

HEALTH AND HUMANITY SUMMIT REPORT 2025

BEYOND THE AID CRISIS:
Shared Responsibilities in a Fractured International Order



HEALTH & HUMANITY
SUMMIT
KATHMANDU - 2025



The New
Humanitarian|

Gazan patients in MSF Amman hospital Amman, Jordan. 27 August, 2024.

MSB207013

Karam, 17, from Nuseirat Camp in central Gaza, during a physiotherapy session at MSF's Reconstructive Surgery Hospital in Amman, Jordan. Karam nearly died after his family's house was leveled by an Israeli airstrike. He suffered severe burns to his face and other areas of his body, and also suffered a serious injury to his arm. He is receiving comprehensive reconstructive surgery and physiotherapy at the MSF hospital in Amman.



Health & Humanity Summit Report 2025

This report was co-authored by Jolene Anthony Dass (Humanitarian Affairs & Institutional Advocacy Lead), Nadim Majeed (Campaigns Manager), and Satya Burgess (Communications Intern).



REMARKS BY

Dr Farhat Mantoo

Executive Director, MSF South Asia

We gather today on the eve of World Humanitarian Day, a day born from tragedy but sustained by hope. On August 19, 2003, twenty-two humanitarian aid workers were killed in Iraq. Five years later, World Humanitarian Day was established to honour their memory and to affirm a simple but profound ethos: healthcare workers, humanitarian staff, and health facilities are not a target. Yet, in stark contrast, we continue to witness the blatant disregard for this across the world.

The past few years have been deadly. Many crises, such as Sudan, South Sudan, the Democratic Republic of the Congo and Haiti, remain invisible in the midst the livestreamed genocide in Gaza, where the moral apathy of world leaders is laid bare. And yet, amid this darkness, we hold on to hope. Hope that humanity survives as it always has. Hope that solidarity endures. Hope that forces world leaders to act and accept that indifference is no longer acceptable.

Language itself is civilisation's first weapon. How we use it matters. Too often, humanitarian principles are co-opted, twisted, and deployed to manufacture chaos. We see terms like "humanitarian" misused, such as the Gaza "Humanitarian" Foundation when there is nothing humanitarian about it—creating misnomers that mask harm. Technology, meant to build bridges, is increasingly weaponized against civil society, humanitarian organizations, and dissenters.

But we envision a different world: one that stands for each other, sans frontières—without borders. A world where critical thinking is embraced, and where we recognize that no one is immune to crises happening far away.

The Global North and South are divided by nothing else but history. When we speak of South–South solidarity, we must keep looking South, while bringing the North along. This is the time to balance history while ensuring we don't repeat past mistakes.

Quoting Leena Menghaney, individuals together make a movement. Movements survive even when organizations falter. Today, more than ever, we need hope and humanity to be part of social movements that keep discourse close to affected communities as solution providers.

I hope this and future editions of this Summit encourages solidarity, curiosity and critical thinking.

IMPACT

Beyond Figures

- Contacts obtained during the Summit enabled MSF South Asia to begin investing in emergency preparedness in Nepal and explore other areas for collaboration.
- Summary documents of the Summit will be incorporated as reading material for Humanitarianism in South Asia partnerships with academia.
- Panellists voiced appreciation for the space attendees were provided with during the Summit to express solidarity, saying that they feel refreshed and less alone in their struggle.
- The Summit provided a platform for attendees of across different sectors and demography to meet, have important conversations on the developments of humanitarianism from a South Asian perspective and spark new areas for collaboration.
- The Summit provided a platform for humanitarians to critique humanitarianism, its limitations and brought up ways to think differently about existing approaches.
- The Summit provided a platform to amplify grassroots voices. Some examples of this were Devi Khadka, a Nepali survivor of conflict-related sexual violence who turned her experience into a movement demanding accountability and Seema Ghani, an Afghan female leader based in Kabul working on sexual and reproductive health issues increasingly under threat by the Taliban.
- There was an opportunity to feature a spotlight talk in a speaker's mother tongue with translation services provided, as part of democratising knowledge and diversifying knowledge production beyond the English language.
- The Summit provided a platform for women's voices, given that there are no similar summits in the South Asian region and input from women tend to be overlooked. 75% of the panellists and 50% of the Advisory Committee were women.
- New partnerships for 2026 and beyond
 - MSF Brazil General Director, Renata Reis was a panelist during H&H Summit 2025. Drawing inspiration from the Summit, MSF Brazil is interested to co-organise a panel next year with MSF South Asia as a steppingstone towards organising one in South America.
- The Summit showcased South Asian experts as contributors and co-creators of the humanitarian discourse. A common South Asian background was harnessed to discuss what can be done together given similar contexts and resonance on common challenges.
- Attendees were proactively engaging with the exhibition on MSF social media pages. This shows that the content of the exhibition resonated with them.
- Exhibition theme of “#NotATarget” resonated beyond the Summit itself, with ongoing attacks on medical facilities in Gaza and the 10th anniversary of the attack on the MSF Kunduz hospital.
- Sand artist Manas Sahoo's performance captivated the audience by summarising the content and delivery of the Summit's theme through art.

