

# 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 LOCAL AND NATIONAL NON-GOVERNMENTAL ORGANISATIONS

### 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 Local and National Non-Governmental Organisations

### 1. Assert Your Role and Demand Accountability Upward

- Use the Commission's decision matrix to articulate the basis for your leadership in any given context: where you have legitimacy, capacity, and community trust, regional and international actor involvement must be clearly justified, time-limited, and under your leadership.
- Negotiate explicit entry and exit conditions with international partners from the outset, including transition timelines, capacity transfer commitments, and resourcing arrangements — and avoid partnerships that transfer operational and security risks to you without adequate financial and institutional support.
- Document and report publicly on the gap between what international actors claim to devolve and what is actually transferred in terms of authority, funding, and decision-making.

### 2. Claim Equitable Partnership Terms

- Refuse overhead and cost recovery arrangements that fail to cover your real operational costs. Inadequate indirect cost recovery can lead to financial fragility, staff attrition, and institutional dependency.
- Demand fair risk-sharing arrangements with international partners, including insurance, security protocols, and legal protections that match the operational risks you absorb.
- Build and use peer networks, including civil society coalitions, pooled funds, and regional platforms, to reduce dependency on single international intermediaries and diversify funding sources.

### 3. Lead on Accountability to Affected Populations

- Establish community feedback and complaint mechanisms with genuine redress authority, and treat accountability to affected populations as a core operational responsibility, not only a donor requirement.
- Use your proximity and community trust to generate evidence on health outcomes, protection failures, and service gaps, and share this evidence publicly to strengthen accountability across the system. Resist being instrumentalised: where international actors seek to use your community access, legitimacy, or local knowledge without genuine partnership, transparency, or shared decision-making, raise this publicly and, where necessary, decline such engagement.

### 4. Invest in Institutional Sustainability

- Prioritise institutional capacity, such as financial management, human resources, data systems, and governance, as a strategic investment, not a compliance burden; advocate for funding that fully covers these costs.
- Engage with national authorities to ensure your organisation's work is recognised within national health and social protection planning frameworks, reducing dependence on project- by-project humanitarian financing and supporting longer-term system integration.
- Advocate publicly and through coalitions for direct financing of local actors, reform of overhead arrangements, and establishment of an independent global pooled fund, and hold international actors accountable when commitments are not met.