Evolving crises and unprecedented need: research on health in humanitarian settings must not be overlooked

Lancet Glob Health 2025
Published Online
May 29, 2025
https://doi.org/10.1016/S2214-109X(25)00219-0

Humanitarian crises have evolved dramatically in scale, duration, severity, and complexity since Médecins Sans Frontières (MSF) was founded in 1971. In 2024, over 120 million people were forcibly displaced amid an unprecedented number of emergencies.[1] Overlapping emergencies, armed conflicts, the accelerating consequences of a warming climate, and rising economic and food insecurity have disproportionately impacted civilian populations and are compounded by deliberate targeting of humanitarian responders and fragile health infrastructure. These crises, whether related to conflict, climate, emerging epidemic threats, structural violence, or, frequently, a combination of these, have incalculable acute and long-term health and social impacts on hundreds of millions of people.[1]

Conducting quality research in humanitarian settings is complicated but needed for health interventions to address burgeoning needs despite shrinking budgets. The evidence base that informs how medical humanitarian organisations best respond to existing and future challenges remains weak, often focussed on a few infectious diseases and contexts, and overwhelmingly disseminated in the English language.[2] Insecurity, access constraints, a multiplicity of actors, the urgency of evolving priorities, paucity of baseline data, unpredictable funding, and ethical dilemmas all pose substantial barriers for research. Participatory approaches, appropriate study designs, and adapting research methodologies for frontline field conditions remain challenging. Populations in humanitarian settings, who could benefit the most from participation in research, are often excluded from the benefits of research.[2,3]

But amid these many challenges lies opportunity: medical humanitarian organisations are often uniquely placed to generate evidence that others cannot or to address questions that are critical for humanitarian responses, such as MSF-supported research on fractional dosing of yellow fever vaccination[4] or the use of single-dose cholera vaccination[5] in outbreaks given vaccine shortages. With access to patients and communities that few others have, humanitarian actors have an ethical obligation to engage in research that improves our medical and public health operations, enhances quality of care, and builds access for the populations we work with, such as our critical work on Ebola virus disease from mortality risk factors in vulnerable groups[6] to assessing vaccine effectiveness.[7] Importantly, research outputs provide an opportunity to advocate for those most in need. Research spearheaded by the MSF mission in Nigeria on Noma alongside affected communities and survivors has been instrumental in improving early detection, prevention, and treatment of this disease of poverty and vulnerability.[8] As a result of the research combined with advocacy, Noma was included in WHO's list of neglected tropical diseases, facilitating its integration into existing public health programmes.

In humanitarian contexts, the generation of knowledge alone is not enough. There must be better mechanisms and greater effort to ensure research outputs are effectively disseminated, interpreted, shared, and applied where most needed and through as many varied platforms as possible. We must start with the foundation of equitable collaborations between researchers, humanitarian actors, communities, and policy makers in the Global North and South. Investments made by MSF and other partners into large multicentre randomised controlled trials on multidrug-resistant tuberculosis such as TB-PRACTECAL[9] and END-TB[10] have built on local and regional partnerships to shape WHO policy and expanded access to treatment through shorter-course tuberculosis regimens globally.

Research helps to bring the complexity, suffering, and unpredictability of people living in crisis to the centre of humanitarian intervention. It is our duty to be guided by the communities involved, to bear witness to their needs and experiences, and to work collectively and collaboratively with them as well as with academics and operational partners to address these gaps in evidence.

This month, at the MSF Scientific Day conference in London on May 22, we renewed this urging through our initiative, "The London Calling"—a message both to itself and to medical humanitarian organisations around the world. The health needs in humanitarian crises are vast and will undoubtedly grow in the years ahead. This is the time to sustain our research efforts,

prioritising those studies that address the needs of those most affected in such contexts. We cannot and must not allow research in fragile and conflict-affected settings to be overlooked in the face of the current global health funding precarity. To do so would be shortsighted and leave us all unprepared for the challenges ahead.

We declare no competing interests. Recorded presentations from the MSF Scientific Day conference are available at https://msf.org.uk/msf-scientific-days.

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