IMPACT

Figures

1,049 REGISTRATIONS

from local and international civil society organisations, university students, academicians, government and private health institutes and practitioners, media, UN entities. Most participants were from Nepal.

148

PARTICIPANTS

4 IN NEPAL

(English and Nepali languages)

2 IN SRI LANKA

(English language)

1 INTERNATIONAL

(British Medical Journal)

7 ARTICLES

FEATURED IN THE MEDIA

MSF SOUTH ASIA PUBLISHED AN OP-ED AFTER THE SUMMIT,

drawing input on the limits of international humanitarian law from a panel during the Summit. We sought to normalise calls for no exception to the protected status of medical units.

PUBLISHED AN

OP-ED



SUMMARY DOCUMENT

Failing the Mandate: Shared Responsibility & The Crisis of Humanitarian Legitimacy

This summary draws on:



KEYNOTE ADDRESS

Gopal Krishna Siwakoti

Founding President, INHURED International, Nepal on the withdrawal of shared global solidarity



SPOTLIGHT TALK

Aarathi Krishnan

Founder and Executive Director, RAKSHA Intelligence Futures on the collapse of humanitarian norms

PANEL ONE

Examining accountability and legitimacy in humanitarian crises



MODERATOR

Tammam Aloudat,

CEO of The New Humanitarian



PANELIST

Vincent Bernard

Lecturer, Institute for International and Development Studies, Geneva



PANELIST

Emily Tannock

Lecturer in War Studies, Centre for Future Defence and National Security, Deakin University



PANELIST

Neve Gordon

Professor of Human Rights Law, Queen Mary University of London

BACKGROUND

Humanitarian legitimacy and shared responsibility are crucial in a context with increasing violence, threat, and conflict. However, the use of technology and manipulation of loopholes in International Humanitarian Law (IHL) has eroded humanitarian legitimacy. Some key issues that arise include severe funding reduction of the humanitarian sector, shrinking global solidarity, the dismantling of the current liberal order, and the questioning of the protection afforded by IHL in practice.



KEY CHALLENGES

1. Severe funding reduction of the humanitarian sector

The defunding by the Trump administration of approximately USD 65 billion and the EU by EUR 2 billion, designated for countries with the highest needs has led to immediate consequences including:

- An estimated 176,000 additional deaths from HIV and 62,000 extra deaths from TB within a one-year projection
- Countries in the Global South struggle to secure funds in the midst of immense competition
- 80% of Sudan's community kitchens shutting down
- Local capacity in Nepal stalled in implementing resilience programs
- 1.2 million Rohingya refugees in limbo with high unmet humanitarian needs.



2. Shrinking global solidarity

Global cooperation is deteriorating with major stakeholders withdrawing from international mechanisms, agreements or obligations such as:

- Countries rejecting recommendations made in the Universal Periodic Review
- The US withdrawing from the Paris Peace Agreement
- Luxembourg withdrawing from the Energy Charter Treaty
- China, Italy, India, and Hungary either denying or delaying the coal exit plan

Due to environments that do not favour global solidarity, civil society is shrinking in numerous contexts, facing marginalisation and resource deprivation.

3. The dismantling of the liberal world order

The previous liberal order that upheld human rights rhetorically, enabled transnational coordination, funded large-scale humanitarianism, and benefited from an apolitical humanitarian stance is deteriorating. This results in the silencing of civil society to continue functioning, increasing siloed mode of operations and having an apolitical stance to save lives. Prohibitions against attacks on medical units, which were once foundational, becoming extremely challenging to implement due to diminishing compliance.

4. Violations and manipulations of the loopholes within International Humanitarian Law (IHL)

IHL's foundational principles of neutrality, impartiality, and protection of humanitarian organisations and assistance are routinely violated.

IHL lacks an enforcement mechanism and hence has limited accountability. Legal loopholes such as Article 12 of the Additional Protocol that prohibits attacks on medical units, whilst prohibiting the use of medical units to shield military objectives, allow justification of violations without accountability. Article 13, which states that medical units cannot carry out acts harmful to the enemy, uses ambiguous terminology, giving warring parties tools to legitimise their attacks on healthcare facilities. These instances show how the language of IHL has been used to mask violations, rationalise attacks and legitimise violence.



5. Commodification and militarisation of aid and security

Security is increasingly privatised and contributes to the impediment of humanitarian assistance. Models such as the Gaza Humanitarian Foundation, a private enterprise funded by the US, militarises aid and entraps Palestinians. This model illustrates how relief is now instrumentalised for control. In other contexts, security is traded for resources such as that between the US and Ukraine, where mineral resources are exchanged for security through military support. Additionally, private security markets are expanding globally.

