

CHAPTER 1.2

PRIORITISING PEOPLE AND PROGRAMMES

'Every choice meant that some lives were saved while others were left at risk.'

— Local assistance coordinator, Palestine

Following stark funding reductions, humanitarian organisations faced difficult choices in prioritising between contexts, populations and programming, at speed, with limited up-to-date evidence to inform their decisions. Hyper-prioritisation processes at system level and reduced coverage by individual organisations curtailed the number of people in need who accessed humanitarian support. Before 2025, the system made some progress on effectively assessing needs and inclusion of vulnerable groups, yet these efforts were hard hit by access constraints, cuts and restrictive diversity, equity and inclusion (DEI) policies. Organisations made some improvements in providing relevant assistance, but examples remained of ineffective tailoring to people's needs. The narrowed remit reduced humanitarian focus on people's holistic and longer-term priorities: a focus on lifesaving support underscored the need to improve coordination with development actors and local service-delivery structures to better support deprioritised people and programmes.

Prioritising global humanitarian needs

Across the system, humanitarian organisations had to make difficult choices over which populations and programmes to prioritise in this period. The Humanitarian Programme Cycle (HPC), led by the Office for the Coordination of Humanitarian Affairs (OCHA), remained a key driver of prioritisation decisions for the United Nations (UN) coordinated humanitarian system.^{xxiv} Early in the period, the number of people in need of humanitarian assistance (PiN) included in *Global Humanitarian Overviews* (GHOs) grew to a peak of almost 369 million in the *GHO 2023*.^{xxv} Subsequent HPCs sought to lower numbers in line with historical pre-Covid-19 averages through stricter scope- and boundary-setting around the humanitarian remit.

^{xxiv} The HPC is a coordinated set of actions that humanitarian actors undertake to improve the predictability, speed and effectiveness of their response to emergencies. It is based on a six-step process: analysis, planning, resource mobilisation, implementation, monitoring, and evaluation and reporting (see OCHA (n.d.) <https://knowledge.base.unocha.org/wiki/spaces/hpc/pages/3993075713/About+the+HPC>).

^{xxv} The GHO is an annual assessment of humanitarian needs and how to respond to them for the UN-coordinated humanitarian system (see OCHA (2025) <https://humanitarianaction.info/document/global-humanitarian-overview-2026>).



OCHA explained that changes were made so that: 'after consecutive years of expansion in the scope and requirements of coordinated humanitarian plans/appeals ... humanitarian action is focused on the people and places that need it most'.⁷⁶ OCHA saw narrowing of the remit as important in a period of dwindling funding: when launching the *GHO 2024*, OCHA Emergency Relief Coordinator (ERC) Martin Griffiths described it as 'ruthlessly prioritized'⁷⁷ and the 2025 HPC continued to narrow boundaries in response to declining funding and the 'persistent trend of humanitarian partners not reaching (let alone covering) the people who have been targeted for assistance'.⁷⁸



As well as reducing the number of people 'in scope', HPC processes narrowed the types of programming considered within the humanitarian remit

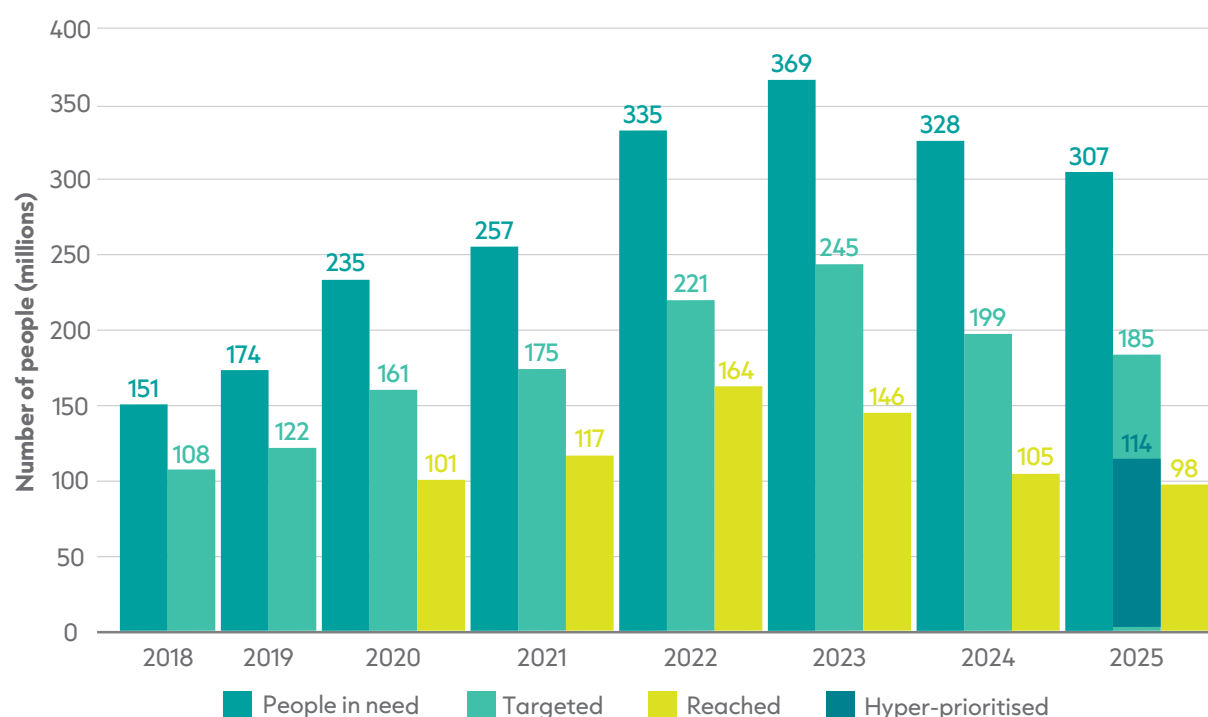


The definition of people affected by crisis narrowed: towards focusing on recent shocks and away from people with needs induced by other factors, like chronic poverty. HPC guidance explained that increased duration of Humanitarian Needs and Response Plans (HNRPs) over multiple years led to 'the assumption – over time – that the country's entire population is "in crisis"'.⁷⁹ As well as reducing the number of people 'in scope', HPC processes narrowed the types of programming considered within the humanitarian remit. The process increasingly focused humanitarian work on

'lifesaving' activities – or, as ERC Martin Griffiths put it, 'saying "no" to taking on 'the sorts of things that development agencies are actually much better at doing than we are'.⁸⁰ As a result, PiN numbers in the *GHO 2024, 2025 and 2026* were substantially lower than in 2022 and 2023. The *GHO 2026* (created at the end of 2025) reported 239 million PiN: a 35% reduction from the 2023 peak.^{xxvi}

Some humanitarian actors contested the decision to more narrowly define PiN. While HPC processes sought to draw a tighter circle around who was in humanitarian versus other forms of need, some critiqued the announcement that humanitarian needs were declining when they viewed them as increasing. For example, the World Food Programme's (WFP) and UN High Commissioner for Refugees' (UNHCR) 2026 global appeals emphasised rising needs, compared to pre-Covid-19 levels, linked to increases in acute food insecurity and forcibly displaced and stateless people.⁸¹ A WFP global brief stated: 'Only by showing the complete picture can the world grasp the true magnitude of the crisis and mobilize an adequate response'.⁸² Several senior humanitarians we spoke to recognised a need to narrow the boundaries of operational response but were concerned

xxvi OCHA guidance recommended that Humanitarian Country Teams (HCTs) estimate PiN for 2026 by focusing only on people in need living in areas classified by the Joint and Intersectoral Analysis Framework (JIAF) 2.0 as in intersectoral severity phases 3, 4 and 5. JIAF 2.0 conceptualizes intersectoral severity as the degree of humanitarian needs and protection risks that populations face relative to agreed humanitarian standards. In other words, intersectoral severity is based on universal humanitarian conditions that are manifested as outcomes in terms of death, acute malnutrition, epidemics, loss of livelihood coping strategies, and human rights violations' (see IASC (2023: 7) <https://interagencystandingcommittee.org/sites/default/files/2023-12/IASC%20Technical%20Manual%2C%20Joint%20and%20Intersectoral%20Analysis%20Framework%20%28JIAF%29%202.0.pdf>).

Figure 1.9: People in need, targeted and reached by UN-coordinated appeals, 2018–2025

Source: OCHA GHO and OCHA HPC.

Notes: Figures for people reached not available for all humanitarian plans. Figures for people in need and targeted exclude country Covid-19 response plans. People reached figures not available before 2020.



that the system not go too far in ‘narrowing who we see’, and that reforms did not become ‘an exercise of fitting needs to funding’.

