2026 REPORT IN BRIEF

ALNAP

HUMANITARIAN ACTION IN A FRACTURED WORLD:

THE STATE OF THE HUMANITARIAN SYSTEM 2026 IN BRIEF

THE PRESSURES RESHAPING HUMANITARIAN AID

***The State of the Humanitarian System 2026* comes at one of the most demanding moments for humanitarian action in decades. Over 2022–25, state-driven conflict, climate shocks, displacement and attacks on aid workers increased just as donor-government politics drove sharp funding cuts. The resulting contraction forced difficult choices about who and what humanitarian action could support, exposing the system's dependence on a few donors and its vulnerability to political and economic decisions beyond its control.**

The convergence of these pressures created a severe test of humanitarian performance. Yet the period also produced evidence of effective action, advancements in how assistance was delivered and practical innovation. Aid recipients reported gains in quality and dignity, protection practice improved in some areas, and mutual aid and community-led response received greater international attention.

Performance depended heavily on external factors, however. Funding, access and political conditions were major determinants of whether assistance reached people at sufficient scale and speed, and they often explained stark differences in outcomes between crises.

Reforms pursued over the past two decades brought about technical progress, but lagged where international actors needed to relinquish power. Persistent gaps remained between commitments and implementation.

This summary synthesises key evidence from the *2026 SOHS*, showing how the humanitarian system performed over 2022–25, where it made meaningful progress, where longstanding challenges persisted and what the evidence suggests about the changing role of humanitarian action.

The State of the Humanitarian System (SOHS) is ALNAP's flagship assessment of the international humanitarian system, drawing on evaluations, operational data, research, practitioner surveys and interviews with people affected by crisis. Covering 2022–25, this edition also draws on nearly two decades of data from previous *SOHS* reports to assess where the system has changed, progressed or faced persistent challenges.

A WORLD OF CONVERGING CRISES IN 2022–2025

Sustained national and international investment in development, public health and disaster risk reduction delivered major gains over past decades. Extreme poverty fell from 38% of the global population in 1990 to around 9% by 2019, child mortality more than halved between 2000 and 2022, and deaths from natural disasters declined substantially over 50 years. However, those advances came under strain between 2022 and 2025 as conditions for humanitarian action deteriorated.

Conflict intensified, driving humanitarian need. Over the study period, one in seven people were affected by conflict, state-based violence escalated and conflict overtook disasters as the main cause of internal displacement. By the end of 2025, 117.8 million people were displaced worldwide, including 41.6 million refugees.

The nature of conflict changed as civilian protection deteriorated. Drone attacks increased by around 4,000% between 2020 and 2024. The United Nations (UN) recorded more than 37,000 civilians killed in conflict in 2025, incidents of conflict-related sexual violence increased and gender-based violence (GBV) was assessed as severe or extreme in 22 of 25 humanitarian crises analysed. In a chilling escalation from the previous SOHS period, violations of international humanitarian law (IHL) extended to acts recognised as genocide perpetrated by Israel in Gaza and by the Rapid Support Forces in Sudan.

Crises in numbers

Displacement
- 117.8 million people displaced by the end of 2025, including 41.6 million refugees
- Conflict overtook disasters as the main driver of internal displacement

Conflict
- One in seven people affected by conflict in mid-2024
- State-based violence at record levels in 2021–25
- Drone attacks up 4,000% in 2020–24

Food and health
- Acute food insecurity at record levels in 2024
- Famine confirmed in Sudan and Gaza
- Mpox twice declared as a global public health emergency

Climate
- 2023–25 among the warmest years on record
- Extreme heat a common climate hazard faced by forcibly displaced people
- 2024 the worst year on record for forest fires

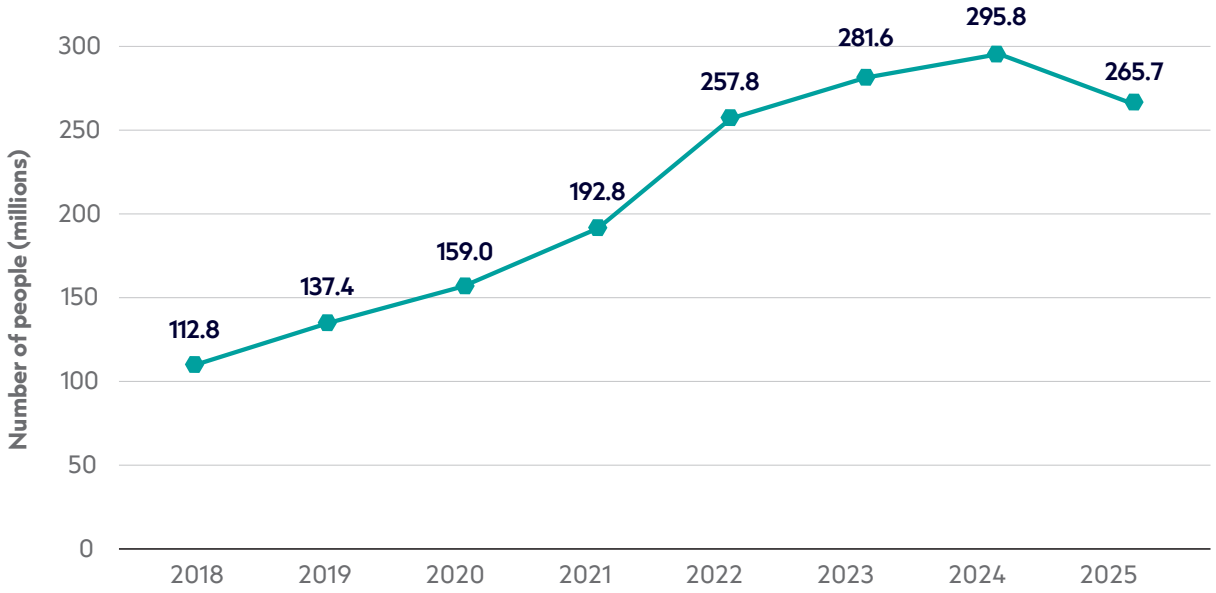
Growing insecurity made people harder to reach and humanitarian action more dangerous. Practitioners identified insecurity as the greatest obstacle to reaching people in need, while 48% reported that humanitarian space declined over 2022–25. The period included the deadliest year on record for aid workers – 387 aid workers lost their lives in 2024. In 2025, national staff accounted for 96% of aid workers affected by violence and detention.

State actors became increasingly responsible for violence against humanitarian action. Despite holding primary responsibility for protecting civilians and enabling humanitarian aid, states overtook non-state armed groups as the principal perpetrators of incidents affecting humanitarian workers. They accounted for 64% of attacks on and obstruction of healthcare in 2025. Aerial bombardment, much of it by states, became the leading cause of aid worker fatalities between 2023 and 2025. Deconfliction offered no guarantee of safety – 162 attacks occurred in 2025 despite humanitarian locations being notified to military actors or clearly marked as humanitarian.