6. Shifts in military paradigm

Modern militaries, facing perceived existential threats in an increasingly hostile global environment, are shifting their approaches by prioritising rearmament and seeking to regain broader legal manoeuvrability. This results in rising military budgets and a greater tolerance for collateral damage, which often translates into civilian casualties.

6. Language as a tool to deflect accountability

The utilisation of humanitarian jargons, warfare narratives, and AI-enabled targeting allow the camouflaging of atrocities. For example, in the case of Hamas attacks and subsequent reprisals, these actions progressively evolved through multiple declarations, attacks, and war crimes until a pattern of genocide arose. IHL principles were also distorted to disguise violations. “Transgression fatigue” then ensues, where violations receive less attention due to the scale of systemic abuses. Overall, pathways to accountability are diminished.



RECOMMENDATIONS

✦ Drive legitimacy through transparency and ethical accountability

- Establish mechanisms that secure transparency and accountability.
- Consolidate a system of legitimacy mapping by identifying who legitimises presence, whose interests are served and what harms are tolerated.
- Acknowledge moral trade-offs while ensuring legitimacy is continuously earned, tested, and challenged.

✦ Reframe humanitarian practice as systemic disruption

- Implement a “relief-to-confrontation framework” moving beyond service delivery to pair relief with disruption of the legal, infrastructural, and economic systems that create the need for aid.
- Enforce an approach emphasising that every operational decision must be treated as an act of geopolitical and economic positioning, requiring thorough assessment.

✦ Mobilise solidarity and political mobilisation through cross-sector alliances

- Develop space for solidarity across peoples, sectors, and ideas.
- Build new alliances across civil society, academia, grassroots organisations, and affected communities.
- Prioritise South-to-South solidarity, cooperation, and regional/subregional networks to counter fragmentation.

✦ Advance legal and military reform

- Advocate for closing IHL loopholes and strengthen humanitarian protections.
- Promote complete prohibitions of attacks on medical units without exceptions.
- Embed prevention, denunciation, diplomacy, new ideas, and new rules in military doctrine and practice.

✦ Empower communities through localised leadership

- Elevate localisation by empowering local actors, women-led, refugee-led and community-based organisations.
- Ensure needs assessment, decision-making and planning are driven by local actors.

✦ Ensure accountability in technology

- Emphasise the vitality for human oversight in AI-enabled targeting.
- Strengthen mechanisms to counter misinformation and protect truthful reporting.
- Promote transparency on how technologies influence decision-making and risk.

CONCLUSION

The crisis of humanitarian legitimacy is not solely an issue of funding or law; it is a political, ethical, and structural challenge that requires a shift in our approach to humanitarian practice. Restoring humanitarian legitimacy must include continuous accountability, adaptive practice, shifting from neutrality as an absolute concept, reinforcing IHL while confronting its exploitable gaps, rebuilding solidarity from a grassroots level upwards and protecting truth and human agency in a context of growing technological influence.

Legitimacy must be continuously re-evaluated. Humanitarian actors must uphold ethical standards and challenge systems enabling manipulation, exploitation and harm. Only through such commitments can there be accountability, truth, transparency, and a re-establishment of legitimacy.



SUMMARY DOCUMENT

Governing Reproduction: Health, Law, and the Politics of Denial in Crisis Settings

This summary draws on:



SPOTLIGHT TALK

Devi Khadka

Activist and advocate of conflict-related sexual violence

PANEL TWO

Sexual and reproductive health challenges in conflict and crisis contexts across South Asia



MODERATOR

Prabina Bajracharya

Director Asia, Center for Reproductive Rights



PANELIST

Seema Ghani

Vice President, AFGA Governing Board



PANELIST

Melissa Upreti

Human Rights Expert



PANELIST

Roshmi Goswami

Feminist Human Rights Activist



PANELIST

Sophie Désoulières

Head of Humanitarian Affairs, Advocacy and Operational Communications (OSCAR), MSF Operational Centre Amsterdam

BACKGROUND

Sexual and Reproductive Health and Rights (SRHR) are fundamental to saving lives and ensuring dignity. Yet, in contexts of conflict, crisis, and political backlash, women and girls face compounded barriers to accessing essential services such as menstrual health, HIV/STI treatment, emergency contraception, obstetric care, comprehensive sexuality education (CSE), and safe abortion. Maternal mortality rises sharply in these settings, while global pushback against gender equality and bodily autonomy erodes decades of progress.

This brief highlights key challenges — including intersectional discrimination, gender backlash, and operational dilemmas faced by humanitarian and other civil society actors — and proposes policy recommendations to strengthen SRHR protections through law, advocacy and transnational solidarity.



