

# 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 ACADEMIC AND RESEARCH INSTITUTIONS

### 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 Academic and Research Institutions

### 1. Invert the Power in Knowledge Production

- **Lead research and authorship with institutions and researchers from affected countries**, reversing the pattern the Commission documents in which much humanitarian health research about a country is published with few or no authors affiliated to it; move from extractive, short-term studies toward equitable, long-term partnerships with shared design, authorship, data ownership, and funding.
- **Set research agendas with affected communities and local actors**, so that questions reflect locally and nationally identified priorities rather than external institutional or donor interests, and so that findings are owned by, and useful to, the people and systems they concern.
- **Invest in the capacity of local research institutions and the national health workforce** as a strategic contribution, not a by-product of individual grants — including helping rebuild training capacity disrupted by conflict, as academic institutions have done when medical, dental, and pharmacy education collapsed.

### 2. Generate Evidence Where It is Scarce and Make It Usable

- **Prioritise the evidence gaps the Commission identifies** — the coverage, quality, safety, and outcomes of health services in conflict-affected settings, where evidence remains scarce — and concentrate on the protracted and acute-on-protracted crises that account for most humanitarian health need yet remain chronically under-studied.
- **Produce timely, decision-relevant evidence** — rapid reviews, syntheses, and context-adapted analyses that national authorities, local actors, and responders can act on — rather than evidence shaped mainly by publication cycles and academic audiences.
- **Strengthen health information systems and measurement in crisis settings**, including excess mortality, service continuity, and coverage, so that health outcomes — not activities or expenditure — can be used to judge whether responses are working and to trigger accountability.

### 3. Put Research at the Service of Ending Impunity

- **Apply academic independence and rigorous methods to document attacks on health care**, health workers, patients, and medical transport, and preserve evidence to standards capable of supporting investigation and accountability, treating such attacks and the denial of care as violations of legal and ethical obligations rather than inevitable consequences of war.
- **Contribute independent evidence to accountability mechanisms**, including the proposed Global Health Protection Alliance, international courts, and human rights bodies, and sustain documentation of under-reported and neglected crises that lack media or strategic profile.

- **Protect researchers, participants, and local partners from harm**: uphold research ethics adapted to conflict settings, guard against data being weaponised, as occurred when biometric databases were seized in Afghanistan, and never produce evidence in ways that could expose affected populations or local collaborators to reprisal.

### 4. Govern Data and Technology Responsibly, and Reform Incentives

- **Hold AI and digital health tools to minimum ethical standards** — bias assessment, transparency, community co-design, and strong data governance — recognising that models trained on high-income populations can misdiagnose crisis-affected groups and that biometric and surveillance applications carry serious risks.
- **Design technology for fragile contexts so it supports rather than replaces frontline workers** and human judgement, and move beyond fragmented, short-lived pilots toward tools embedded in, and owned by, local and national systems.
- **Reform academic incentives and financing** to reward equitable partnership, local authorship, and policy impact over publication volume or single-institution prestige, and advocate for research funding that reaches local institutions directly and covers their real costs.