Conflict increasingly damaged the systems people depend on to survive. Attacks on healthcare and health-system collapse contributed substantially to excess mortality. In many crises, an estimated 70–90% of excess deaths were linked to indirect effects such as health-system and economic collapse, combined with inadequate housing, food, and water, sanitation and hygiene (WASH). These exceeded fatalities from direct violence. In Yemen, diphtheria outbreaks were 11 times more likely in districts experiencing ongoing conflict, while diphtheria cases rose 57% in 2023 as vaccination systems deteriorated.

Hunger reached exceptional levels and famine returned. Acute food insecurity reached record levels in 2024 and remained close to them in 2025, while famine was confirmed in Sudan and Gaza. These problems were increasingly long-term – by 2025, over 80% of people facing high levels of acute food insecurity lived in countries where food crises had persisted for over a decade.

Figure i: High levels of acute food insecurity 2018–2025



Disease outbreaks strained weakened health systems. Outbreaks of preventable disease multiplied. Cholera reached 60 countries, mpox triggered two global public health emergencies, and polio re-emerged in endemic and previously polio-free countries.

Conflict and crisis disrupted education. Around 103 million children in the world's most violent and fragile situations were out of school in 2024. Attacks on education facilities and personnel, plus the military use of schools, increased by nearly 20% globally in 2022 and 2023 compared with the previous two years.

Climate shocks increasingly struck populations already facing conflict, displacement and poverty. With 2023–25 the warmest years on record, extreme heat became one of the most widespread hazards affecting displaced populations.

Pressures converged just as available resources contracted. By the end of 2022–25, humanitarians faced more intense conflict, record displacement and hunger, recurring disease outbreaks, accelerating climate extremes, and growing threats to access and safety.

See *SOHS 2026: Humanitarian crises and global shifts 2022–25* for more information and underlying evidence.

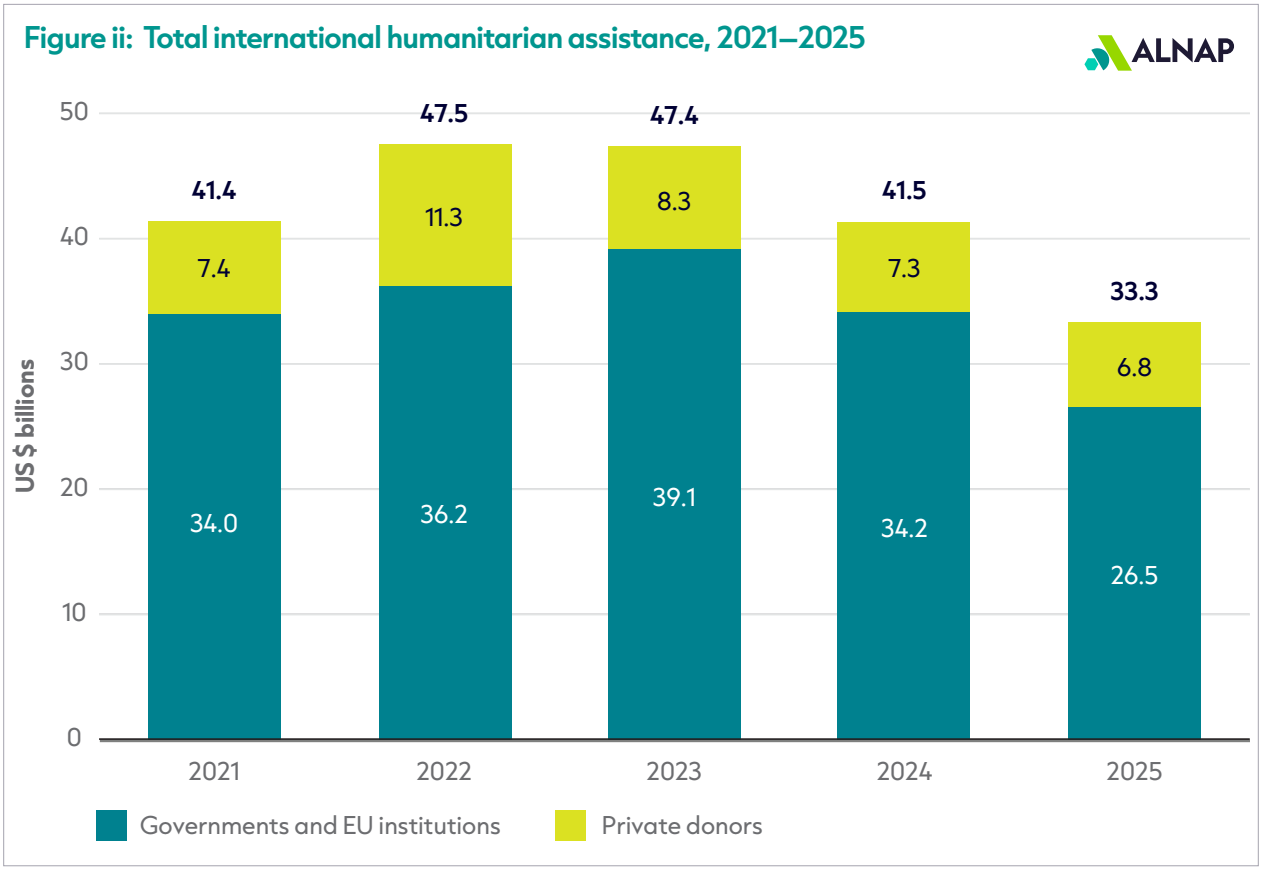
GENERATIONAL FUNDING COLLAPSE AND ITS IMPLICATIONS

After years of expansion, humanitarian financing entered a rapid decline that fundamentally changed the scale and ambition of the international response.

The humanitarian system reached its largest size in this SOHS period. By 2024, there were 5,600 humanitarian organisations with approximately 835,000 staff – 80,000 more than in 2021. Local and national non-governmental organisations (L/NNGOs) and community-based organisations (CBOs) accounted for 81% of entities, while 94% of humanitarian staff were nationals of the countries where they worked.

Then budgets abruptly contracted due to a 'generational funding collapse'. International humanitarian assistance (IHA) fell by around 30%, from a peak of US$47.5 billion in 2022 to an estimated US$33.3 billion in 2025. Among the world's 20 largest humanitarian donors, 13 reduced their contributions that year. The United States alone cut 55% (US$7.4 billion) of its humanitarian funding, while the UN-coordinated appeal was only 35% funded.

Figure ii: Total international humanitarian assistance, 2021–2025



The system's reliance on a small number of donors and agencies was exposed. The four largest Development Assistance Committee (DAC) donors still provided 47% of public donor funding in 2025, while the World Food Programme (WFP), UN High Commissioner for Refugees (UNHCR) and UN Children's Fund (UNICEF) received 44% of trackable funding.