KEY CHALLENGES

1. Preexisting Barriers Exacerbated by Crisis

- Lack of essential healthcare services.
- Denial and erasure of sexual violence targeting women and girls.
- Maternal mortality increases in conflict and humanitarian emergencies.
- Intersectional discrimination disproportionately affects marginalized groups (poor, displaced, ethnic minorities, LGBTQ+).

2. Global Gender Backlash

- Governments and coalitions actively undermine SRHR gains, instrumentalizing women's bodies for political power.
- Well-resourced actors with significant political backing—including CSOs, state institutions, and professionals—mobilize to exclude gender language from UN documents, dilute pre-agreed consensus on SRHR and redefine rights purely based on ideology.
- Roe v. Wade's reversal demonstrates how ideological backlash can dismantle long-standing legal precedents globally.

3. Operational Challenges for Humanitarian Actors and other CSOs

- SRHR programs are already chronically underfunded, neglected and in some instances, denied; crises worsen resource gaps which can lead to the closure of SRH services.
- Donor inflexibility hampers rapid adaptation and response to evolving context.
- Government restrictions force CSOs to adapt by concealing and/or “repackaging” SRHR materials and programmes.
- The false dichotomy of neutrality as a humanitarian principle discussed as inconsistent with feminist approaches.

4. Emerging Global Parallels

- In Gaza, erasure of a population targets women’s wombs to destroy their reproductive functions. Medical professionals are also targeted to undermine population survival.
- In India, discourse around government-linked policies on SRH reforms were paternalistic, tied to coercive population control and neoliberal agendas. While there were some progress on the legal recognition of marital rape, the needs of unmarried, divorced and widowed women as well as increase in gestational age for abortion, this progress is limited by the creeping role of society in undermining women’s bodily autonomy.
- A neoliberal colonial extractive agenda remains, now focused on populations deemed “undesirable” such as Muslim women in India and “inconvenient” such as Dalit and tribal communities.
- Rollback of SRH in one country spreads to others in the same region if unaddressed.



RECOMMENDATIONS

✦ Strengthen Legal Protections

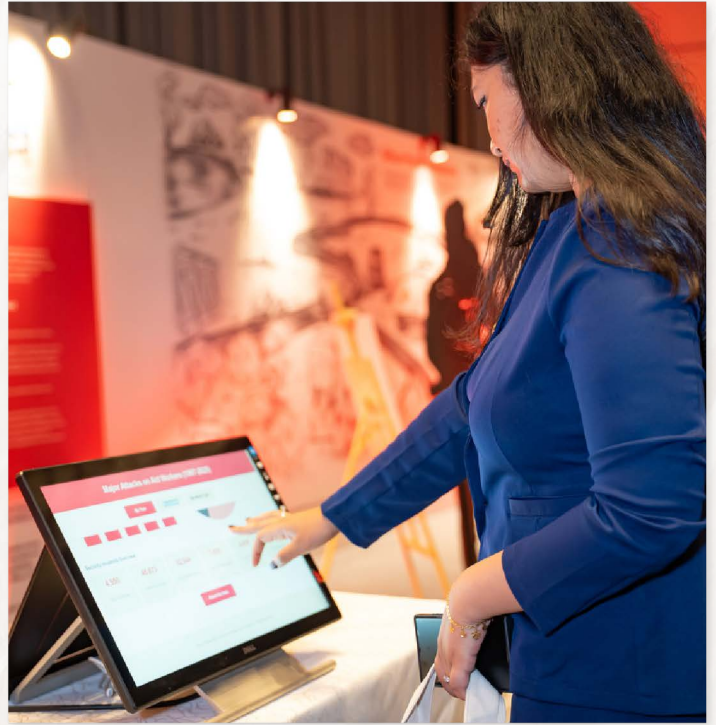
- Utilise the codification of the denial of SRHR services as violations of international human rights law in legal advocacy. For example, the denial of therapeutic abortion recognized by the Human Rights Council as cruel, inhuman, and degrading treatment.
- Advance the recognition of gender apartheid as a crime under international law.
- Defend existing international standards on SRHR and prevent its regression in UN mechanisms.

✦ Ensure Flexible and Sustainable Funding

- Donors must allow funding to continue following rapid program adaptation in crisis contexts rather than to insist on rigid parameters as a prerequisite.
- Increase funding for SRHR within humanitarian response frameworks.
- Support grassroots clinics and community centers as safe spaces for women.

✦ Counter Gender Backlash

- Engage strategically in UN and other spaces to resist norm-spoiling and dilution of consensus.
- Support efforts to track and recognise the gradual regression of SRH efforts worldwide to be able to intervene in time.
- Build transnational coalitions of legal, medical, and civil society experts to defend SRHR in response to shrinking domestic civic space.
- Exchange strategies across regions (e.g., Latin America's post-Roe legal mobilization).
- Ensure in-country support to respond to attacks on rights is prioritised as opposed to focusing on getting people out of those countries.
- Mobilise and respond to needs on the ground beyond condemnation.



