.
- **Advocate** – if you are a displaced or refugee health professional – for pathways that allow you to practise. Your skills are important and often underused.

3. Report Problems and Demand Accountability

- **Use complaint and feedback mechanisms** wherever they exist to report poor quality care, gaps in services, or misconduct. Where these mechanisms do not exist, work with others to advocate for their establishment.
- **Organise with others to demand transparency:** who is making decisions about your healthcare, how resources – such as funding and supplies – are allocated, and what

outcomes are being achieved? These are legitimate questions you have the right to ask.

- **Document disruptions to services, attacks on health facilities, and denials of care.** This documentation is essential for accountability at local, national, and international levels.
- **Push for health outcomes** – not just activities or spending – to be used as measures of whether the response is working.

4. Promote Inclusion and Protect the Most Vulnerable

- **Ensure that the voices and needs of those at greatest risk** – women and girls, children, older adults, people with disabilities, and other marginalised groups – are actively represented in community health structures and decision-making processes.
- **Demand that humanitarian health programmes account for climate hazards specific to your context** – including how floods, heat, drought, and disease outbreaks affect access to care – and that climate adaptation plans are developed with affected communities.
- **Support cash-based assistance programmes** where they exist: cash can restore your ability to make your own choices about how to meet your needs, support local economies, and help you access care.
- **Challenge discrimination and exclusion within communities.** Equitable health outcomes depend on inclusion, including of those whose needs are most easily overlooked.

5. Engage Critically with AI and Digital Tools

- **Ask** – where AI and digital health tools are being used – **who controls the data, who has access to it, and what safeguards are in place.**
- **Assert your right to own and control your personal health data.** Do not assume that data collected about you is protected – seek clarity on how it is used and stored.
- **Report risks, errors, or misuse of digital tools** through any available feedback channel. Where no such channel exists, raise it with community representatives or humanitarian organisations.
- **Insist that digital tools used in your community are safe, accessible, and accountable,** and that they serve your health needs, not the interests of those deploying them.