Humanitarian cuts should be understood alongside wider pressures on development, climate, peace and domestic public finance. Humanitarian action is increasingly concentrated in long-running crises. The proportion classified as protracted rose from 44% in 2016 to 76% in 2025, while their share of interagency humanitarian funding grew from 54% to 95%. Humanitarian organisations are sustaining basic services and supporting people through years of crisis with financing designed for temporary emergencies, therefore making development, peace, climate and domestic finance increasingly important.

Yet these systems contracted too, often narrowing their priorities in isolation. Official development assistance fell by 23.1% in real terms in 2025, the steepest annual decline recorded. Development finance remained substantial but became concentrated in a few politically prioritised crises: Ukraine received US$98.1 billion (38.2%) of the US$256.6 billion in DAC non-humanitarian finance directed to *Global Humanitarian Overview* (GHO) countries over 2022–24. Much of the development finance reaching humanitarian contexts came as loans not grants: in 2025, 61% of International Development Association financing to these contexts was issued as loans, meaning protracted-crisis countries spent roughly twice as much servicing debt in 2024 as a decade earlier. Meanwhile, humanitarian funding exceeded development finance at least once over 2022–24 in seven of the most severe protracted crises, accounting for around 90% of external financing in Syria. Ten of 11 Humanitarian Country Teams identified financing as the principal barrier to implementing the humanitarian–development–peace (HDP) nexus approach.

Peace and risk financing were also scarce in places facing the greatest humanitarian pressures. Peace financing fell from US$16.9 billion in 2023 to US$14.7 billion in 2024 in countries included in the *GHO 2025*. Pre-arranged and risk financing reached US$9.4 billion in 2024, but only 7% went to low-income or fragile and conflict-affected countries.

Other finance sources grew but could not replace what was lost. Gulf states increased their share of public IHA from 10% in 2024 to 17% in 2025; philanthropy, Islamic giving and private financing mechanisms also contributed. These flows diversified the financing landscape, but their scale, concentration and models couldn't substitute traditional donor financing. Diaspora finance provided US$656 billion to low- and middle-income countries, but coordination by the international humanitarian system with diaspora networks remained weak.

With far less money, the humanitarian system dramatically narrowed whom it aimed to assist. Humanitarian programme cycles concentrated on people affected by recent shocks, on those facing the most severe needs and on immediate lifesaving assistance. The assessed number of people in need fell from almost 369 million in 2023 to 239 million in 2026 as prioritisation narrowed the caseload. In 2025, hyper-prioritisation identified 114.4 million people, just 38.3% of those assessed as being in need, as facing the most severe needs.

Prioritising people on paper did not mean assistance reached them in practice. Fewer than 100 million people were ultimately reached in 2025, equivalent to 66% of those targeted and 38% of those assessed as needing assistance. Some 16.5 million people who were hyper-prioritised were not reached, while 14.9 million outside the hyper-prioritised caseload received support. Access, politics and operational feasibility shaped who received assistance and assessment of need.

Practitioners were more positive about prioritisation than those receiving assistance. In 2025, 67% of practitioners rated the prioritisation of people with the most urgent needs as 'good' or 'excellent', but only 51% of aid recipients thought assistance went to those most in need. Just 53% said the assistance they received met their most important needs.

Prioritisation shifted resources towards immediate survival, but this did not always reflect what people affected by crisis requested. Alongside food assistance, some saw livelihoods, education and self-reliance as integral to dignified survival and wellbeing. Aid recipients identified greater support for independence and resilience as the third most important way providers could improve assistance, yet funding pressures favoured immediate relief. Agriculture remained underfunded in Ethiopia, longer-term approaches were constrained in Yemen, and cuts to livelihoods and resilience programming eroded community resilience in Somalia.

Organisations often responded to the cuts reactively, with little involvement from local actors or people affected by crisis. The most common response was to terminate staff contracts. Only 13.6% of practitioners said a new needs assessment drove prioritisation, while consultation with local and national organisations rarely influenced decisions.

Funding cuts impacted organisational and frontline capacity. Preliminary estimates suggest that around 9% of humanitarian organisations ceased operating in 2025, mainly local and national ones, while more than 12,000 staff were let go by April. Local organisations were particularly exposed because they relied on project funding and limited reserves. Early estimates indicate around 500 L/NNGOs closed and their staff lost jobs at roughly twice the rate of the humanitarian workforce overall.

Scarce funding became concentrated in a few crises. Five countries received 52% of humanitarian funding in 2025: the Occupied Palestinian Territory 19%, Syria 12%, Ukraine 8%, Sudan 8% and Yemen 6%. The remaining 164 crisis contexts shared 48%, while pooled funds targeting underfunded and forgotten crises fell from US$818 million in 2022 to US$480 million in 2025.

Fewer people received assistance and each person targeted received less. Funding fell from US$178 per person targeted in 2021 to US$90 in 2025, yet requirements rose to around US$255 per person. The thinning of assistance was also visible in what people received: over 90% of WFP's in-kind rations in 2023 did not meet nutritional needs and around 80% remained inadequate in 2024. Without stronger outcome and cost data, it is difficult to determine whether lower spending reflected any efficiency gains or simply less adequate assistance. Practitioners warned that efforts to reduce costs could undermine quality.

Consequences of contraction

- **Narrowing humanitarian caseload:** 369 million people in need in 2023; 239 million people in need in 2026
- **People in need excluded:** 16.5 million of those hyper-prioritised were unreached
- **Assistance thinned:** from US$178 to US$90 per targeted person
- **Organisational and frontline capacity reduced:** preliminary estimates suggest 9% of humanitarian organisations ceased operations in 2025; L/NNGOs were impacted far more by the cuts than international counterparts
- **Already underfunded crises received even less**: pooled funds targeting underfunded and forgotten crises fell from US$818 million in 2022 to US$480 million in 2025
- **Services disrupted:** 14 million children affected by nutrition-service disruption
- **Operational security weakened:** 37% funding loss for the International NGO Safety Organisation (INSO)

Cuts began to erode programmes and reverse gains. Disruptions to nutrition services affected at least 14 million children in 2025. Nutrition outcomes deteriorated as services were disrupted in Yemen, Ethiopia and Bangladesh. Declining US WASH disbursements coincided with rising cholera mortality, with Angola, the Democratic Republic of the Congo (DRC), Sudan and South Sudan recording more than 3,000 deaths by mid-2025. Child-friendly spaces were cut in several contexts which reduced critical protection services, especially for girls who experienced sexual violence.

Local actors mounted significant responses in the hardest-hit crises, but access restrictions and funding gaps left huge needs unmet. Sudan's Emergency Response Rooms and community kitchens delivered an extensive response, but more than 19 million people faced acute hunger. The humanitarian system also couldn't compensate for the simultaneous collapse of health, WASH and agricultural systems on which food security depended.

