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 UN AGENCIES

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.

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 – 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.

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 UN Agencies

1. Restructure to Serve Local Leadership

- **Consolidate operational humanitarian surge capacity toward a single, integrated and accountable UN humanitarian entity** capable of rapid deployment in acute crises. Retain and resource the normative, regulatory, and treaty-mandated functions of existing agencies — WHO, UNHCR, UNICEF, and others — focusing on developing standards, providing technical leadership, and promoting accountability rather than default operational delivery.
- **Replace the Cluster System with context-specific incident management systems** where appropriate in acute and acute-on-protracted crises, and progressively shift coordination authority to nationally-led arrangements in protracted settings, using the Commission's decision matrix.
- **Apply subsidiarity as the governing principle:** exercise leadership, coordination, or service delivery only where locally legitimate and capable alternatives are absent, for clearly defined and time-limited purposes, with clear plans for transition to accountable local or national leadership.
- Ensure that **Humanitarian Country Teams give genuine decision-making authority to local and national actors** — not symbolic participation — and that their composition and working modalities are accessible to local actors and subnational governance structures.

2. End Impunity and Enforce Accountability

- **Systematically document and report attacks on health** workers, facilities, patients, and medical transport through agreed data systems, and use health outcomes — excess mortality, service disruption, and continuity of care — as indicators of protection failure and triggers for formal international scrutiny.
- **Support the establishment and functioning of a Global Health Protection Alliance** of States, UN entities, and NGOs to coordinate diplomatic pressure, evidence preservation, and consequences for repeat violators, and ensure consistent follow-up to UN Security Council Resolution 2286.
- **Make accountability to affected populations enforceable within your own systems:** establish community-centred monitoring, feedback, complaint, and redress mechanisms with genuine decision-relevant authority, not consultation without consequence.
- **Apply accountability across the full chain of actors and decisions,** including donor policies, coordination failures, and institutional disengagement — not only to frontline implementers.

3. Fix the Money

- **Support the establishment of an independent global pooled humanitarian fund with governance separate from UN agencies and bilateral donors,** with allocations based on assessed need and equity — and transition away from fund management arrangements that conflict with this independence.
- **Shift direct financing to local and national actors as the default,** not the exception: reduce the layering of international intermediaries, reform overhead arrangements to cover real operational costs for local partners, and publicly report on the proportion of funding reaching local actors at each level.
- **Align financing horizons with the realities of protracted crises** by advocating for and operationalising predictable, multi-year funding that supports continuity of care, workforce retention, and integration with national health and social protection systems.
- **Advocate for multilateral development banks to mainstream the health and social protection needs of displaced populations** into lending portfolios for conflict-affected states, reducing administrative barriers and prioritising integration into national systems over parallel financing structures.
- **Coordinate systematically with multilateral development banks and national governments** to bridge the persistent gap between short-term humanitarian financing and long-term development investment, particularly in protracted crises where multi-year development financing instruments are better suited than emergency appeals to sustaining essential services, health workforce capacity, and social protection coverage.

4. Declare, Deliver, Integrate, and Exit with Accountability

- **Align operational activities with national and subnational health system priorities from the outset** — recognising this is most feasible where legitimate authorities and capable local and national actors exist, particularly in acute-on-protracted and protracted settings, and requires more flexible approaches where governance is absent or contested.
- Before commencing operations, **state explicitly what will be delivered, for how long, and how services will be handed over or sustained** — and publish these commitments with regular progress updates.
- **Avoid parallel service delivery structures;** invest instead in nationally integrated delivery, information, and procurement systems, with parallel provision limited to time-bound, exceptional circumstances. **Treat inclusion of displaced populations in national health and social protection systems, including health insurance schemes, as the primary modality,** pursued progressively as capacity and political conditions allow, with parallel humanitarian provision limited to genuine gap-filling.
- **Plan transitions to local and national leadership from day one:** set explicit, measurable benchmarks for handover, capacity transfer, and responsible exit — published publicly and updated regularly. Where capable local actors exist, transition begins immediately; where they do not, clear triggers for handover should still be defined.