Humanitarians have always prioritised within the PiN who they could target with humanitarian assistance, but funding cuts drove harder choices. The percentage targeted dropped from 67% in 2023 to 60% in 2025. Extreme funding cuts in early 2025 led to a new ‘hyper-prioritisation’, whereby HCTs further prioritised within the targeting figure who to reach first: those deemed to be in the most severe need of humanitarian support. ERC Tom Fletcher described the process as ‘the cruel math of doing less with less’.⁸³

Plans were revised in short windows to prioritise people in need in geographic areas experiencing high levels of severe needs.^{xxvii} The revised plans also prioritised Strategic Objectives focused on lifesaving and protection.^{xxviii} This process

^{xxvii} The revised plans focused on intersectoral severity 4 and 5. As described in the hyper-prioritised GHO 2026 report, ‘Intersectoral severity, as defined in the Joint and Intersectoral Analysis Framework (JIAF), represents the degree of humanitarian needs and protection risks that populations face, ranked on five tiers. Intersectoral severity 5 is the highest level of concern denoting catastrophic humanitarian conditions and severity 4 denotes extreme humanitarian conditions’ (see OCHA (2025: 22) <https://reliefweb.int/report/world/global-humanitarian-overview-2025-cruel-math-aid-cuts-hyper-prioritized-report-june-2025>).

^{xxviii} Strategic Objectives are outlined in annual HNRPs to guide the activities of a coordinated response (see OCHA (2025) <https://humanitarianaction.info/article/hyper-prioritizing-country-responses>).



identified 114.4 million people to be most urgently targeted: 38.3% of PiN.⁸⁴ Tracked country plan hyper-prioritised targets were 90.2 million people or 29.4% of PiN. UNHCR led a similar process with eight refugee plans, resulting in the prioritisation of 27 million people (out of 33.6 million originally targeted) and deferring longer-term integration and capacity-building activities.⁸⁵ The *GHO 2026* continued with this approach, identifying 239 million PiN, targeting 135 million and prioritising 87 million.^{xxix} The *GHO 2026* represents the totality of these figures, while the subsequent 87 Million Lives campaign focused intensively on galvanising resources for the hyper-prioritised GHO first.⁸⁶

Challenges of system-level prioritisation

Perspectives were mixed on the outcome of system prioritisation. Some donors and international non-governmental organisations (INGOs) viewed the process as a 'pragmatic response to a funding crisis' or 'painful and unavoidable – as good as it gets'.⁸⁷ Donors continued to rely mainly on the GHO for their planning, but also considered their organisational priorities, forgotten crises, appeals led by other agencies and information from their in-country staff and partners. Many people we spoke to agreed that the humanitarian system had become too stretched in what it is expected to deliver; however, they raised two main concerns regarding narrowing its remit through the HPC.

The first was that a shock-based approach would create exclusion errors, potentially missing people who were not impacted by a 'recent shock' in a country affected by crisis, but who had higher needs than those who were impacted. Or missing people with specific vulnerabilities (like internally displaced people) by focusing on geographic severity.⁸⁸ The HPC Steering Group agreed several mitigation measures in the 2026 HPC, such as including areas facing emergency thresholds of mortality and/or severe acute malnutrition, regardless of shock, and adopting a 'Pockets of Need' approach for specific areas that had higher severity of needs than the surrounding geographic area.^{xxx}

The second concern was about the short- and longer-term effects of these difficult decisions, especially if broader support systems from state services or development actors were not there to support the needs of people who no longer counted as being in humanitarian need or were not hyper-prioritised. In the immediate term, one humanitarian told us that not focusing on intersectoral severity phase 3 (severe) was like 'taking from the hungry to give to the starving'. Interviewees raised concerns that unassisted people in these lower severity levels

xxix The 2026 HPC focused on identifying the most severe and shock-driven needs globally, with PiNs incorporating JIAF intersectoral severity phases 3, 4 and 5. The number of people targeted focused on all those in phases 4 and 5, plus 50% of Phase 3, while the hyper-prioritised target sought to reach all people in phases 4 and 5 first.

xxx For example: 'a camp and/or besieged area with higher severity of need vis-à-vis the surrounding administrative area' (see OCHA (2025) https://fscluster.org/sites/default/files/2025-10/HPC%202026%20Discussion%20Paper_FINAL.pdf, p.3).



would fall into higher levels and increase future humanitarian caseloads, and that reduced presence and monitoring in those locations could result in needs going undetected. Many questioned the likelihood of the development system stepping in to support people and programmes now considered out of scope for humanitarians. One UN actor in Somalia said:



'I don't think [development actors] are ready to prioritise the protracted people. The development people work with [Sustainable Development Goals] that they need to achieve in several years' time.'

Levels of collaboration and inclusion in hyper-prioritisation and HPC processes reportedly varied by country and actor. A May 2025 report found that NGOs – particularly local and national NGOs (L/ NNGOs) – felt excluded from decision-making in the HPC process.⁸⁹ Representatives of coordination actors in South Sudan characterised the process as well-coordinated, but others 'criticized it as siloed, with clusters^{xxx} advocating for their own priorities in the absence of an overarching inter-sectoral vision'.⁹⁰ In Mali, while cluster leads were more involved in and informed about how choices were being made, HCT participants and other partners reported receiving limited information.⁹¹



Many questioned the likelihood of the development system stepping in to support people and programmes now considered out of scope for humanitarians



HPC guidance highlighted the importance of including community perspectives in planning, but there were tensions in practice. One senior humanitarian said:



'Humanitarian Country Teams are having to make cut-throat decisions and yet wanting to appear as people-centred as possible.'

Teams in Somalia and Colombia were able to draw on community-engagement approaches and inputs captured during their participatory Flagship Initiative pilots,^{xxxii} but community engagement was reportedly not widespread.⁹² A June 2025 NGO position paper highlighted that community inputs were underrepresented in the HNRPs and called for 'a new component of the HPC, which systematically includes what communities themselves prioritize as a starting point for deciding what type of response to launch'.⁹³

xxxii The humanitarian cluster system is 'a coordination mechanism used by the UN and other humanitarian organizations to respond to crises. It is designed to organize humanitarian actors into core sectors, such as water, health and food security. The aim is to improve the efficiency and effectiveness of the response, avoid duplication, and ensure that affected people's needs are met in a timely and appropriate manner' (see OCHA (n.d.) <https://www.unocha.org/we-coordinate>).

xxxii The Flagship Initiative was launched in 2023 as a three-year learning initiative to redesign humanitarian action by testing ways to better organise assistance around the priorities of people affected by crisis. It took place in pilot contexts: Colombia, Niger, the Philippines, Somalia and South Sudan (see Sida et al. (2025) <https://www.unocha.org/publications/report/world/flagship-initiative-second-year-learning-report-april-2025>).



Who has been prioritised?

All appeals were poorly funded in 2025 (See [Figure 1.10](#)). The 2026 GHA Report found that funding fell for 18 of the 20 largest recipient countries from 2024 to 2025, with only funding for the Myanmar and Palestine appeals increasing (by 11% and 15% respectively).⁹⁴ On average, however, regional appeals and those with lower requirements received a smaller proportion of requirements than larger, country-based appeals.



2025 saw the greatest funding concentration: the 5 largest recipient countries accounted for 52% of all country-allocable humanitarian funding



Only 35% of funding requirements within OCHA-managed Humanitarian Response Plans, flash and regional humanitarian appeals were met in 2025.^{xxxiii} However, the proportion of funding met within each appeal varied significantly – from 7% to 78% (see [Figure 1.10](#)). Only five appeals received more than 50% of required funding. Two new emergencies were funded best: the Lebanon flash appeal (78% of requirements met) and the Myanmar earthquake appeal (74%). The Occupied Palestinian Territory (OPT) flash appeal received 66% of its US\$4.1 billion requirements, while Ukraine – despite being a

more protracted crisis – received 65% of its US\$2.6 billion requirements (financial support to Ukraine remained high among several European donors, in line with political alliances). Sudan's HNRP, as the largest appeal, received proportionally less funding than OPT and Ukraine.

Aside from the Rohingya Joint Response Plan, which received 53% of requirements, Regional Response Plans and appeals with smaller requirements were the poorest funded in terms of required sums. The two poorest funded regional plans, Syria and Venezuela, only received 10% of required funding, while the Syria Regional Refugee and Resilience Plan (3RP) had the largest shortfall (US\$4.2 billion). The 10 smallest country-based appeals attracted an average of just 28% of requirements, while the 10 largest attracted 42%. Mozambique's drought flash appeal received the lowest percentage of funding requirements: just 7%.

Of the past decade, 2025 saw the greatest funding concentration (see [Figure 1.11](#)): the five largest recipient countries – OPT (19%), Syria (12%), Ukraine (8%), Sudan (8%) and Yemen (6%) – accounted for half of all country-allocable humanitarian funding (52%). The top four alone nearly constituted half of this funding, compared to seven countries accounting for the equivalent proportion in 2024. The remaining 48% of funding in 2025 went to 164 countries. There was also a change in the composition of the top-five recipient countries in 2025, with Afghanistan and the Democratic

xxxiii Flash appeals are created following sudden onset disasters to coordinate the early months of a response.