✦ **Reframe Narratives**

- Speak about SRHR in a language that resonates with local decision-makers and the public.
- Support community-based organisations to subvert and resist the denial and erasure of sexual violence as well as its associated stigma.
- Use storytelling to reclaim language around family and traditional values.
- Highlight SRHR as lifesaving, not ideological.
- Expand the discourse around the consistency of feminist approaches with humanitarian principles.
- Tackle misinformation and emphasize that absence of war does not equal peace.

✦ **Engage Religious Leaders and Youth**

- Collaborate with scholars to emphasize Islamic and other faith traditions supporting equality, education, and health.
- Tailor advocacy to local contexts while maintaining universal rights standards.
- Equip youth with knowledge and advocacy tools to ensure continuity of advancing SRHR.

✦ **Build Global Solidarity**

- Strengthen Global South leadership and repositioning in SRHR advocacy, with coordinated voices from South Asia and beyond.
- Closely align and integrate the reproductive health agenda with other social movements rather than advancing SRH in an isolated manner.
- Promote intersectional approaches in social movements.
- Support community-based organisations in calls for accountability and speaking on behalf of themselves.
- Support sexual violence survivors with pathways to healing defined by themselves.
- Ensure measures are in place to prevent the revictimisation of sexual violence survivors when supporting community-based organisations.

CONCLUSION

SRHR is not a peripheral issue—it is central to survival, dignity, and equality. In times of crisis, neglecting SRHR costs lives and entrenches inequality. Governments, donors, and civil society must act decisively to protect and advance SRHR through law, funding, advocacy, and solidarity. The global backlash against gender equality demands a coordinated, transnational response that reclaims rights, reshapes narratives, and ensures no woman or girl is left behind.

English Translation of Devi Khadka's Spotlight Talk “From Silence to Championing Accountability: A Survivor Speaks”



To begin with, greetings (Namaskar) to all distinguished guests. As a Nepalese national, I would like to warmly welcome all foreign guests to our nation. I would also like to express my gratitude to the organizer. I represent the network of sexual violence survivors from the decade of internal conflict in Nepal.

Furthermore, I would like to present the current status, activities, objectives and rationale of this network. We grew from a single person to a group of 17 members, raising our voices on our own behalf. Our slogan “Let’s speak for ourselves” was informal for the first 7 years and became formal in the last 5 years, aimed at establishing truth and justice.

Based on this slogan, we organized a campaign for 5 years with 2 major objectives:

1. For the government to validate and acknowledge the unseen incidents of sexual violence during this period and register them for legal procedures.
2. To address the shortcomings of NGOs that, despite good intentions, sometimes risked revictimising survivors due to a lack of in-depth knowledge and experience.

We fought for both objectives at the same time.

Our slogan emphasises speaking for ourselves with our own voice rather than through third parties. We intended to minimize the role of NGOs to reduce our pain. We expected NGOs to support us rather than exaggerate our stories and revictimize us.

Since starting the campaign 5 years ago, we have grown to about 3,000 members. We plan to submit a bill to Truth and Reconciliation Commission (TRC) of Nepal. We have categorized the members into three tiers: victims, activists and activist leaders. Out of 3,000 members, nearly 300 are activists and 40 are activist leaders. We focus on internal healing, especially mental health and rehabilitation.

In the last 5 months, we changed our slogan to “Campaign for Self, Social, and Legal Justice” with the core objective of self-justice and building self-confidence.

We are working primarily in the areas of social justice and rehabilitation, strongly supported by Nepalese media and civil society. Through social justice, we have successfully pressured the Nepalese government.

When we initiated the campaign, most victims were adolescent girls aged 13-19. Now, they are in their 40’s and struggling with deteriorating physical and mental health. Due social stigma, confidentiality concerns and fear of consequences, we were unable to express our real condition to medical doctors. So, we organized medial camps with the support of gynecologists and psychiatrists.

In the first medical camp, around 300 victims received consultations. We collected evidence, published research, and submitted findings to the government to advocate and address the situation through policy changes.

We have now appealed for five major policy changes. We have categorized our journey into two major phases:

Phase 1: Government didn’t accept the truth. Instead, it blamed external actors and media for “false” information and tried to suppress our voice for 2 years.

Phase 2: The government accepted the truth, and we were able to form the Truth and Reconciliation Commission (TRC) on 20 August 2024. The government addressed and incorporated our five major points into policy. We will celebrate the anniversary of this success on 20 of August 2025. We are working towards critically engaging with the policy together with TRC according to Nepalese law. At minimum, TRC must minimize the weight of stigma and its consequences. At maximum, its objective is restorative justice.

We are close to achieving its minimum objective. Nepalese law has also recognised rape survivors. Some levels of society have acknowledged our status positively, and we are heading towards the ideal objective of holistic justice.