The cuts weakened evidence systems used to identify needs, target assistance and learn from responses. Assessments contracted, while evaluation teams, knowledge-management posts and shared data infrastructure were cut. In 2025 the Famine Early-Warning System (FEWS NET) was offline for approximately five months before partially resuming, and the 2026 *Global Report on Food Crises* reported data losses in 18 countries. By mid-2026, seven evidence and data platforms had closed and eight more had been interrupted or faced uncertain futures.

Prior progress on inclusion came under pressure. Restrictive diversity, equity and inclusion policies combined with funding cuts to reverse some gains. Women-led organisations reported widespread cuts and, in some contexts, tailored services were among the first to close.

The infrastructure was weakened that humanitarians relied on to operate safely and reach people in conflict. Experienced security staff and partner-liaison offices were lost following the US Agency for International Development's (USAID) closure, while the International NGO Safety Organisation (INSO) lost approximately 37% of its funding.

The humanitarian system became smaller and more selective by the end of 2022–25, but prioritisation could not resolve the mismatch between needs and resources. The funding collapse narrowed who could be reached, what they could receive and what humanitarian action could realistically achieve.

See *SOHS Chapter 1: Prioritisation under pressure* for more information and underlying evidence.

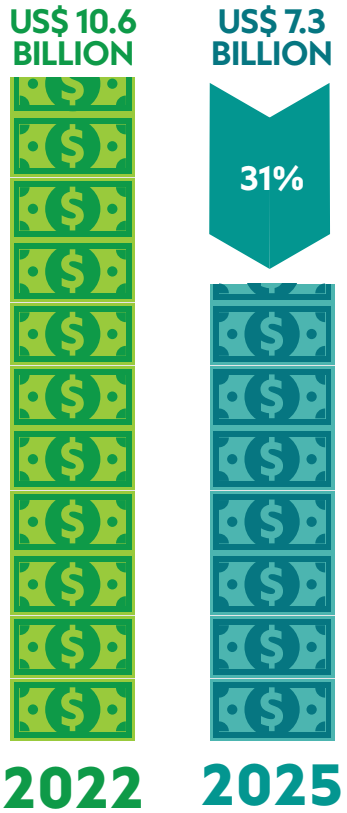
DELIVERING IN A CONSTRAINED SYSTEM AND FRACTURED WORLD

Humanitarian action saved lives under extraordinary pressure, but effectiveness depended on funding, access, operational capacity and community engagement – conditions that did not consistently align during the SOHS period.

The evidence showed strong programmes and innovation. Large-scale assistance helped avert famine and may have saved tens to hundreds of thousands of lives in Somalia, while assistance in Afghanistan was essential in improving access to food and halting severe deterioration in food insecurity. Therapeutic feeding programmes in northern Ethiopia exceeded Sphere Standards, and several major disease outbreaks were addressed rapidly. Health responses showed particular capacity to adapt: mobile clinics operated during the mpox outbreak in DRC; a polio vaccination campaign was enabled by temporary humanitarian pauses in Gaza; organisations combined community-based outreach, accessible services and flexible local funding to deliver effective protection and GBV programming in Uganda, DRC and Sudan.

But gains were uneven and fragile, and significant gaps existed in coverage and quality. Conflict, blockades and funding cuts prevented adequate action in some settings. Famine was declared in Sudan and Gaza and catastrophe conditions of hunger persisted in Haiti despite formal warnings. Only 18% of the 93 million people assessed as needing shelter in 2024 received assistance, while WASH requirements were never more than 35% funded on average between 2021 and 2025, with funding falling a further 50% between 2024 and 2025. In many crises, more deaths were caused by conflict and the collapse of health, WASH and other basic systems than direct violence.

Cash held at 21% of total IHA in 2025 but in absolute terms dropped to 31% below its peak in 2022.



People receiving assistance in some contexts saw improvements in quality, but not in all contexts. In this SOHS period, 65% of aid recipients were satisfied with the quality of assistance versus 56% in 2018–21 (*the 2022 SOHS*). But there were particular gaps in assistance to internally displaced people: in Goma, DRC, no Minimum Humanitarian Standard was met for 600,000 displaced people over eight months; and an inter-agency evaluation in Yemen documented non-functioning hospital equipment, unfinished roads, expired supplies, overflowing sewage and inadequate toilets at displacement sites.

Assistance didn't arrive quickly enough for some, particularly in protracted and internal-displacement crises. Satisfaction with the speed of assistance fell from 58% reported in the *2022 SOHS* to 53% in this period. Delays were not simply operational – in Haiti and Sudan the pace of donor decisions reduced response speeds.

A strong evidence base showed cash as an effective and efficient modality, yet investment declined. Across multiple contexts cash improved consumption, food expenditure and food security, and at times child nutrition too, although results varied and were stronger

when combined with complementary interventions. Of US$11.4 billion in humanitarian spending, cash was 37.5% more efficient than food aid for comparable outcomes, and recipients often preferred it. Cash and voucher assistance still constituted 21% of total humanitarian assistance in 2025 but in absolute terms it fell for a third consecutive year – by 11% to US$7.3 billion and 31% below its 2022 peak. Government restrictions, institutional competition and slow progress on locally led delivery constrained the potential of cash assistance.

Anticipatory action showed the value of acting earlier but it remained marginal to overall spending. Activations tripled between 2022 and 2025, and in some cases helped people protect assets and avoid harmful coping strategies. Modelled data showed for every US$1 spent that an estimated US$7 could be saved in avoided losses, but anticipatory action accounted for just 1% of humanitarian spending. Greater investment over the long term is needed to take anticipatory action to scale and to realise results from sustained preparedness. In Bangladesh, decades of investment in early warning, cyclone shelters and climate preparedness helped reduce disaster deaths more than 100-fold since the 1970s.

Pre-positioning supplies and investing in logistics allowed faster responses when crises struck. UNICEF's pre-positioned stocks meant it delivered supplies within 72 hours of Hurricane Oscar in Cuba and within 24 hours of severe flooding in Brazil; it pre-positioned US$9 million of ready-to-use therapeutic food in Burkina Faso and Nigeria. More broadly, investment in logistics and warehousing supported timelier delivery where access allowed, but funding cuts put this capacity at risk: in 2025, WFP had no contingency stocks for Haiti's hurricane season and no pre-positioned food for Afghanistan's winter.

Local capacity and partnerships combined rapid mobilisation, contextual knowledge and continued access to communities. Local organisations and volunteers responded first, before international assistance arrived, and they continued to operate where formal systems could not. In Sudan, volunteers opened shelters and distributed food and water, and in Myanmar local groups verified needs in real time and operated continuously. Pre-positioned flexible funding with local partners helped bypass approval delays, while community health workers sustained basic services through conflict and displacement.