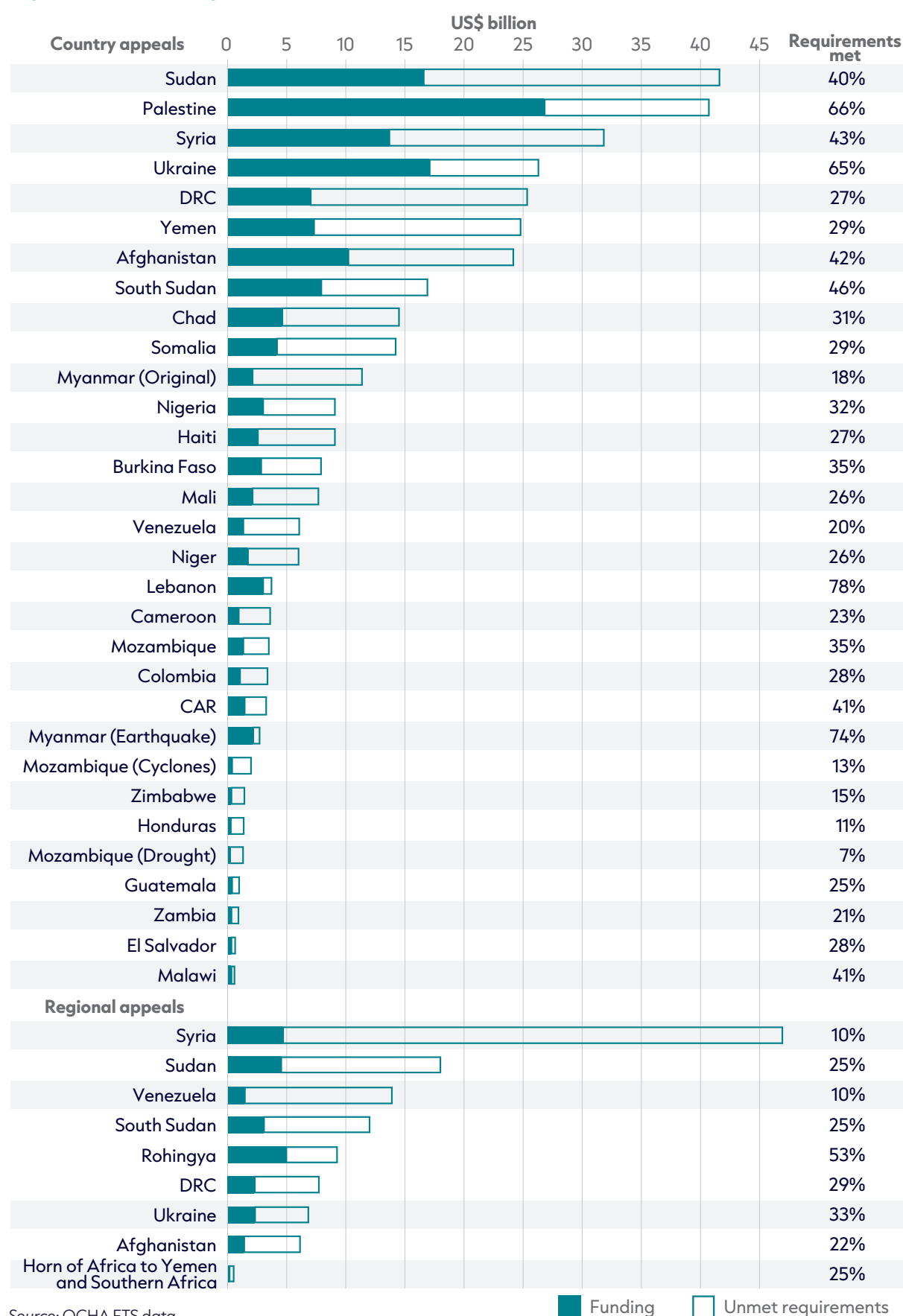
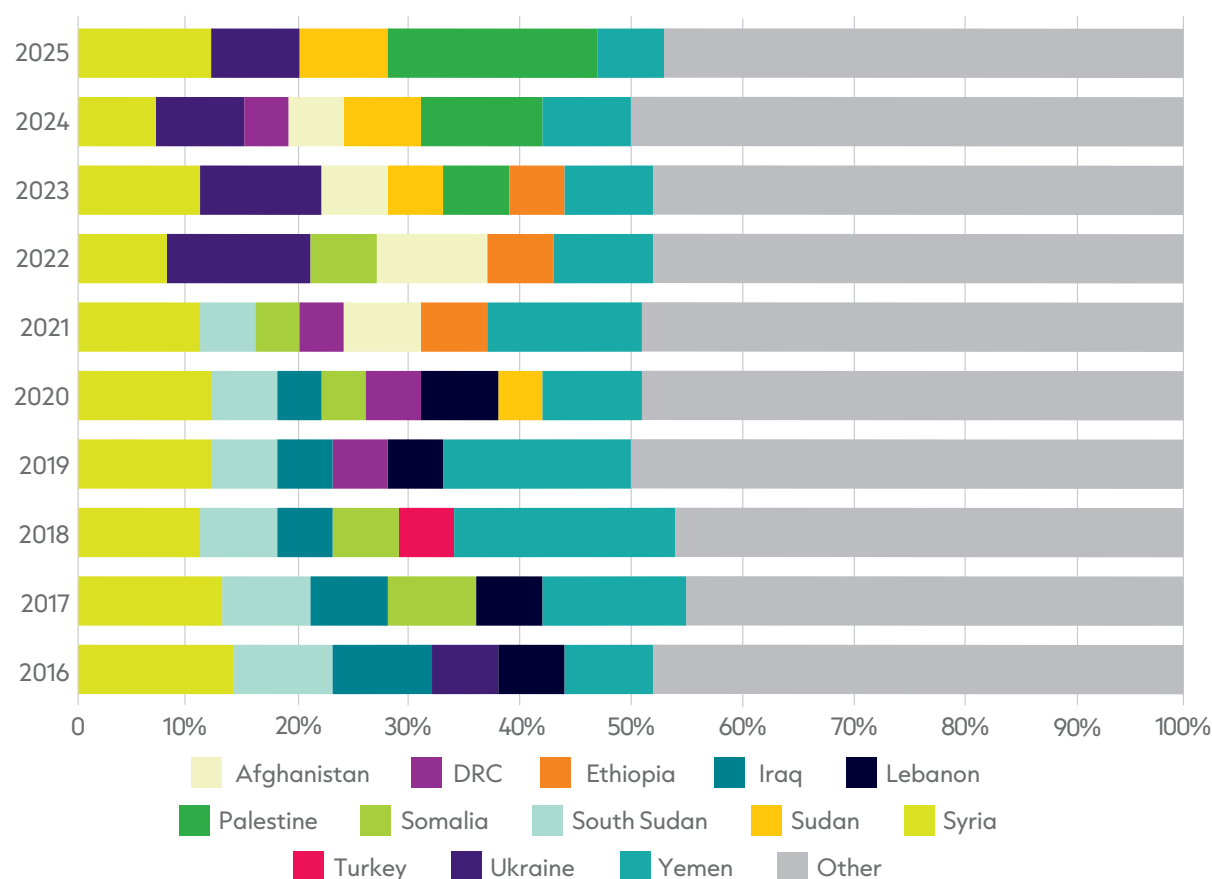
Figure 1.10: Funding and requirements by UN-coordinated appeal, 2025

Figure 1.11: Countries receiving 50% of funding, 2016–2025

Source: OCHA FTS data.

Notes: Data is in constant 2024 prices. Proportions are of total country-allocable humanitarian finance; flows reported to FTS with a recipient country.