In short, the status of rape survivors is connected to this Health and Humanity Summit. I’m overwhelmed to express the thoughts and emotions of the committed sisters of sexual violence survivors. I’m thankful to the organiser for this opportunity.

Thank You.

SUMMARY DOCUMENT

Local Resilience in a Fractured World: The Role of Communities, Civil Society, and South-to-South Solidarity

This summary draws on:

PANEL THREE

Building solidarity networks and grassroots movements across the Global South



MODERATOR

Leena Menghaney

Public Health Policy Expert



PANELIST

Shalmali Guttal

Senior Analyst, Focus on the Global South (Focus)



PANELIST

Pradeepa Jeeva

Vice President, Brand and Communications, Global Fund for Women



PANELIST

Unni Karunakara

Senior Fellow, Global Health Justice Partnership, Yale University



PANELIST

Renata Reis

General Director, MSF Brazil

BACKGROUND

Civil society organisations and grassroots movements have long defended rights that formal institutions have failed to protect—from redefining sexual violence under law to challenging intellectual property regimes harmful to patients and farmers, from fighting for food sovereignty to securing access to essential medicines. Yet the very existence of these organisations is now under serious threat. Governments have reduced civic space, enacted restrictive NGO legislation, and cut funding in ways that make operations increasingly impossible. Against this backdrop, the rollback of USAID and other bilateral aid has triggered an acute crisis, with partner organisations across the Global South facing imminent closure.

Panel Three examined how communities and organisations are sustaining themselves and building solidarity in the face of these pressures—and what international actors like MSF must do differently in response. The discussion centred on four intersecting areas: the failures of top-down funding models, the peripheralisation of the Global South within humanitarian architecture, the ethical imperative of community engagement, and the critical role of storytelling and movements in building sustainable solidarity.



KEY CHALLENGES

1. The Funding Crisis and the Fragility of the Humanitarian System

The withdrawal of USAID and cutbacks by other bilateral donors has not only left civil society organisations facing closure—it has exposed a fundamental fragility in the humanitarian and philanthropic architecture. The system was designed to serve the agendas of bilateral donors, not to make grassroots organisations sustainable. As one panellist observed, the old model is dying and a new one is urgently needed.

Funding cuts reduce the resources available at a moment when solidarity is most needed, driving increased competition between civil society organisations rather than the cooperation that the crisis demands. Organisations facing this squeeze are being pushed towards funding sources that may compromise their principled positions.

2. Restrictive and Inflexible Funding Models

Traditional project-based funding forces organisations to deliver pre-agreed work even when crises shift the priorities of the communities they serve. When COVID-19 struck, organisations bound by conventional donors' pre-determined conditions were not allowed to be agile and adapt their resources to meet new or different needs. In contrast, organisations operating on unrestricted, multi-year core funding were able to shift and respond.

The Global Fund for Women's model—developed over nearly 40 years and having distributed over USD 250 million to more than 5,000 feminist organisations in over 180 countries—demonstrates that unrestricted, multi-year core funding produces longer-lasting and further-reaching impact. Core funding enables organisations to support operational and staff costs and sustain networks that make South-to-South solidarity possible. Funders who insist on rigid programmatic conditions must recognise that they are not the experts on what happens on the ground: their grassroots partners are.

The shift towards unrestricted funding remains rare. Large philanthropies continue to impose downstream reporting burdens on small grassroots grantees that consume the very capacity these organisations need for their work. There is a shared responsibility among funders to push back on these conditions and learn how to shift power meaningfully.

3. The Peripheralisation of Latin America and the Global South

Latin America exemplifies the structural neglect that characterises the Global South's position within humanitarian frameworks. MSF itself allocates only 5–7% of its global portfolio to the region—and Latin America is typically the first to face cuts. Three interconnected realities define this marginalisation:

- **Peripheral status within the humanitarian system:** Latin America receives minimal resources, personnel, and recognition from the international humanitarian architecture—a pattern replicated within MSF and other international NGOs.
- **Unrecognised space in international legal framework:** The region's extreme violence falls outside declared armed conflicts, relegating it to the category of "other situations of violence"—a legal limbo that leaves communities without the protections that international frameworks should provide. Latin America's murder rate for human rights defenders is the highest in the world; Brazil, Colombia, Mexico, and Honduras rank among the deadliest countries for those organising in defence of communities, the environment, and human rights.
- **Colonial legacy and denial of reparative justice:** Black and Indigenous communities across Latin America are denied reparative justice, legal recourse, and structural recognition. Yet these same communities demonstrate extraordinary resilience and organising capacity: a single landless people's movement in Brazil provided 13 tonnes of rice to Palestine in 2023, and the same movement distributed food to rural communities during COVID-19 when the state failed to act.

These communities are not merely the first responders—in many cases, they are the only responders. Humanitarian frameworks that fail to recognise this reality are not only inadequate; they perpetuate the very exclusions they claim to address.



