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.

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 Academic and Research Institutions

1. Invert the Power in Knowledge Production

- **Lead research and authorship with institutions and researchers from affected countries,** moving from extractive research toward partnerships built on trust, mutual respect, shared decision-making, and equitable authorship, data ownership, and access to resources.
- **Set research questions and approaches with affected communities and local actors,** so that research reflects locally and nationally identified priorities rather than external institutional or donor interests, and respects local knowledge and lived experience.
- **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 rebuilding training capacity disrupted by conflict.

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

- **Prioritise evidence gaps the Commission identifies,** including coverage, quality, safety, and outcomes of health services in conflict-affected settings, and focus on protracted and acute-on-protracted crises, which account for the largest share of humanitarian health needs.
- **Produce timely, decision-relevant evidence that is accessible, understandable, and actionable** for communities, local actors, and national authorities, rather than evidence driven primarily by publication incentives.
- **Strengthen health information systems and measurement in crisis settings,** including excess mortality, service continuity, and coverage, so that health outcomes — not activities or expenditure — are used to assess the performance of humanitarian responses and trigger accountability.

3. Put Research at the Service of Ending Impunity

- **Apply rigorous research methods to document attacks on health care,** health workers, patients, and medical transport, and assess their wider impacts on population health, health systems, and access to care, generating independent evidence that can inform accountability.
- **Generate independent analyses that identify and document patterns, drivers, and consequences** of violations, including in under-reported and neglected crises, and make evidence available to accountability mechanisms.
- **Apply research ethics and methods adapted to conflict settings:** minimize risks to researchers, participants, and local partners, guard against data being weaponised, and ensure research is designed and conducted in accordance with the principle of do no harm.

4. Govern Technology, Data, and Research Incentives

- **Hold digital health tools, including AI, to appropriate ethical standards,** including equity, bias assessment, transparency, community co-design, and strong data governance, recognising that their use in crisis setting can reinforce inequities, cause harm, and undermine trust if appropriate safeguards are not in place.
- **Design technology for conflict-affected and fragile settings** so it supports rather than replaces frontline workers and complements 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 institutional rankings, and advocate for research funding that reaches local institutions directly and covers their real costs.