Technology and coordination brought efficiencies but also new costs and trade-offs. Digital cash, forecasting, crisis mapping and real-time data platforms accelerated assessment, monitoring and delivery. But technological adoption sometimes moved faster than safeguards or evidence of its benefits. Only 41% of aid recipients (and 32% among younger people) understood how their personal data was being used, while cyberattacks and growing biometric systems created new privacy and data-security risks. On coordination, 55% of practitioners rated it 'good' or 'excellent', yet 47% believed its costs outweighed its benefits and engagement with actors beyond the formal system was limited. Only 40% of practitioners rated government involvement in humanitarian activities as 'excellent' or 'good'. Evidence suggested responses were more effective where humanitarian actors complemented rather than substituted government leadership, but states were often marginal or bypassed in humanitarian analysis and evaluations.

The pressure to do more with less sharpened efficiency aims, but resources did not necessarily go to the approaches shown to deliver better value. Cash and flexible multiyear funding proved efficient, yet humanitarian financing was still characterised by short funding cycles, earmarking, lengthy funding chains and late disbursement. The share of reporting

UN agencies and international NGOs (INGOs) providing multiyear funding to partners fell from 54% in 2023 to 42% in 2024, despite 95% of interagency humanitarian funding going to protracted crises in 2025. Short cycles may have undermined efficiency and continuity, while efforts to reduce costs may have shifted expense onto local organisations, staff and people receiving assistance. Efficiency measures rarely accounted for quality, staff wellbeing, community relationships or environmental impacts.

Insufficient outcome evidence made it difficult to determine the full impact of humanitarian action. Monitoring focused on what was delivered rather than what changed as a result, so the system could not show convincingly where assistance saved lives, where it failed and which approaches produced the greatest impact. Efforts to estimate mortality impacts in the Central African Republic, Somalia and Cox's Bazar in Bangladesh showed promise but also how measurement was constrained by politics, insecurity, bureaucracy and inconsistent investment. Formal monitoring captured only part of what communities, local organisations and informal response systems contributed.

Before the financing crisis the system had clear evidence about what worked, but it did not invest consistently or at scale. Where funding, access, preparedness and local capacity aligned, humanitarian action was effective and saved lives. Cash, anticipatory action, pre-positioning, flexible financing and locally rooted responses performed well but were constrained by funding practices and institutional structures. Weak outcome measurement also limited the system's ability to demonstrate impact and direct resources towards the most effective approaches.

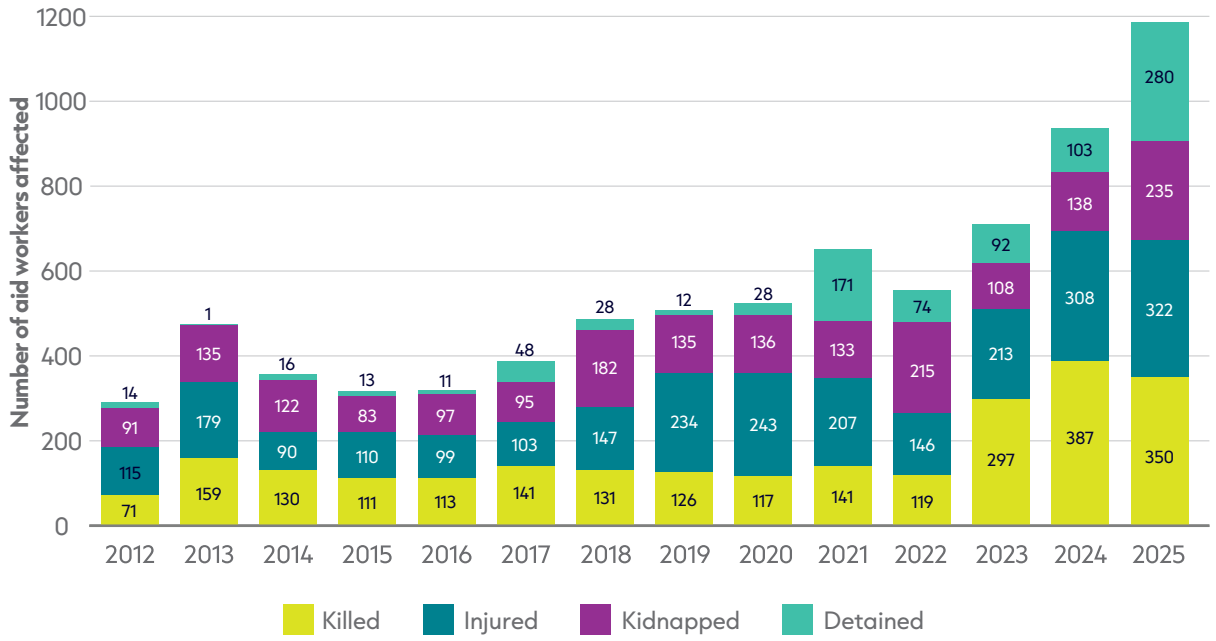
Factors of effectiveness	Evidence	Constraint
Cash	• Constituted 21% of humanitarian assistance in 2025 • 37.5% more efficient than food assistance	• Volumes 31% below 2022 peak
Anticipatory action	• Activations tripled • Modelled data finds up to US$7 saved for every US$1 spent	• Represented 1% of humanitarian funding
Pre-positioning	• Supplies delivered within 24–72 hours after major shocks	• Stocks depleted as funding fell
Local capacity	• First responders across SOHS case studies • Modelled data finds local intermediaries up to 32% more cost efficient than international actors	• Only 4.3% of funding directly reached local partners vs 25% target; limited flexible funding
Technology and data	• Faster assessment, monitoring and delivery	• Increased cyber-attacks • Only 41% of recipients understood how their data was used • System collected insufficient outcomes data

See *SOHS Chapter 2: What works, and at what cost* for more information and underlying evidence.

HUMANITARIAN PRINCIPLES AND PROTECTION UNDER STRAIN

The 'fight for core norms' identified in the *2022 SOHS* intensified as IHL violations and political pressures made it harder to sustain principled humanitarian action. Frontline humanitarians worked at considerable risk but struggled to protect lives and rights at scale in Afghanistan, Gaza, Myanmar and Sudan. Political constraints on access and assistance exposed the limits of humanitarian action and raised questions about the universality of traditional humanitarian principles.

Figure iii: Number of affected aid workers by incident outcome, 2012–2025



The principles retained broad support but their application became contested. Among surveyed practitioners, 61% said humanity, impartiality, neutrality and independence largely captured what principled humanitarian action meant to them. The International Committee for the Red Cross (ICRC) and International Federation of Red Cross and Red Crescent Societies (IFRC) still saw neutrality and independence as essential to access and staff safety. But in highly politicised conflicts, some other actors questioned whether neutrality was possible or desirable against aggression or atrocities, with some calling for greater emphasis on solidarity and justice. This raised questions about how different interpretations of humanitarian values coexist in practice.