4. Community Engagement as Ethical Obligation

Medical ethics demands that humanitarian actors minimise the harms of their interventions—and the only way to do this is to meaningfully engage the communities they serve. Community engagement is therefore not a programme option or a "nice to have": it rises to the level of an ethical imperative, without which no legitimate humanitarian action is possible.

Yet international organisations, including MSF, have historically operated from positions of power that make genuine power-sharing profoundly difficult. Evidence from MSF's own internal community engagement work confirms that the organisation has been accustomed to working from a position of power that ceding space—even when committed to doing so—remains a challenge.

This is not abstract critique. In 2012, an MSF Brazil prepared a proposal for open dialogue with grassroots HIV organisations. The internal response was that this was incompatible with MSF's principles of neutrality and impartiality. A decade later, the same tensions persist. Community engagement continues to be conflated with health promotion—treated as a service activity rather than a structural commitment to shared decision-making.

A counterexample from Brazil illustrates what genuine partnership looks like. During COVID-19, an indigenous community who were denied access to vaccines by the federal government mobilised within one week, generating sufficient national and international pressure to secure MSF's entry into their territory to provide services.



5. The Risk of Corporate Funding and the Importance of Principled Deliberation

As institutional funding shrinks, civil society organisations face increasing pressure to accept corporate social responsibility (CSR) money from extractive industries, pharmaceutical corporations, and tobacco companies. The ethical dangers are real: CSR funding risks co-opting organisations, silencing advocacy, and aligning civil society's work with the interests of the industries most implicated in the problems they seek to address. For instance, in a discussion among civil society representatives in Angola, 13 out of 14 organisations said they would accept funding from oil companies simply to remain operational.

Corporations providing CSR funding typically do so for two reasons: access to new markets, and reputational whitewashing. This does not mean all CSR funding should be refused, but it demands rigorous due diligence and transparency about the conditions under which it is accepted.

International organisations must also be honest about their own inconsistencies. MSF refusing to accept funds from the European Union following its deterrence-based migration policies, accepted funding from Canada and Switzerland—both of which were simultaneously supplying arms to Saudi Arabia used to bomb hospitals in Yemen. Consistency in the application of principles is essential to building long-term trust on which solidarity depends. Acknowledging these contradictions honestly is itself a form of accountability.

Movements, as opposed to individual organisations, have historically been better equipped to navigate these questions collectively. Creating shared spaces for deliberation about funding ethics, rather than leaving individual organisations to decide alone, builds stronger, more resilient networks. The Indian health movement's collective approach to Pharma funding offers one model: placing the question openly on the agenda, weighing short- and long-term consequences, and making decisions together rather than in isolation.

6. Storytelling, Movements, and the Architecture of Solidarity

Movements are more resilient than individual organisations. When the MSF Access Campaign lost its resources in India, activists continued working within weeks, organising calls and small meetings, pooling their own money, and raising community contributions. Sex workers' unions offered to fund a meeting themselves. The infrastructure of solidarity, built through relationships and shared struggle, proved more durable than any institutional budget line.

Storytelling is a critical and systematically undervalued tool in this infrastructure. From Burkina Faso to Sri Lanka, youth movements and civil societies have built solidarity not by waiting for funders or corporations to lead but by sharing their stories and finding each other. Stories about how individual patients have been affected by pharmaceutical pricing, how indigenous communities have organised under extreme duress, and how grassroots movements have sustained themselves without institutional support are the raw material of cross-border solidarity.

Communications and arts programming consistently receive inadequate budgets in humanitarian and civil society organisations. This must change. Resourcing storytelling is how solidarity is built, sustained, and upscaled across geographies and generations.