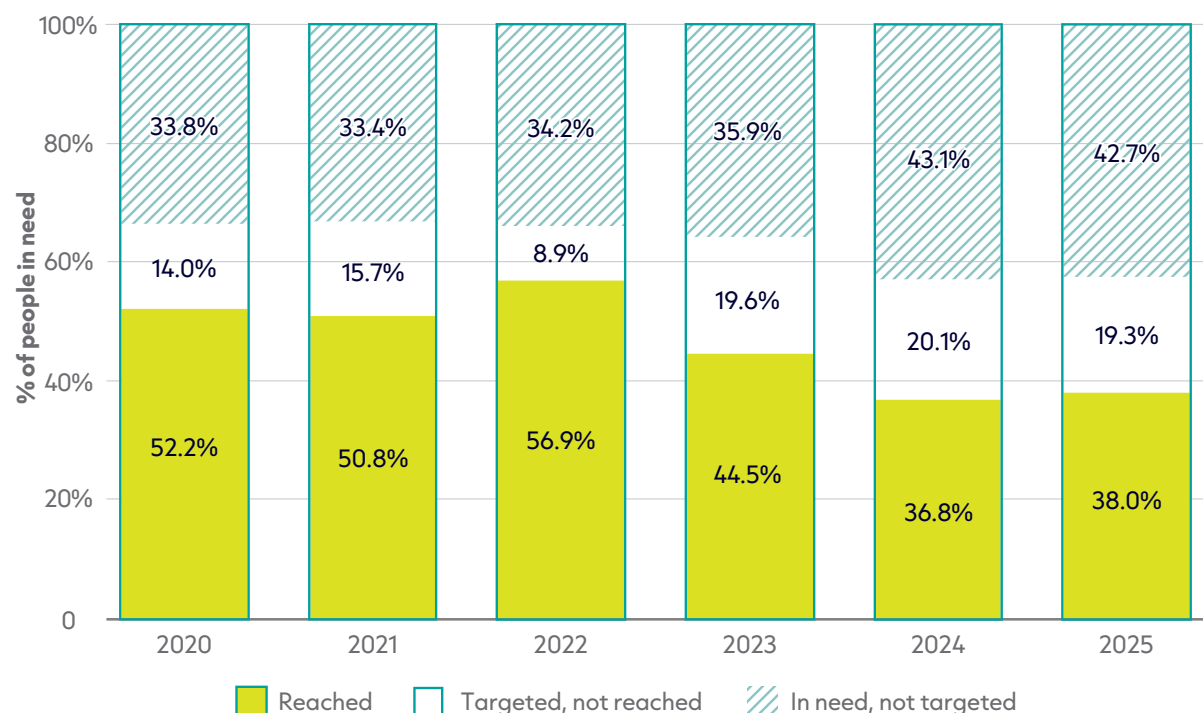
Republic of the Congo (DRC) pushed out. Between 2016 and 2025, eight contexts accounted for over half of country-allocable humanitarian assistance: Yemen (which received 11.3% of all funding); Syria (10.8%); South Sudan (nearly 6%); and Ukraine, Afghanistan, OPT, Ethiopia and Somalia (nearly 5% each).

Annual volumes of pooled funds for underfunded and forgotten crises dropped from US\$818 million in 2022 to US\$480 million in 2025.^{xxxiv} The decline in this component of funding was steeper than the rate of decline of aggregate international humanitarian assistance, suggesting that pooled-fund support for the most underfunded contexts was disproportionately squeezed.^{xxxv}

As funding dwindled, so did the number of people reached by UN-coordinated appeals. In plans with available reach data, an estimated 97.8 million people were

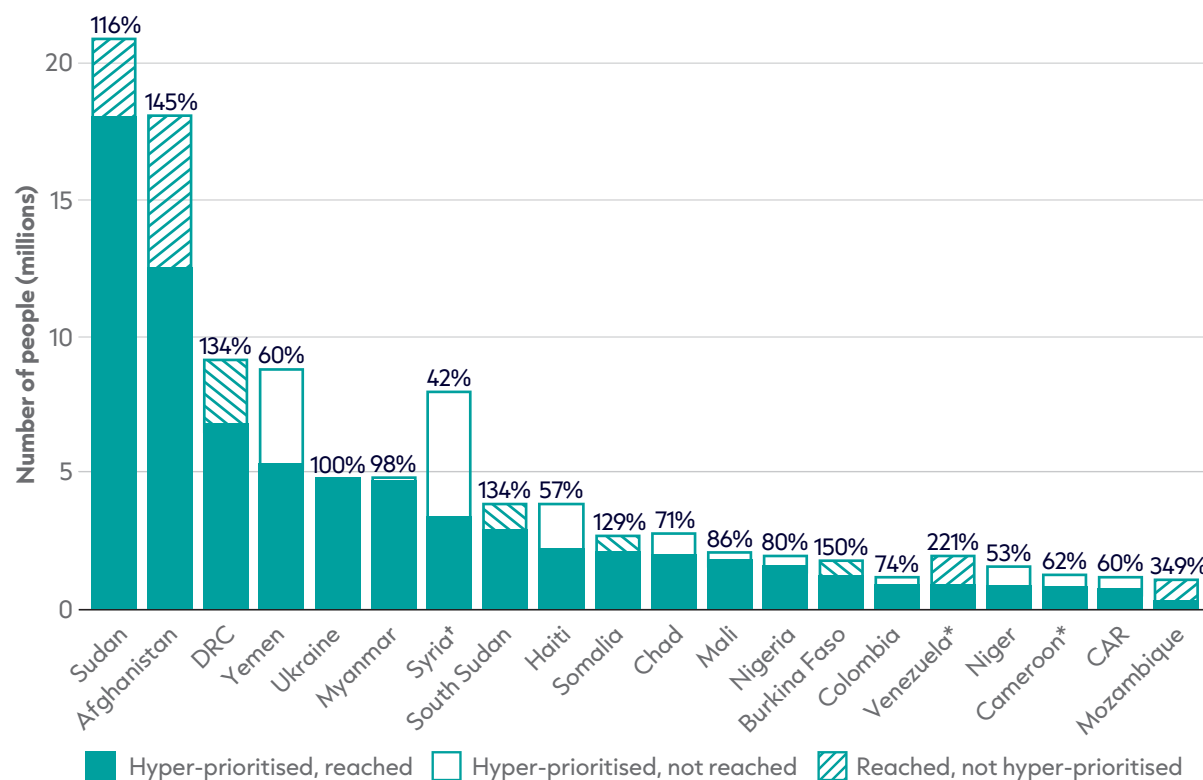
^{xxxiv} Figures for 2025 are based on partial-year data and will increase as further allocations are reported. For the methodology used to calculate these figures please see the accompanying [Methodology](#) document.

^{xxxv} Over the period, the Central Emergency Response Fund Underfunded Emergencies (CERF UFE) window contributed 39% and Country-Based Pooled Fund (CBPF) allocations in European Civil Protection and Humanitarian Aid Operations (ECHO) listed Forgotten Crisis countries contributed 61%. The decline since 2022 was largely due to reduced CBPF allocations. The CERF UFE window was more stable over time due to more predictable allocation rounds, while CBPFs were subject to donor fluctuations in different contexts. In 2025, funding heavily concentrated on a small number of large protracted crises: Afghanistan, Yemen, Somalia and South Sudan. There was variation in contexts among the two funding mechanisms, suggesting differing definitions of 'forgotten' or 'underfunded'.

Figure 1.12: Percentage of people reached in UN-coordinated appeals, 2020–2025

Source: OCHA GHO and OCHA HPC.

Notes: Figures for people reached not available for all humanitarian plans. Figures for PiN and targeted exclude country Covid-19 response plans.

**Figure 1.13: People hyper-prioritised and reached in UN-coordinated appeals, 2025**

Source: OCHA GHO and OCHA HPC.

Notes: Only plans with hyper-prioritisation in 2025 are shown. No reach data currently available for OPT HNRP.





reached in 2025 (66% of people targeted and 38% of PiN): well below the 2020–22 average, when over half of PiN were estimated to have been reached. It should also be noted that people reached does not necessarily equate to *needs fulfilled*.

Of the 46 UN-coordinated appeals in 2025, 21 included hyper-prioritised targets. Estimated reach exceeded these targets in some plans and fell significantly below in others: 16.5 million people were not reached despite being hyper-prioritised, while 14.9 million were reached despite not being hyper-prioritised. The Sudan HNRP had the highest estimated reach (20.9 million people) and exceeded the hyper-priority target (18 million). Eleven plans reached fewer people than were hyper-prioritised: an average of 68%. The Syria HNRP reached the lowest proportion of hyper-prioritised people: 42%.^{xxxvi}

Assisting people most in need

Funding and access constraints were key barriers to coverage in this period. Evaluations revealed that insufficient funding contributed to coverage gaps in multiple contexts, while our in-country research in six contexts reported reductions in coverage as funding dwindled.⁹⁵ Surveyed aid recipients told us the biggest challenge with assistance was insufficient aid, followed by access. Similarly, surveyed aid practitioners reported insecurity, lack of finances and bureaucratic restrictions/political interference as the biggest barriers to reaching those in need, with insecurity and finances being greater concerns than in 2022.^{xxxvii}

Assessment and targeting

Our practitioner survey suggested improvement in the quality of needs assessments: 61.4% considered them 'good' or 'excellent' in 2025 compared to 53.9% in 2022. In 2023, the JIAF 2.0 was released: a collective effort by UN agencies, NGOs and donors to create a global standard for estimating and analysing humanitarian needs and protection risks using five intersectoral severity phases.⁹⁶ A 2024 OCHA review found that JIAF 2.0 enabled greater emphasis on the multisectoral nature of needs; 96% of users found it more logical and useful than JIAF 1.0.⁹⁷ Its adoption was accompanied by an increase in the number of multisectoral needs assessments (MSNAs) conducted with people affected by crisis and informing HPC processes. Assessments typically focused on existing need rather than risk-based analysis or mortality data that several interviewees suggested could help enhance existing approaches; however, in 2025, IMPACT Initiatives trialled an Acute Needs Analysis methodology in 19 countries, focusing on urgent and preventable loss of life using known drivers of mortality.⁹⁸

^{xxxvi} Other large underreach plans included Niger (which reached 53% of hyper-prioritised people), Haiti (57%), CAR (60%) and Yemen (60%).