These tensions were particularly acute for local actors and communities. Humanitarian staff in Gaza, Myanmar and Ukraine questioned remaining neutral towards aggressors or perpetrators of atrocities. People affected by crisis also sometimes understood impartiality differently, with individual targeting conflicting with practices of collective sharing and local understandings of vulnerability. In Gaza and Myanmar, people wanted humanitarian organisations to do more to resist political forces that were causing longer-term harm.

Maintaining access often required compromise as civic space closed. Organisations worked with governments and authorities across Ethiopia, Gaza, Myanmar, Sudan and Syria, with varying

ability to resist political and bureaucratic interference. Complying with restrictions in Afghanistan inhibited humanitarians' ability to protect the rights of women and girls. In Sudan, Emergency Response Rooms resisted pressure to join a state-run structure that might restrict their access outside Sudanese Armed Forces-controlled areas, while some local actors criticised international organisations for engagement they believed aligned too closely with the government.

61% said the 4 humanitarian principles largely captured what principled action meant to them.

But application was difficult:

- Neutrality and independence was important to some for access and staff safety
- Some wanted greater focus on solidarity and justice
- Some authorities restricted access and closed civic space
- Donor conditions sometimes constrained impartiality

Political pressure came from governments who financed humanitarian action. Funding cuts and restrictions on whom organisations could support or work with risked pulling assistance towards donor priorities and away from needs. Humanitarians therefore had to navigate political pressure from authorities controlling access plus donors controlling resources.

Frontline humanitarians and communities adapted to preserve access and protection, but there were limits to their manoeuvrability. Organisations distributed in smaller batches, used local vendors and cash where convoys were unsafe, and adopted 'zero-profile' approaches in Myanmar, Palestine and Ukraine. Some resisted donor visibility requirements when branding increased security risks. Communities found additional ways to protect themselves, from digging bunkers near schools to mitigate airstrike risks in Myanmar to forming community-based protection networks in displacement camps in Sudan. Funding cuts made collaboration with sustainable, locally based structures and peace actors more critical to maintain a protection response where international actors lost access. Yet blockades, conflict and dwindling resources constrained what these community-based structures could achieve too.

Operational adaptation could not overcome political obstruction. Organisations sought to secure access and respect for IHL through humanitarian diplomacy, but evidence of what worked remained limited and practitioners reported insufficient political backing for humanitarian leaders confronting violations. International legal rulings depended on states for enforcement. UN Security Council Resolution 2730 strengthened international commitments to protecting humanitarian personnel and infrastructure, but IHL violations and funding cuts still threatened collective security infrastructure and progress in protecting local staff and volunteers.

Protection faced the same gap between commitment and implementation. The 'Centrality of Protection' gained attention before the 2025 cuts, but implementation remained uneven and dependent on leadership, resources and accountability. Cuts then reduced psychosocial support, GBV case management, child-friendly spaces and other protection programmes in major crises. Efforts to integrate protection into health, food security and livelihoods showed progress but remained early-stage.

Humanitarian principles remained important but politics limited their practical application. Neutrality and independence were important for access and staff safety but became contested where local actors and people affected by crisis demanded stronger solidarity with those facing violence and oppression. Frontline actors adapted to keep operating, but these measures could not substitute for access, respect for IHL or political accountability.

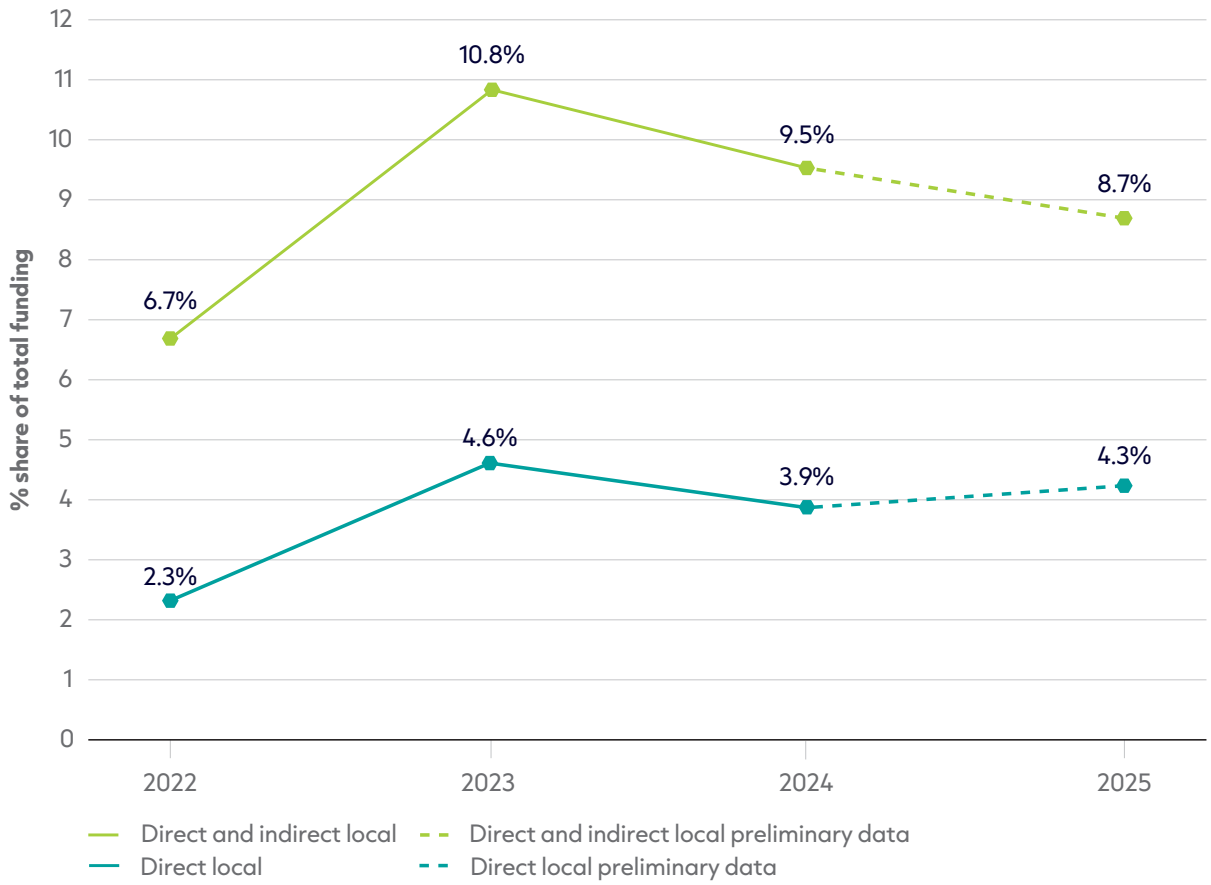
See *SOHS Chapter 3: Protection and principles in a changing geopolitical landscape* for more information and underlying evidence.

