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 INTERNATIONAL NON-GOVERNMENTAL ORGANISATIONS (NGOS)

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 International Non-Governmental Organisations (NGOs)

1. Redefine Your Role and Operate with an Exit Plan

- **Apply the Commission's decision matrix** to justify your involvement in any context: international actor engagement must be exceptional, time-limited, and conditional on the absence or incapacity of locally legitimate alternatives — not a default based on mandate or funding availability.
- **State explicit entry and exit conditions** at the start of every response, with transition plans to local and national actors that are resourced, time-bound, and subject to independent review where feasible.
- **Shift progressively from direct implementation toward technical support, capacity transfer, and enabling functions** that strengthen, rather than substitute for, national and local systems.

2. Build Equitable Partnerships

- **Ensure fair core funding, risk-sharing, and overhead arrangements for local and national partners** — avoid transferring operational and security risk without corresponding authority and financial control.
- **Invest in genuine capacity strengthening, not compliance training,** and advocate actively for direct funding to local actors — including by publicly reporting the proportion of your funding reaching local partners at each level.
- **Do not compete with local organisations for talent, funding, or visibility** in ways that weaken the local ecosystem, recognising that inequitable salary and overhead arrangements drive staff attrition from local partners toward international actors; apply solidarity and do no harm principles to your institutional behaviour, not only to programme design.

3. Uphold Principled Action and Protect Health

- **Operate according to the five humanitarian principles — humanity, impartiality, do no harm, solidarity, and accountability** — applying neutrality and independence as context- dependent tools for securing access and acceptance, not as criteria that exclude locally legitimate actors.
- **Understand that solidarity requires equitable, long-term partnership** with affected people and principled local organisations, and does not imply alignment with political or military agendas.
- **Treat protection of health workers, facilities, patients, and medical transport as a non- negotiable** operational priority: document attacks systematically and use health outcomes as indicators of protection failure.
- **Ensure data collection and digital tools, including AI applications, meet minimum ethical standards** — bias assessment, community co-design, strong data governance — and that data from affected populations is not used in ways that could expose them to harm.

4. Advocate Consistently and Be Publicly Accountable

- **Advocate for an independent global pooled fund, direct financing of local actors, and multi-year flexible funding** — and ensure your own institutional behaviour is consistent with these positions, including by reducing reliance on earmarked, short-term funding.
- **Publish community feedback and complaint mechanisms** with genuine redress authority, report publicly on health outcomes and protection performance rather than activities and expenditure, and submit to independent third-party evaluation with results made publicly available.
- **Engage with the Global Alliance for the Protection of Health in Conflict and other accountability mechanisms** to document violations, preserve evidence, and sustain diplomatic pressure on under-reported or neglected crises.