^{xxxvii} Bureaucratic restrictions were the biggest concern in 2022, followed by insecurity and then finances.



Evaluations indicated that, while many needs-assessment processes were strong, quality varied and key assessment criteria – including on vulnerabilities like age or disability status – were sometimes missed in early stages of crises.⁹⁹ Demographic data was sometimes outdated, leading to underestimates of the number of people meeting agency criteria.¹⁰⁰ Accuracy was particularly challenging in high-mobility contexts; for example, humanitarian actors in DRC and Gaza told us they struggled to keep camp information up to date because the number of internally displaced people increased rapidly as conflict spread. Funding cuts also threatened the infrastructure required to support effective needs assessments and targeting; in 2025, for example, acute food security assessments dropped significantly and the UNHCR/WFP Joint Programme Excellence and Targeting hub closed.^{xxxviii} The number of MSNAs conducted dropped from 16 countries in 2024 to 13 in 2025, and half of those assessments were geographically narrowed, reducing the visibility of countrywide needs.¹⁰¹ Cuts to global information infrastructure (see [Chapter 1.3](#)) also threatened the humanitarian system's ability to track and predict needs.

Our in-country research found that the involvement of local humanitarian actors in needs assessments varied by context and international partners. While aid practitioners cited information from local organisations and voluntary networks as important to processes in contexts like Gaza, Sudan and Ukraine, they sometimes felt extractive. For example, Emergency Response Room members in Sudan reported providing data to international actors but having limited further engagement in analysis and decision-making. In contrast, local organisations in Ukraine reported that some international actors – including Oxfam, Mercy Corps and UNHCR – were responsive to their inputs. However, one Ukrainian NGO said they disagreed with international actors on the definition of 'needs':



'They did take some of our comments into account, but not all. That one condition – that everyone, absolutely everyone, had been affected – they never accepted.'

Involvement of people affected by crisis in needs assessments was mixed. In our survey, 55% of aid recipients said an aid provider had consulted them on what they needed prior to provision – up from 33% in 2022^{xxxix} – yet focus group discussions suggested their systematic engagement in needs assessment remained limited (often to choosing from a 'menu'). Some organisations used more participatory approaches, such as WFP's vulnerability scorecards and community food committees.¹⁰² Limited resources, however, threatened more meaningful engagement; for example, the 2026 HPC guidance – which aimed to improve the

^{xxxviii} The 2026 *Global Report on Food Crises* reported that some countries produced no acute food insecurity assessments, but for many, the frequency of data collection reduced and there was lower population coverage and less disaggregation for displaced populations. For example, WFP conducted 30% fewer survey interviews than in 2024 (see FAO et al. (2026) <https://doi.org/10.4060/cd9424en>; WFP (2026) <https://ainap.org/help-library/resources/strategic-evaluation-of-wfps-approaches-to-targeting-and-prioritization-for-food-and-nutrition-assistance/>).

^{xxxix} Most were consulted on both what was needed and who should receive it, but slightly more were consulted on the former.



engagement of people affected by crisis – suggested that agencies use existing data to identify people’s preferences, rather than conducting new consultations.¹⁰³

Among surveyed practitioners, 67% considered the prioritisation of people with the most urgent needs in this period to be ‘excellent’ or ‘good’. In contrast, aid recipients did not always agree with agencies’ targeting criteria: only 51% of those surveyed thought aid went to those most in need. While this was up from 36% in 2022, the increase should be treated with caution: it represents the views of those who did receive assistance in a period of increasingly limited aid. Evaluations indicated that communities affected by crisis were sometimes confused by agency targeting decisions and unsure whether they were fair.¹⁰⁴ Transparency helped in some camps for internally displaced people in Kassala, where residents told us the regular updating of lists gave them more faith in targeting decisions. People also continued to redistribute aid by sharing assistance beyond targeted households or pooling what they received.¹⁰⁵

In early stages, agencies sometimes used blanket targeting across wider populations affected by crisis to reduce the risk of accidentally excluding people in need of humanitarian assistance.¹⁰⁶ Many shifted to vulnerability-based targeting as responses continued, but some maintained blanket targeting, either to avoid driving local conflict or due to an inability to differentiate between levels of need.¹⁰⁷ An evaluation of the UN Children’s Fund’s (UNICEF) Afghanistan response found that populations were ‘uniformly in need’ and that ‘few immediately obvious markers of vulnerability existed to differentiate community members’.¹⁰⁸ Funding cuts reduced agencies’ flexibility to blanket-target and threatened effective vulnerability-based targeting, which relies on data and presence.



Ultimately, it fell to frontline staff to enact difficult decisions about who received assistance



Ultimately, it fell to frontline staff to enact difficult decisions about who received assistance. A local NGO leader in Ukraine repeated the words of their team member:



‘Who am I to say that she doesn’t meet some criteria somebody has created to receive the assistance? I can see that she’s standing in the old coat and it doesn’t look like she has been eating well.’

Beyond turning people away, a community leader in Gaza gave this stark example of life-or-death choices:



‘A patient could be critically injured, like someone with amputated limbs still alive, but I would have to prioritise someone with a slightly better chance of survival instead. It became a matter of trade-offs.’



Access and political influence

Access challenges and insecurity continued to restrict coverage in this period, which featured conflict, large-scale political blocks on assistance and increased attacks on aid workers (see [Chapter 3.1](#)). Armed conflict and insecurity affected access in multiple case-study contexts, including DRC, Myanmar, Palestine, Sudan and Ukraine. Local staff in Ukraine said that increased drone activity and a lack of protective equipment hindered their access to frontline areas, and that access to Russian-occupied territories was limited by dwindling international presence and coordinated access systems.¹⁰⁹ Evaluations found that access limitations reduced coverage in contexts like Eritrea, Somalia, Yemen and Syria.¹¹⁰ An evaluation of UNICEF's response in Syria concluded: 'Targeting has often been influenced as much by opportunities to programme as by assessed needs and priorities'.¹¹¹

Funding pressures also reduced access to more challenging locations. Humanitarian actors in Sudan reported that communities were deprioritised in food security cuts if they resided in places that international actors found it difficult to get to. In DRC, humanitarians reported that assistance became increasingly concentrated near agencies' office locations. However, NGOs in Gaza tried to reach difficult locations. One local coordinator explained:



'Early on, feasibility tended to dominate, because we could not move everything everywhere. As we stabilised a few corridors, we pushed equity harder.'

One interviewee, reflecting on the inclusion of some areas that international actors typically found it hard to access in 2026 HNRPs, wondered whether the time and resources required to prioritise more insecure areas was adequately factored into financially constrained plans.

Local government, de facto authorities and community leaders influenced who received assistance in multiple contexts. In Afghanistan, local and international staff reported that local government officials influenced targeting. One national actor said: 'Aid intended for 10 designated villages was ultimately distributed across 40 to 50 villages'. The involvement of local chiefs and stagnation of membership of community committees were seen as problems for ethical targeting in DRC. One focus group participant said:



'You might be conflicting with the camp's president and get excluded during names identification ... [if] you are a single mother, if the president proposed love to you, and you refuse[d] the proposal, he might exclude you.'



In some cases, national authorities wanted more influence over international needs assessments. One regional official in Afghanistan expressed frustration that UN organisations were not using the list of eligible returnees provided by the De Facto Authorities:



'Without any coordination with us, [they] are roaming around street by street and making the lists of returnees.'

Political blockades, conflict and funding cuts combined to drive scarcity in several contexts, contributing to a breakdown of security and social cohesion. Local officials in DRC recounted conflict and stealing between internally displaced people who were registered for assistance and those who were not. One women's representative in Kavuma said:



'Victims will not understand the reason why there is insufficient aid, they will just assume that we, their representatives, took what they could receive.'

One INGO representative in Gaza described the deterioration in security when small amounts of assistance did pass through Israel's blockades:



'We don't like to call it "looting", we call it ... "self-distribution", where people started coming to the truck immediately to take any items that are coming in from the crossing.'