LOCAL ACTION, UNEQUAL POWER

The humanitarian system has long invested in localisation and accountability but remained unwilling to address structural power inequalities. There was little rigorous evidence of the comparative costs, benefits and overall impact of approaches, but consistent evidence on deeper questions of incentives, institutional behaviour, and control over resources and decisions. Frustration, and even growing anger among local actors, extended beyond slow implementation to colonial structures and entrenched power dynamics.

Local actors constituted much of the humanitarian system but controlled minimal resources and formal power. By 2024, 94% of humanitarian staff were nationals of the countries where they worked and 81% of organisations comprised L/NNGOs and CBOs. Yet local and national actors (LNAs) received only 4.3% of humanitarian funding directly in 2025 and 8.7% including indirect funding; national NGOs held just 11% of Humanitarian Country Team seats, versus 79% by UN agencies, INGOs and donors. Local organisations and volunteers were first responders across every SOHS country-report context, revealing the inequity between their operational role and influence.

Figure iv: Direct and indirect funding to local actors, 2022–2025



Inequalities extended to employment conditions and pay. Only 20% of frontline workers had permanent contracts; 19% had no formal contract versus 94% of INGO staff who did. In Ukraine, international UN staff earned 17 times more than national L/NNGO staff and five times more than national UN staff.

A decade after the Grand Bargain, localisation failed to realise its transformational potential. Discourse outpaced action and institutional change. Local actors in Gaza, Myanmar, Sudan and Ukraine provided contextual knowledge and data while international organisations retained control over analysis and decisions. In Gaza, local actors' knowledge was 'used for data, not for decisions'.

Funding models diversified, but the same type of actors controlled resources and decisions. Country-Based Pooled Funds directed 46% of funding to LNAs in 2025, rising to 55% including subgrants, while 20 of 90 humanitarian pooled funds tracked by the International Council of Voluntary Agencies (ICVA) were locally led. Modelling estimated that local intermediaries could deliver programming 32% more cost-efficiently than international intermediaries. At the same time as interest grew in locally led pooled funds, the expansion of INGO-managed 'locally led' funds raised questions about who governed them and who determined priorities. Meanwhile, local actors reported little involvement in major reforms, including the Humanitarian Reset and UN80. The evidence favoured a more diverse financing ecosystem rather than any single pooled-fund model.

Local actors: central to delivery, marginal in funding and decision-making

94%
of humanitarian staff were nationals of the countries where they worked

81%
of tracked humanitarian organisations were L/NNGOs or CBOs

32%
more cost efficient than international intermediaries according to modelled data

4.3%
of humanitarian funding went directly to LNAs

11%
of Humanitarian Country Team seats were held by national NGOs

17 x more
earned by international UN staff than national L/NNGO staff in Ukraine

Mutual aid and support to community-led responses (sclr) challenged convention about where humanitarian capacity sits, but there were warnings against co-option or absorption into formal humanitarian structures. Sudan's Emergency Response Rooms brought greater attention to sclr; mutual-aid networks were documented in Haiti, Türkiye, Ukraine and elsewhere; and in Ethiopia, Citizen to Citizen worked with more than 360 mutual-aid groups and funded over 500 community-led initiatives. But greater international support carried risks of bureaucracy and control that these informal networks had largely operated outside of.

Investing in existing local capacity offered practical benefits but sustained resources were lacking. Community health workers frequently maintained basic services through prolonged conflict and displacement, but attrition, limited scopes of practice, and dependence on supply chains and referral pathways constrained delivery. Localisation could improve reach, continuity and efficiency, but only with investment – transferring responsibilities without resources is not enough.

Local actors exposed the limits of international approaches to the HDP nexus. Many understood the nexus less as a formal coordination exercise than as the integrated work they already undertook across humanitarian response, livelihoods, disaster risk reduction and recovery. Only 28% of practitioners rated progress positively, almost unchanged from

2022, but perceptions differed sharply between institutions: 49% of L/NNGO staff rated it positively, compared with 21% of INGO and 10% of UN staff.

Accountability showed the same imbalance – engagement with affected people improved but their influence did not. People affected by crisis reported improvements to communication and being treated with dignity by aid providers. Good communication mattered because those reporting it were 5.6 times more likely to say they had been treated with dignity. Yet only 38% of the UN Office for the Coordination of Humanitarian Affairs' (OCHA) partners were satisfied with community involvement in response planning and decision-making, with reportedly no systematic process in place for community views to shape strategies or workplans. Communities articulated clear priorities when asked, from rebuilding health and education facilities in Ukraine to agricultural support in Burkina Faso, but gathering their views did not mean those views changed decisions.

Feedback and safeguarding mechanisms showed a gap between systems and accountability. In 2024, only 19% of households knew how to make a complaint or suggestion. Among those who had submitted a complaint, only 43% received a response; in Somalia, 65% received none. Practitioner assessments of efforts to prevent and address sexual exploitation and abuse improved alongside greater investment in systems and capacity, but underreporting, inaccessible channels and limited consequences for perpetrators hampered progress.

The Humanitarian Reset renewed commitments to a locally led and people-centred system without resolving how power would be more equal in reality. The system became better at recognising local actors and listening to people affected by crisis than at sharing resources, decisions and institutional authority with them. Advancements depend less on another generation of frameworks than on whether international organisations act on commitments already made.

See *SOHS Chapter 4: Power imbalances and improving accountability* for more information and underlying evidence.

WHAT KIND OF HUMANITARIAN SYSTEM EMERGES?

In 2025, protracted crises accounted for 95% of humanitarian funding to interagency appeals and many countries experiencing conflict were also climate vulnerable. Yet the system still ran on short-term funding, and development and climate finance were unable to fill growing gaps.

Two decades of reform show a humanitarian system capable of operational adjustments but slow to change institutional power and resources. The six editions of the *SOHS* document more than 150 reforms, initiatives and innovations. The cluster system and pooled funds became established; needs analysis improved; and cash, anticipatory action and digital tools moved towards mainstream practice. Yet progress crawled on localisation, accountability and the HDP nexus, where change required organisations to relinquish funding, authority or control. Incentives and behaviour change are needed.

The Humanitarian Reset now faces these same challenges amid a more severe contraction. The Reset has moved quickly to reduce clusters, tighten prioritisation and expand pooled funding, but these changes alone will not redistribute power or resources. The test is whether the Reset produces a smaller version of the existing system, or if it changes who controls resources and decisions, how international organisations relate to national and community systems, and whether scarce funding follows evidence of what works.

