

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 DONORS

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 Donors

1. Decouple Financing from Politics

- **Govern funding decisions through independent assessments of severity, risk, and equity across crisis typologies**, not donor visibility, geopolitical interest, or domestic political cycles. Crises that are underfunded relative to need must be explicitly identified and addressed, regardless of their media profile or strategic value.
- **Prioritise and concentrate resources on the limited number of acute-on-protracted and protracted settings that account for the majority of the world's forcibly displaced populations and humanitarian health need**, which have been chronically underfunded relative to the scale and duration of their crises, regardless of media profile or strategic value.
- **Reduce bilateral earmarking as a share of total humanitarian contributions** and increase unearmarked and softly earmarked funding that allows allocation decisions to be made as close as possible to affected populations.
- **Publicly reject the framing of humanitarian and global health financing as a tool of foreign policy or national interest**, including arrangements conditioned on reciprocal commitments, political alignment, or commercial gain, and reaffirm financing grounded in need, rights, and humanitarian principles.

2. Fix the Architecture of Humanitarian Financing

- **Capitalise and support an independent global humanitarian pooled fund with governance genuinely separate from bilateral donors and UN agencies**, with allocations based on assessed need and equity; 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: set and meet clear targets for direct funding, reform overhead arrangements to cover the real operational costs of local partners, and publicly report on the proportion of your funding reaching local actors at each level.
- **Provide predictable, multi-year funding aligned with the realities of protracted crises**, not short-term project cycles, to sustain continuity of care, health workforce capacity, and integration with national health and social protection systems.

3. End Impunity Through Financial Consequences

- **Link financial allocations and renewals explicitly to compliance with international humanitarian law and humanitarian principles**, including protection of health care, impartial access, and accountability to affected populations, and apply graduated consequences for repeat violators, including suspension of funding and public reporting.

- **Support and resource international accountability mechanisms**, including the International Criminal Court, UN human rights bodies, and the proposed Global Alliance for the Protection of Health in Conflict, and use coordinated diplomatic and financial pressure where judicial accountability mechanisms are insufficient or constrained.
- **Ensure that counter-terrorism measures, sanctions regimes, and bilateral conditionalities include robust humanitarian exemptions**, and do not create legal uncertainty or operational barriers that impede principled humanitarian action.

4. Align Development and Humanitarian Financing

- **Use your influence with 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 eligibility criteria that limit timely access and prioritising integration into national systems over parallel financing structures.
- **Invest in bridging the structural gap between short-term humanitarian appeals and long-term development financing**, particularly in protracted crises where multi-year development financing instruments are better suited than emergency appeals to sustain essential services and health system resilience.
- **Treat financing for climate resilience, anticipatory action, and health system preparedness in fragile and conflict-affected settings as a core development investment**, not an optional add-on to humanitarian response.