

# 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 NATIONAL AND SUBNATIONAL AUTHORITIES

### 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 National and Subnational Authorities

### 1. Uphold the Law and Protect Civilians

- **Embed protection of civilians and healthcare into national law, military doctrine, and rules of engagement**, with responsibilities clearly assigned across national authorities, including clear command responsibility and enforceable sanctions for violations by State and non-State actors.
- **Ensure that health professionals are never punished for providing impartial care** based on medical need alone, and that attacks on health facilities, workers, patients, and medical transport are systematically investigated and prosecuted.
- **Train weapon-bearers on their obligations under international humanitarian law**, including the prohibition of attacks on health infrastructure and the duty to allow humanitarian access, through authorised authorities or impartial organisations.
- **Document violations systematically and submit evidence** to national and international accountability mechanisms.
- **Include internally displaced persons, refugees (and other non-nationals) in national health and social protection systems**, on an equitable basis and in line with international legal obligations. Where the State cannot deliver, ensure unimpeded access to impartial humanitarian care.

### 2. Lead Coordination and Plan for Transition

- **Assert authority as the primary convenor of health system planning and crisis response**, and hold international actors accountable to national and subnational priorities, not the other way around.
- **Require humanitarian actors to align with national health strategies**, report on outcomes rather than activities, and plan explicitly for transition to nationally-owned delivery from the outset, with clear, time-bound exit benchmarks rather than indefinite substitution.
- **Apply a crisis typology lens to governance**: directive, time-bound coordination in acute crises; hybrid approaches in acute-on-protracted settings; and nationally-led system integration in protracted crises.
- **Establish feedback and redress mechanisms at subnational levels** with clear links to decision-making authority and documented resolution, so affected populations can see how concerns are acknowledged and acted upon.
- **Mandate independent third-party evaluations for humanitarian actors**, with results made publicly available and linked to operational and funding decisions.

### 3. Deliver Equitable, Continuous, and Safe Healthcare

- **Invest in context-adapted essential packages of health services**, anchored in primary healthcare and the right to health, with equity and continuity of care as non-negotiable standards across crisis settings.

- **Protect and retain the health workforce**: prioritise worker safety and psychosocial support, fair remuneration, and accreditation pathways for displaced and returning health professionals.
- **Remove user fees and reduce out-of-pocket expenditures in acute emergencies**, and integrate displaced populations into universal health coverage and national social protection systems on an equitable basis, rather than managing them through parallel structures.
- **Use health outcomes**, such as excess mortality, service continuity, and coverage, as the primary measures of whether the response is working, rather than activity counts or spending levels.

### 4. Secure and Diversify Financing

- **Invest domestic resources in health system preparedness and resilience**; do not treat crisis response as solely dependent on international humanitarian financing.
- **Demand predictable, multi-year, flexible financing** from donors based on assessed need and equity rather than donor political priorities; avoid financing arrangements that condition health funding on political reciprocity.
- **Require that humanitarian financing flows increasingly and directly to national and local actors**, with overhead arrangements that cover real operational costs, rather than channelling the majority of funds through international intermediaries.
- Integrate humanitarian financing with national social protection mechanisms and health insurance schemes, and **deploy anticipatory financing and innovative instruments** to strengthen forward-looking fiscal resilience.

### 5. Build Climate-Resilient, Digitally Responsible Health Systems

- **Integrate climate risk into health system planning from the outset**, across infrastructure, supply chains, service delivery, and workforce deployment, rather than treating climate adaptation as a separate or secondary concern.
- **Embed climate-sensitive indicators into health information and surveillance systems**, and invest in early warning and anticipatory capacities, including predictive analytics and forecasting tools.
- **Govern the use of technology – including AI – through national frameworks** that guarantee equity, data protection, community oversight, and human accountability, ensuring digital tools support rather than replace frontline workers and community systems.