The findings from the *2026 SOHS* point to several shifts already underway that will shape those choices and the system that emerges.

- **The humanitarian system is becoming smaller and narrower, increasing the importance of other forms of support.** Funding cuts, hyper-prioritisation and organisational contraction are reducing reach and remit, narrowing who receives assistance and the needs addressed. Simultaneously, humanitarian organisations are sustaining basic services over years of crisis using financing designed for temporary emergencies. Humanitarian funding must therefore be considered alongside development, climate, peace and domestic public finance.

- **The limits of humanitarian action are political and financial too, not simply technical.** Operational performance increasingly depends on factors beyond humanitarian organisations' control. Where sufficient funding and access aligned, as in Somalia and Afghanistan, assistance saved lives and helped avert catastrophe. Meanwhile political obstruction, conflict and violations of IHL in Sudan and Gaza constrained what even capable humanitarian operations could achieve. Greater efficiency and technical improvement cannot compensate for inadequate finance, blocked access or the failure of states to uphold IHL.

- **The boundaries of humanitarian response extend well beyond the formal system.** Governments, local organisations, mutual-aid networks, communities, diaspora finance, social protection, and development and climate actors all shape how people survive crises. Yet international humanitarian structures remain organised around institutional and financing boundaries that rarely resemble these wider ecosystems. Localisation concerns more than transferring funding to local NGOs: it raises a bigger question about

the role of international organisations within existing systems of response.

- **The system increasingly knows more about what works than its investments reflect.** The evidence for cash, anticipatory action, preparedness, flexible financing and locally rooted response is stronger today, yet these approaches remain constrained or underfunded. At the same time, funding cuts are eroding some of the data, evaluation and learning infrastructure needed to determine what works. Cash and anticipatory action reached scale through years of piloting, evidence generation, specialist networks and donor investment, while shared analytical infrastructure strengthened needs analysis and early warning. Losing the systems that generate and spread evidence will make it harder to identify what works, precisely when scarce resources make those choices more consequential.

These shifts require choices about what the humanitarian system does, how it works with others and what it preserves as it contracts. The evidence points to four priorities.

CONSIDERATION 1: Work as part of broader ecosystems of support

A smaller international system will need to start with the capacities and structures that already support people through crises and then determine where it can most usefully fill gaps, enable others or provide what is otherwise missing. This will differ by context: states may be capable responders, parties to conflict or both, while mutual-aid networks and local organisations often work across the humanitarian, development and peace boundaries maintained by international institutions. Greater engagement should strengthen rather than formalise or constrain these systems. Humanitarians cannot assume development, peace or climate actors will fill the gaps they leave, particularly as those systems face their own cuts and political constraints. Therefore, complementarity requires understanding who is already providing support, who remains excluded and what international humanitarian actors are uniquely placed to contribute.

CONSIDERATION 2: Rebuild trust through action

Funding cuts, unmet commitments, IHL violations and weak accountability have strained trust with people affected by crisis, local actors, donors and publics. Rebuilding this trust requires handling programme closures responsibly, strengthening safeguards to prevent sexual exploitation and abuse (PSEA) and data misuse, delivering on localisation commitments including more equitable control of funding, and demonstrating that feedback changes decisions. Humanitarian diplomacy can support access and protection, but states remain responsible for upholding IHL and holding perpetrators accountable. Stronger evidence of outcomes and cost effectiveness will also be necessary to demonstrate humanitarian impact amid growing political challenges and disinformation.

CONSIDERATION 3: Use contraction to make deliberate structural choices

The funding crisis could produce a smaller version of the existing system or force more fundamental choices about what the international system does and how. Rather than protecting existing structures while reducing programmes, reform could shift resources towards approaches with stronger evidence, including cash, anticipatory action and locally rooted response. It could give affected people greater influence over decisions and reduce dependence on a highly concentrated financing and delivery model. Diversification of funding and delivery is important for resilience as well as localisation.

CONSIDERATION 4: Protect hard-won gains

Contraction should not mean accepting lower-quality humanitarian action. Two decades of investment strengthened technical standards, evidence, evaluation, accountability and safeguarding, but cuts are already weakening these functions. Assessments and shared data infrastructure are also suffering. Preserving the capacity to learn, to anticipate crises and to assess outcomes becomes more important, not less, when resources are scarce. That includes giving local knowledge greater weight in system-wide learning and protecting gains in dignity, PSEA and data protection. Reducing costs by abandoning safeguards, evidence or quality would leave a smaller system that is also less effective.

See *SOHS Chapter 5: Learning and adapting to change* and *Conclusion* for more information and underlying evidence.

ALNAP is the global network for advancing humanitarian learning. Our goal is for all humanitarians to benefit from our sector's collective experience.

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SOURCES AND NOTES FOR FIGURES AND DATA VISUALS

Figure i. High levels of acute food insecurity, 2018–2025

Source: FAO et al. (2026), 2026 Global Report on Food Crises. Rome: FAO, WFP and GNAFC. https://doi.org/10.4060/cd9424en

Note: The chart shows the number of people facing high levels of acute food insecurity in countries and territories with food crises and data meeting Global Report on Food Crises technical requirements between 2018 and 2025.

Figure ii. Total international humanitarian assistance, 2021–2025

Source: ALNAP based on OECD DAC, OCHA Financial Tracking Service (FTS), CERF and ALNAP's private contributions dataset.

Notes: Figures for 2025 are preliminary. Data is presented in constant 2024 prices. Methodology follows the 2026 Global Humanitarian Assistance Report. EU = European Union.

Data visual. Cash assistance in humanitarian response, 2022–2025

Source: CALP Network, supplemented by OCHA FTS and Humanitarian Programme Cycle Projects Module data.

Notes: CVA volumes are estimates based on survey responses and supplementary modelling. Data is presented in current prices. Transfer values and some 2025 volumes are estimated where complete data was unavailable.

Figure iii. Number of affected aid workers by incident outcome, 2012–2025

Source: Aid Worker Security Database (AWSD), www.aidworkersecurity.org.

Note: Data on detentions is less complete for earlier years.

Figure iv. Number of affected aid workers by incident outcome, 2012–2025

Source: OCHA Financial Tracking Service (FTS), IFRC Network Databank, IOM grant awards data, OCHA Country-Based Pooled Funds (CBPF) Data Hub, UN Children's Fund (UNICEF) Transparency Portal, UN High Commissioner for Refugees (UNHCR) collaboration with funded partners, and World Food Programme (WFP) field-level expenditures data.

Notes: Partner data for IFRC and WFP is not yet available for 2025; IOM data for 2025 is partial. Funding allocated by UN agencies with partner data (IOM, UNICEF, WFP and UNHCR) in each year are taken from their own reports where available. Sub-grants on CBPF projects are excluded from the percentage calculation as these include more than one intermediary before funding reaches local and national actors.

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