In response to concerns around causing more harm and damaging social cohesion, a WFP brief at the end of 2025 contained a stark recommendation: 'Provide a meaningful level of assistance, or don't assist at all.'¹¹²

Inclusion of the most marginalised groups

There was some progress in policies and programming for multiple marginalised groups in 2022–25, including those for whom progress was particularly limited in the previous SOHS period (such as people identifying as lesbian, gay, bisexual, transexual, queer, intersex or other (LGBTQI+)). Only 57% of surveyed aid practitioners thought organisations' inclusion of marginalised groups was 'excellent' or 'good', however, indicating room for improvement.^{xl} Meanwhile, funding cuts and political restrictions hindered the potential to systematically adopt pockets of good practice.¹¹³

^{xl} While this is a small majority, it is significantly higher than in 2021 (41%).



There was some indication that humanitarians began to integrate intersectional considerations, such as a greater focus in MSNAs, but most effort was directed at individual identities.¹¹⁴ Among these, gender continued to see the greatest progress, including growing sector expertise, more consultation with women and girls, and greater emphasis on feminist approaches¹¹⁵ – though evaluations indicated that gender-sensitive processes did not always translate to practical improvements.¹¹⁶ Despite the 2024 Inter-Agency Standing Committee (IASC) Gender Policy highlighting the spectrum of sexual orientations and identities,¹¹⁷ the focus of most humanitarian gender programming in this period was limited to women and girls.¹¹⁸ A global UNHCR gender-based violence (GBV) evaluation found ‘strong gaps’ in supporting male survivors of GBV in the CAR, Malaysia, Peru and Syria, with male survivors of rape unable to access post-exposure prophylaxis.¹¹⁹ Local organisations in Poland and Ukraine also highlighted the lack of humanitarian support for men and boys, including war veterans.

A 2024 global overview by Outright International and Edge Effect found that LGBTQI+ inclusion began to move out of the ‘too hard’ basket for humanitarians.¹²⁰ Promising programming was cited in Lebanon and Bangladesh, and in countries in Latin America and elsewhere in Asia. For example, in Colombia, Caribe Afirmativo worked with Mercy Corps and the US Agency for International Development (USAID) to provide protection and livelihoods support to LGBTQI+ communities.¹²¹ Successful examples were more concentrated in comparatively permissive environments, such as Poland and Ukraine, where Gender Stream and UNHCR provided inclusive shelters, and the first LGBTIQ Communities Technical Working Group was recognised within the National Protection Cluster.¹²² Recognition of the full diversity of the LGBTQI+ spectrum was limited, however;¹²³ interviewees in Poland noted a lack of accommodation and hormonal therapy for trans people affected by crisis.



A 2024 global overview found that LGBTQI+ inclusion began to move out of the ‘too hard’ basket for humanitarians



There were some improvements in programming for people of different ages and people living with disabilities. The Age and Disability Technical Working Group in Ukraine promoted inclusive outcomes in humanitarian planning for people living with disabilities and older persons,¹²⁴ improvements were made to the Türkiye–Syria response after initial gaps in data for older people,¹²⁵ and International Federation of Red Cross and Red Crescent Societies (IFRC) assistance in Haiti reportedly met the needs of elderly people and people living with disabilities.¹²⁶ Several evaluations, however, indicated that provisions for older people and people living with disabilities were often limited.¹²⁷ Humanitarians and people affected by crisis told us there were few disability-inclusive camps and shelters in Gaza, Sudan or Ukraine, despite the growing number of people injured by war.



The system made some progress on including marginalised ethnic groups. For example, local advocacy with international partners led to the inclusion of non-Ukrainian refugees fleeing the war, including Roma people. WFP strengthened inclusion of Indigenous people through improved needs assessments and tailored programming in multiple contexts, particularly around resilience to future crises and climate shocks, through a focus on livelihoods, social protection or disaster risk reduction.¹²⁸ Yet evaluations and literature provided few examples of the inclusion of Indigenous people. One senior inclusion expert urged humanitarians to better engage with Indigenous-led organisations and highlighted the potential value of their knowledge to food security and climate programming.

Barriers to greater inclusion remained in this period. Data and assessments did not always consider people experiencing vulnerability. While there was some improvement in gender and age disaggregation of PiN and people targeted in UN-coordinated appeals, this was inconsistent and no disaggregation was publicly available for people reached.^{xli} The Inter-Agency Humanitarian Evaluation (IAHE) for the Türkiye/Syria response found that needs assessments lacked data on inclusion, which negatively affected early programming.¹²⁹ Local organisations in Ukraine reported rigid categorical cut-offs and restrictive drop-down criteria that excluded Roma, LGBTQI+ people and males unable to work.



Local actors representing marginalised groups were often the force behind sustained inclusion efforts



Local actors representing marginalised groups were often the force behind sustained inclusion efforts.¹³⁰ For example, in Gaza, one camp was affiliated with the General Union for Persons with Disabilities, which led to improved access. Yet research reported burnout and fatigue among individuals who took on large burdens in restrictive environments.¹³¹

There was also overlap between people needing assistance and the national staff or volunteers

who were meant to supply it. Some local organisations in Ukraine and Poland told us they treated support for volunteers as a priority because ‘if you don’t help them, they won’t be able to help others’. Regulations did not always support such inclusion; a displaced humanitarian worker in Gaza reported being turned away by a shelter director. As the war continued, some organisations allocated some internal budget to supporting affected employees.

xli Based on our analysis of available data, in 2025, of the 90.2 million people hyper-prioritised for assistance, 31.8 million were male and 35.2 million were female; gender data was unavailable for 23.2 million people. The proportion of disaggregated data in plans increased from about 10% in 2021 to 55% in 2025, though the latter was a reduction from 2024. The HPC Steering Committee has outlined the usefulness, but also challenges, of improving disaggregated data (see OCHA (2024) <https://www.unocha.org/publications/report/world/statement-humanitarian-programme-cycle-steering-group-limitations-mandatory-population-data-disaggregation-endorsed-24-april-2024>).



Social and political restrictions limited inclusion efforts. For example, organisations supporting LGBTQI+ individuals experienced security risks in Ukraine.¹³² In Afghanistan, the De Facto Authorities' ban on national female staff was a significant barrier to inclusive assistance for women and girls. A regional coordinator told us why the ban was so difficult:



'Our female national staff is the backbone of our office to engage with affected women.'

Local and international humanitarian agencies spoke of adaptations they made to support women, including providing escorts, separate working spaces and transport (which inflated operating costs), or training male household members on kitchen gardening so they could share their learning with women and girls.

While USAID had been the driver of some progressive inclusion policies earlier in this study period, for example developing a global policy on including LGBTQI+ people across its programming in 2023,¹³³ President Trump's DEI restrictions increasingly introduced since January 2025 had negative global effects. Amnesty International found that US funding restored in 2025 often excluded programming on gender, LGBTQI+ people, and refugee and migrant rights.¹³⁴ The International Planned Parenthood Association concluded: 'foreign aid has become a political weapon, used to enforce hateful ideologies at the expense of women in all their diversity, and against LGBTQI+, poor and immigrant communities'.¹³⁵ Confusion over what was permissible under new US rules, and concerns over legal action against agencies, may have increased self-censorship over inclusion programming and advocacy.¹³⁶

Funding cuts more broadly damaged inclusion efforts. Many women-led and feminist organisations reported funding shortfalls in 2025.¹³⁷ There were rapid impacts for marginalised people affected by crisis: women, children, elderly people and displaced populations in Mali and South Sudan were disproportionately affected by the budget contractions,¹³⁸ cuts to translation services threatened the ability of speakers of marginalised languages to understand their rights and access services,¹³⁹ and LGBTQI+ shelters were among the first to close in Poland and Ukraine. For the reduced humanitarian system to fulfil its mandate of supporting people most in need of assistance, strides are needed on inclusion to regain recently lost ground.



For the reduced humanitarian system to fulfil its mandate of supporting people most in need of assistance, strides are needed on inclusion to regain recently lost ground





What has been prioritised?

