

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 REGIONAL 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 Regional Organisations

1. Assert a Governance Role, Not Just a Coordination Role

- Use the Commission's decision matrix and crisis typology to **position regional organisations as legitimate governance actors, not merely coordination platforms**, particularly in contexts where global mechanisms lack local legitimacy, access, or political acceptance.
- **Advocate within your membership for explicit mandates, activation protocols, and predictable financing** to lead cross-border coordination, disease surveillance, pooled procurement, and surge capacity — functions where regional proximity offers clear comparative advantage over global actors.
- Where State legitimacy is contested or global actors face access constraints, **assert your organisation's role as the primary bridge between national and international levels**, and avoid being limited to an advisory or observer function within global humanitarian architecture.

2. Strengthen Regional Health and Protection Capacities

- **Invest in regional platforms for early warning, health intelligence, and anticipatory action**, including climate and conflict risk analysis, that feed directly into national preparedness and response planning rather than duplicating global systems.
- **Develop shared regional frameworks** for health workforce credentialing, cross-border continuity of care, and mutual recognition of qualifications, enabling displaced health workers and populations to access services across borders without administrative barriers.
- **Build and maintain regional stockpiles, logistics platforms, and emergency procurement mechanisms** that can be activated faster and more cost-effectively than global supply chains, particularly for acute and acute-on-protracted crises.

3. Champion Localisation and National Ownership

- Use your political authority and convening power to **hold Member States accountable for localisation commitments**, including direct financing of local actors, transfer of decision-making authority, and integration of displaced populations into national health and social protection systems.
- **Actively promote inclusive refugee and displacement policies among Member States**, demonstrating that national system integration is more cost-effective and equitable than parallel humanitarian provision.
- **Facilitate peer learning and mutual accountability among Member States** on health system resilience, protection of health care, and compliance with international law — and use regional human rights mechanisms where available to support sustained accountability.

4. Advocate for a Reformed Global Financing Architecture

- **Advocate within global forums for an independent humanitarian pooled financing mechanism, with regional governance** representation, needs-based allocation, and direct financing channels to local and national actors — and use your collective political weight to address donor concentration and earmarking that can distort humanitarian priorities.
- **Push for alignment of multilateral development bank lending with regional health and social protection priorities**, including mainstreaming of displaced populations into national lending portfolios and reducing administrative barriers that limit timely access to development financing in crisis contexts.
- **Establish or strengthen regional humanitarian financing facilities**, including anticipatory financing windows and disaster risk mechanisms, that complement global pooled funds and provide faster, more flexible resources aligned with regional crisis patterns and risk profiles.