

The CHH–*Lancet* Commission on Health, Conflict, and Forced Displacement: reimagining the humanitarian system



International humanitarian law is routinely being broken with impunity in conflicts globally. Populism tinged with anti-refugee discourse has led to a weakening of asylum and refugee law in many countries.¹ While special protection of hospitals and ambulances was previously largely respected by warring parties under the Geneva Conventions, attacks on health care have become the norm.² With conflict-related deaths at a 26-year record high³ and more than 110 million people forcibly displaced worldwide at the end of June, 2023,⁴ the humanitarian system is overwhelmed, despite increases in humanitarian support from public and private donors.⁵ As one of us (PBS) wrote in *The Lancet* in 2017: “An unprecedented number of humanitarian emergencies of large magnitude and duration is causing the largest number of people in a generation to be forcibly displaced. Yet the existing humanitarian system was created for a different time and is no longer fit for purpose.”⁶ Since then, the situation has become worse. The creeping normalisation of violations of international humanitarian law and refugee law and insufficient accountability of humanitarian organisations to affected persons must be rejected. The humanitarian system needs to be reimagined with the priorities of the affected communities at its centre.

The Johns Hopkins Center for Humanitarian Health (CHH)–*Lancet* Commission on Health, Conflict, and Forced Displacement is a new initiative dedicated to confronting and reshaping the humanitarian system, with a focus on health. Conflict and forced displacement are interconnected with various factors, including climate change, populism, natural disasters, and economic opportunities. This Commission recognises the urgent need for systemic change in a world marred by increasing conflict and displacement and a lack of political will to solve the core issues of peace.

Combining historical perspectives on the foundations of current humanitarian issues with a multidisciplinary and scientifically rigorous approach, the Commission endeavours to integrate strategic, technical, and new insights and innovations by engaging a diverse constellation of academic, practitioner, and affected population voices. From the Global South and Global North, we will draw upon a wealth of expertise within

and beyond the public health sector, including that of affected populations and key sectors, such as water and sanitation, nutrition, economics, international law, and political science.

The dynamic nature of contemporary crises increasingly ignores international humanitarian law and diminishes the ability of humanitarians to operate in a secure space. Given this context, the Commission will challenge the architecture of the humanitarian system, which is no longer fit for purpose.⁶ We will provide far-reaching recommendations that will help reshape the humanitarian system to become more effective, including interventions that leverage new technologies and value local actors’ roles and power and facilitate greater inter-agency cooperation. With a strong focus on the inclusion of affected populations at the centre of such a system, the Commission will organise working groups composed of people affected by humanitarian crises, ensuring that our recommendations are rooted in the lived realities of those with whom we work.

At the forefront of the Commission’s agenda will be a critical re-evaluation of humanitarian principles (ie, humanity, independence, impartiality, and neutrality) in light of asymmetric warfare, the increasing presence of non-state armed groups, and complex conflict environments that include sanctions and restrictions on how humanitarian agencies can respond.⁷ The

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Commission will examine global configurations of refugees and internally displaced persons, acknowledging the complex dynamics of global migration flows¹ and climate change,⁸ and will promote an inclusive and flexible protection system.

The Commission will deconstruct colonial legacies and champion localisation of humanitarian aid, with an emphasis on elevating local knowledge and capacities.⁹ We will analyse how to effectively transition power and true ownership of humanitarian response to local actors, with a focus on local expertise and culturally sensitive interventions that align with the needs of affected communities using a gender lens. The humanitarian–development–peace nexus¹⁰ will be at the forefront of our analysis, as we examine cohesive approaches that integrate immediate relief with long-term development goals.

Our technical analysis will rigorously assess and propose enhancements to health systems in humanitarian contexts, emphasising the importance of sustainable, resilient health services and the protection of health-care workers. We will advocate for the prioritisation of evidence-based interventions and aim to develop and validate reliable humanitarian indicators that are gender-sensitive and reflect the priorities and needs of affected communities. We will challenge the relevance of interventions that are primarily oriented towards the survival of populations while keeping people in a context of ongoing vulnerability. Additionally, we will address the prospects that support a better future and consider sustainable development objectives that preserve human capital.

The Commission will critically address essential areas that will have profound effects on how humanitarian assistance is provided in the future. In an era defined by technological advancement, artificial intelligence has the potential to revolutionise humanitarian health strategies and interventions, but might also be detrimental depending on how the technology is developed and used in complex and life-saving settings.¹¹ We are equally committed to addressing the effects of the climate emergency in humanitarian health and will advocate for sustainable practices in health planning, emergency preparedness, and humanitarian response.⁸ In the financial realm, we will explore financing models that align with humanitarian objectives, supporting a shift towards more proactive and sustainable funding

strategies that address components of the humanitarian–development–peace nexus and promote national responders having access to humanitarian funding.

The CHH–Lancet Commission, through rigorous analysis, comprehensive discourse, and ethical guidance, aims to produce recommendations that are not only innovative but also pragmatically attuned to the complexities of health, conflict, and forced displacement. We are committed to nurturing an international network of next-generation humanitarian scholars, ensuring that the Commission’s insights and recommendations endure and evolve with the field. We seek to foster an open debate that confronts the political root causes of these issues, emphasising the importance of diverse contexts, gender, and culture in our work.

As we move forward, our ambition is clear: to rethink and reimagine the strategies, architectures, and delivery modes of humanitarian aid by proposing systemic changes and bold recommendations that influence global humanitarian and health agendas, and to encourage collective action. We strive to challenge existing power structures in humanitarian health and beyond, and to amplify the voices of under-represented populations in decision-making processes.

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