Evolving HPC guidance encouraged a shift away from activities that development or state actors could more suitably undertake and a stronger focus on lifesaving activities. However, sector-specific funding requirements in UN-coordinated appeals were reduced across nearly all sectors for the *GHO 2025*: compared to 2024, total requirements for humanitarian sectors fell by 6% (from US\$48.2 billion to US\$45.5 billion); funding allocated by donors to specific sectors by the end of 2025 fell by a steep 36% (from US\$21.7 billion to US\$14.0 billion); and the average proportion of funding requirements met fell from 45% to 30% – with so-called ‘lifesaving’ sectors experiencing some of the biggest gaps (See [Figure 1.14](#)).^{xlii}



Funding, and the percentage of required funding met, fell across core lifesaving sectors in 2025



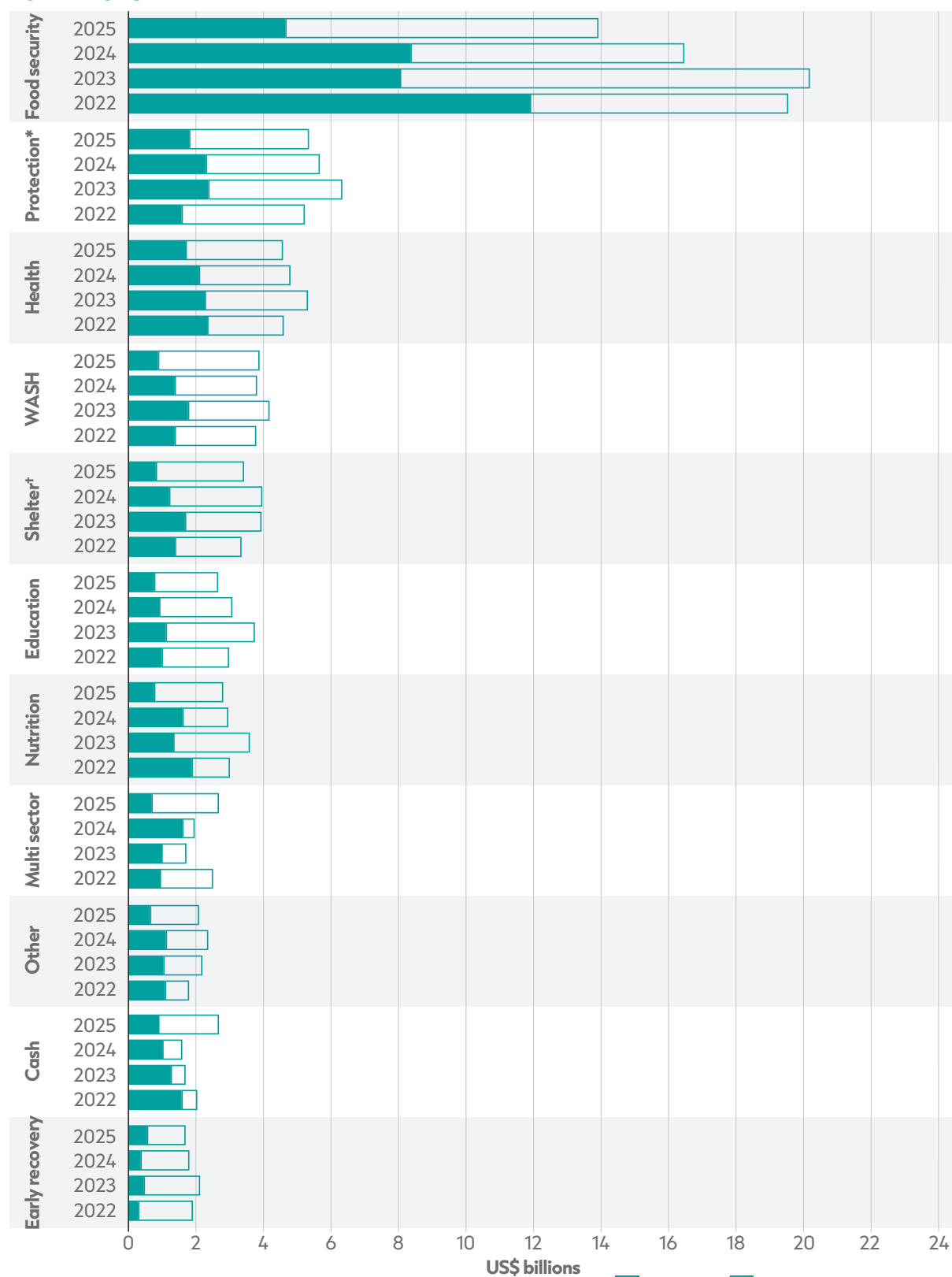
Funding, and the percentage of required funding met, fell across core lifesaving sectors in 2025. Food security continued to dominate funding: it accounted for 31% of requirements, received 33% of total funding and had 33% of its required funding met (a large reduction from 61% in 2022, the peak for this study period). Health received the second-largest amount of funding across the 2022–25 period but became the third-largest sector in 2025, when funding fell by 19% against 2024 and

just 37% of funding requirements were met (down from 43% in 2024). The water, sanitation and hygiene (WASH) sector had the lowest proportion of requirements met for any sector – only 22% – leaving 24 appeals meeting below 20% of WASH requirements. Emergency shelter and non-food-item (NFI) requirements were met at a similar percentage to WASH: just 23% in 2025. These percentages were lower than in several other sectors not typically considered ‘lifesaving’.

In early 2025, donors and practitioners strongly advocated that protection was lifesaving and required greater emphasis in the Humanitarian Reset.¹⁴⁰ While protection^{xliii} received the second-largest amount of funding in 2025, total funding for this sector dropped by 22% compared to 2024 – and only 34% of its requirements were met. While previous SOHS reports highlighted protection as a particularly underfunded sector, this drop in requirements met in 2025 was significantly smaller than some other sectors: 7%, compared to an 18% drop for food security and a 13% drop for WASH. Its requirements also dropped by only 6% from 2024, compared to a 15% drop in requirements for food security between 2024 and 2025.

xlii Sector figures are extracted from FTS by examining funding requirements and funding received for all response plans (this includes all response plan types and response plans regardless of whether they are included in the GHO). This may differ from other sources, such as figures produced by Global Clusters, which may include funding that was directly reported to the cluster.

xliii Protection includes requirements and allocations to the protection sector broadly, plus specific funding for child protection, GBV, mine action, housing, land and property, human trafficking and smuggling.

Figure 1.14: Requirements and funding per sector in UN-coordinated appeals, 2022–2025

Source: OCHA FTS data.

■ Funding □ Un-met requirements

Notes: Data is in current prices. *Protection includes requirements and allocations to the protection sector broadly, plus specific funding for child protection, GBV, mine action, housing, land and property, human trafficking and smuggling. 'Other' includes: agriculture, camp coordination/management, coordination and support services, emergency telecommunications, logistics and other low volume sectors. Funding 'not specified' to a humanitarian sector or allocated across 'multisector (shared)' is not included here because it has no consistent stated requirements. Technical sectors align to FTS global clusters. Figures include HRPs, flash appeals and refugee response plans.



While nutrition requirements were only cut by 5%, the sector experienced one of the largest proportional falls in funding in 2025 – 54% – and only 26% of its requirements were met (compared to 54% in 2024). This shortfall raised concerns that focusing only on immediate food provision could have long-term health effects. Education requirements saw a larger cut – 13% – and a funding reduction of 16% compared to 2024, with only 28% of requirements met. While the nutrition and education sectors received less absolute funding, gaps in requirements were lower than for some sectors deemed more essential in the Humanitarian Reset, like WASH and emergency shelter.

Requirements for early recovery were the lowest in 2025 – a 12% reduction from 2024 – but, surprisingly, it was the only sector to experience a significant increase in funding: a 70% increase to US\$568 million. And 37% of funding requirements were met in this sector – an increase from only 19% met in 2024. This seems counter to the sector's shifting remit and plans to phase out early recovery by the end of 2026, and it can mainly be explained by two outlier contexts: US\$200 million was allocated for early recovery in the OPT flash appeal (despite no requirements), and US\$155 million was allocated for early recovery in Syria's response plan.

While not a sector, multipurpose cash requirements increased by a huge 68%. However, despite a push to prioritise cash in the Humanitarian Reset as a preferred modality, funding fell by 13% and only 32% of requirements were met.

The requirements for 2025 reflected figures set before the funding cuts, as well as deepened prioritisation. Requirements set for 2026 appear to clarify new priorities. Reductions in requirements were generally lower for 'lifesaving' sectors than for longer-term approaches: requirements for food security, health, shelter and WASH fell by 37%, 38%, 26% and 24% respectively. While not typically considered a lifesaving sector, nutrition only fell by 25%. In comparison, early recovery and agriculture fell by 84% and 67% respectively. Protection and education sat in the middle: with 44% and 42% reductions. The least-reduced sector was multipurpose cash (21%), reflecting its continued prioritisation as a delivery modality in the Humanitarian Reset. End-of-year 2026 data will demonstrate whether donors' funding followed these new prioritisation patterns.

Was programming relevant to people's priorities?

Our research suggests the programmes that agencies and donors prioritised were not always in line with what people affected by crisis said they needed. Only 53% of respondents to our aid-recipient survey said the assistance they received addressed their 'most important needs' at the time. While still low,



this was an improvement on 2022 (34%). The second most-common request from survey respondents for improving humanitarian assistance was to 'provide the type of aid most needed' (23%), behind 'give more' (25%). Surveyed aid practitioners were more optimistic – 69% rated their ability to provide assistance relevant to people's needs as 'excellent' or 'good' – but what people affected by crisis consider their most important needs may differ to how the international system classifies humanitarian need (as discussed shortly), as well as the type of programming within its narrowed remit.

Evaluations found gaps in relevance both at the response level and for individual programmes. An IAHE synthesis found that, while focusing on food security was often relevant to meet essential needs, it was rarely enough to meet people's priority needs beyond this, when other sectors became deprioritised.¹⁴¹ It also found that, even if non-food needs are prioritised in planning, these needs are not always backed up by funding. For example, WASH was identified as part of the lifesaving agenda in Somalia, but limited WASH funding was later linked with negative disease outcomes.¹⁴² Agency evaluations showed varying levels of relevance for communities. For instance, 93% of goat recipients in a CARE Pakistan flood response were satisfied with the breed,¹⁴³ but in contrast an evaluation of UNICEF's response in Afghanistan questioned its focus on scholastic materials over infrastructure: 'UNICEF distributes two 20-page notebooks to pupils sitting in the sun. [But] we have not witnessed a day without seeing three pupils faint and three pupils having nosebleeds [from heat and dehydration].'¹⁴⁴

Agency evaluations showed varying levels of relevance for communities

People affected by crisis told us that agencies provided food items without the means to cook them, seeds to people who did not own land, and sanitary pads for men and elderly women. A representative of a local organisation for people living with disabilities in Ukraine recounted leaving the home of an older woman with a disability, who required rehabilitation and medical assistance:



'She says: "Oh God, let me give you some shampoo". She pulls out from under her sofa – it is piled with shampoos, shower gels ... She lived on the third floor, and she could not go down to the first floor to take a shower.'

Many complaints focused on food provision; for example, providing too much of one item (like rice) or providing corn in areas of DRC where people usually eat wheat. People affected by crisis in Ukraine reported lack of variety:



'7 kg of rice, 7 kg of pasta ... People were simply overwhelmed with these grains.'



Similarly, families in Gaza requested more varied food to meet their nutritional and cultural needs. Beyond nutrition, one mother told us:



'I feel helpless and sad when my daughter asks for foods like fruits or sweets.'

People in DRC, Gaza, Sudan and Ukraine reported selling or trading food assistance. We also heard requests for more appropriate and durable shelter, including for refugees in Poland and returnees from Pakistan to Afghanistan, who were provided with temporary tents without access to electricity and drinking water. A local authority representative in Gaza told us:



'the constant delivery of single-use relief items – plastic sheeting, temporary tents – ... generated waste and offered no durable solution.'

People in Gaza also reported a lack of assistance tailored to colder weather, with communities describing winter as the 'season of death'.

In multiple contexts, people affected by crisis preferred cash to in-kind assistance,¹⁴⁵ including 91% of urban aid recipients surveyed in Sudan.¹⁴⁶ An IAHE synthesis indicated that people often requested cash because it allowed them to tailor assistance to their specific needs – beyond what the system may prioritise.¹⁴⁷ Multiple individual agency evaluations also found a preference for cash due to its flexibility and choice.¹⁴⁸ For example, WFP found that cash covered a range of needs in El Salvador, from buying medicine to paying for electricity or the internet, with the latter enabling children to access online education during Covid-19.¹⁴⁹ A stronger focus on cash in the Humanitarian Reset could contribute to greater relevance if lessons on its most effective use are learned (see [Chapter 2.2](#)).



A stronger focus on cash in the Humanitarian Reset could contribute to greater relevance if lessons on its most effective use are learned



Community requests for support beyond immediate needs

In this period, communities consistently requested support beyond immediate lifesaving needs. The third most-common need reported by surveyed aid recipients was livelihoods (10%), behind food (44%) and cash/vouchers (18%). A Ground Truth Solutions synthesis covering 12 countries between 2023 and 2024 found that what humanitarians provided was often out of line with the communities' longer-term priorities to be more resilient against future shocks.¹⁵⁰ Humanitarian actors' focus on such longer-term priorities came under increased threat in 2025 from funding cuts and the narrowing of their remit.



Requests for medical services for non-communicable diseases were common. People affected by crisis in Sudan indicated that some local organisations provided medicine to people with diabetes or to kidney disease facilities, but that other chronic disease medicines were rarely available through humanitarian channels. People in Afghanistan also reported a lack of medicine for diabetes, but some used cash transfers to buy supplies. A local NGO representative in Poland recounted:



'people were saying: "Hey, stop bringing clothes, we have enough" ... while medicines are not so easy to find.'

While public donation movements often sent items like clothes, there were efforts to channel that solidarity into more contextually relevant assistance. Such guidance was issued by the Spanish Agency for International Development Cooperation (AECID) and the Institute for Studies on Conflicts and Humanitarian Action (IECAH), for example.¹⁵¹

People affected by crisis commonly requested more livelihood support. In Afghanistan, women and people living with disabilities, who felt trapped by their dependency on short-term assistance, expressed a strong desire for vocational training in tailoring, embroidery and small-scale business development. Agencies in Poland expressed a strong need for appropriate livelihoods skills for refugees to support their integration. Evaluations indicated that – where provided – livelihoods programming was relevant, including an International Federation of Red Cross and Red Crescent Societies (IFRC) programme in Bangladesh slums, where the mixture of business and disaster risk reduction support was relevant to needs, and an Islamic Relief livelihoods project in Yemen, which was relevant to the needs and priorities of vulnerable groups.¹⁵²

Levers for relevance

Survey results indicated that effective engagement with, and accountability to, people affected by crisis was important for relevance. Aid recipients who reported that humanitarian actors communicated well with them, consulted them and enabled them to provide feedback were 1.6 times, 1.8 times and 1.4 times (respectively), more likely to find assistance relevant (see [Chapter 4.2](#)).

Flexibility to respond to changing needs was also influential. The flexibility of Disasters Emergency Committee (DEC) funding in Ukraine was found to support responsiveness to changing needs



Aid recipients who reported that humanitarian actors communicated well with them, consulted them and enabled them to provide feedback were 1.6x, 1.8x and 1.4x more likely to find assistance relevant





over time.¹⁵³ An evaluation of the European Union (EU) complex response in Yemen found that providing additional funding for changing situations and new challenges helped partners respond to evolving needs.¹⁵⁴ Partners also referred to UNICEF's increased flexibility and decentralised decision-making, which enabled adaptability to changes in public health emergencies.¹⁵⁵ Despite some of those positives, however, a review of the first year of the Flagship Initiative concluded: 'the system is rigid and unable to adapt to context if communities' needs and priorities differ from the standardised aid on offer'.¹⁵⁶

The role of local staff in prioritising relevant assistance was also important. An evaluation of CARE's multisector response in Pakistan found that local staff were key in supporting relevant programming through their deeper understanding of the context and connections with communities.¹⁵⁷ As discussed, local organisations led by representatives of people experiencing vulnerability also helped tailor assistance. In-country research provided reminders of the real-time decisions, made by frontline staff under pressure, regarding which sector is most relevant. One local authority representative in Gaza remembered:



'We received a desperate alert from a hospital in Khan Younis that their oxygen generators were about to shut down. Without fuel, dozens of patients – including children – would lose their lives. The problem was that our convoy for that sector was not scheduled until the following day, and approvals were stalled. We convened a snap call with [the UN Department of Safety and Security], rerouted a truck that had been assigned to WASH supplies, and secured a midnight clearance after two hours of nonstop negotiation.'

The funding cuts became a barrier to relevance and increased pressures on staff though. Agencies reluctantly made many cuts to programming that people affected by crisis prioritised. One INGO representative said:



'A certain category of help became less relevant because of the absence of money, not because people don't need it ... We downsized educational activities because of funding constraints, not because it was not a priority.'

Interviewees raised concerns about reduced cross-sector collaboration. One cluster coordinator said:



'For everyone to be considered humanitarian, this is no longer feasible. The portion of the cake has gone down and the competition between the sectors will be there.'



Some were particularly concerned that a focus on lifesaving would create a greater divide between short-term basic needs on the one hand, and preparedness and resilience against future crises on the other. One food security expert explained:



'If I try to protect the livestock and cropping season, and [don't] provide food assistance, people will sell their livestock ... Same is with the agriculture ... People eat those seed[s] if the food is not reaching [them] at the right time. So it was never meant to be one or another. It was [meant to be] together to make an impact.'

Conclusion

In this period, people affected by crisis bore the brunt of difficult prioritisation decisions over who and what to fund – decisions that also put pressure on frontline staff who enacted system-level choices. Funding cuts and political constraints sharply reduced coverage and threatened nascent gains on inclusion and relevance. The full effects of decisions to narrow the scope of humanitarian action, in terms of the people and programmes considered for prioritisation and the targeting choices made within those parameters, will play out over future years. In the absence of strong local support systems or development actors, the people and needs no longer covered by the international humanitarian system risk being unsupported. Greater efforts are needed from actors across humanitarian, development and peace systems to meaningfully connect their work and to strengthen local infrastructure to help bridge those gaps.



The full effects of decisions to narrow the scope of humanitarian action will play out over future years



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