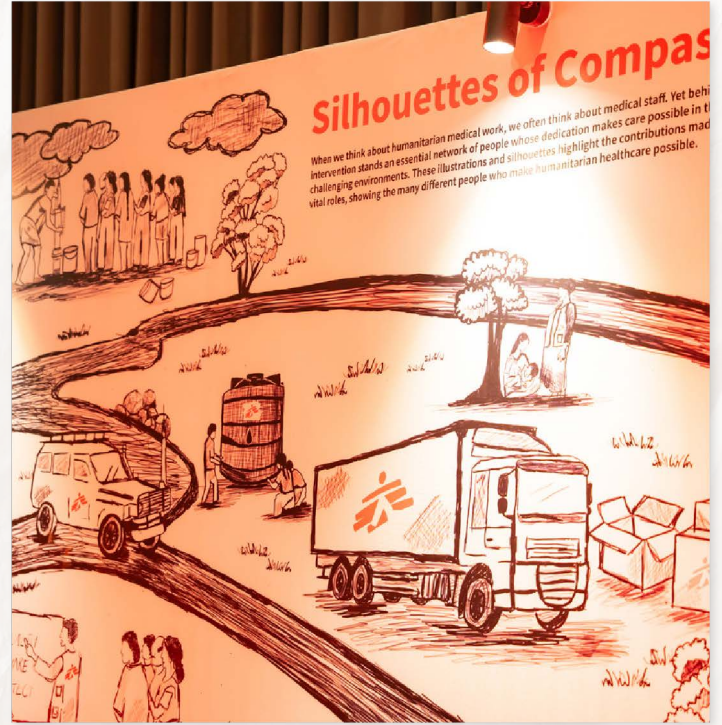
RECOMMENDATIONS

- ✦ **Shift to unrestricted, multi-year core funding allowing agility to adapt to evolving contexts**
- ✦ **Clearly define and institutionalise community engagement as a decision-making mechanism beyond health promotion as a non-negotiable principle in humanitarian action**
- ✦ **Address the deprioritisation of Latin America and the Global South in resource allocation**
- ✦ **Protect and invest in South-to-South solidarity by resourcing storytelling and movement-building**
- ✦ **Establish principled and transparent approaches to corporate funding**

CONCLUSION

Communities are already building the responses they need. Grassroots organisations, movements, and civil society actors, often with minimal resources and under significant repression, are sustaining health, rights, and social cohesion in contexts where international actors have failed or withdrawn. The evidence is clear that local and community-led responses work. The question is whether international actors will restructure their practices, funding models, and institutional cultures to genuinely support these efforts—or whether they will continue constraining them through dependency, power-retention, and the perpetuation of a fragile system designed around bilateral agendas rather than community needs.

This moment of crisis in civil society is also a moment of clarity. Movements outlast organisations. Stories outlast institutions. Solidarity built through genuine partnership outlasts any individual funding cycle. The task for organisations like MSF is to act with humility; be principled and honest about their own contradictions, and more genuinely committed to ceding space for actors who are already building the future of humanitarian action from the ground up.



ADVISORY COMMITTEE MEMBERS



Paula Gil Leyva has been the President of MSF Spain/OCBA since October 2021. She holds a Nursing degree from the University of Barcelona and postgraduate degrees in pre-hospital emergency nursing and Gender and Equality. Paula began her MSF journey in 2003 in Angola, working as a field nurse and later as a field coordinator. She has coordinated MSF's HIV/AIDS program in Mozambique and held various roles in human resources management, including medical coordination and emergency response positions. Paula specializes in gender, diversity, and inclusion and has been instrumental in preventing and managing abuse cases within MSF. Her extensive experience spans nursing, team coordination, operations, and critical incident management, showcasing her multifaceted contributions to the organization.



Melissa Upreti is the Regional Director for the Asia and the Pacific Programme of the International Commission of Jurists. She is a Nepalese lawyer and human rights expert. As activist she is known for her leadership in reproductive justice and gender equality. As the founding attorney of the Center for Reproductive Rights' Asia program, she led groundbreaking legal initiatives for 16 years. She later spearheaded global advocacy on economic policy and gender-based violence at the Center for Women's Global Leadership, launching the Global 16 Days Campaign. A UN expert on women's rights and a Fellow at the University of Toronto, she now advances human rights and the rule of law at the International Commission of Jurists.



Inma Vazquez is the Global Lead for Humanitarian Representation and International Operations Coordinator. For over 25 years, Inma Vazquez has led humanitarian efforts in conflict, post-conflict, and disaster-affected areas. She spent 15 years managing field operations with MSF and ACF before transitioning to senior humanitarian diplomacy and advocacy roles. From 2015 to 2023, she represented MSF to the EU and NATO. Since 2023, she has served as Global Lead for Humanitarian Representation and International Operations Coordinator, overseeing MSF's International Secretariat and global advocacy efforts.



Dr. Unni Karunakara was International President of MSF from 2010-2013. He has been a humanitarian worker and a public health professional for more than two decades, with extensive experience in the delivery of health care to populations affected by conflict, disasters, epidemics, and neglect in Africa, Asia, and the Americas. He was Medical Director of the MSF's Campaign for Access to Essential Medicines and co-founded VIVO, an organization that works toward overcoming and preventing traumatic stress and its consequences.



Dr. Farhat Mantoo is the Executive Director MSF South Asia, she joined Doctors Without MSF in 2003 and has been working in different capacities nationally as well as internationally. During these last 19 years, her work has been in Asia (India, Afghanistan, Sri Lanka, Nepal and Bangladesh) Europe and East Africa (South Sudan, Somalia, Kenya) with MSF and other organizations in management and leadership roles. She has a specialization in medical anthropology, communication, hospital management and human resources apart from being trained in humanitarian assistance linked to international humanitarian affairs. She serves on various international committees both MSF and external and has co-authored publications under her title.

CORE TEAM MEMBERS

Ana Paula Berlin | Jolene Anthony Dass | Nadim Majeed | Deepak Bhatia | Gouher Shah | Manish Nagpal | Richa Saxena | Digvijay Singh and all other members of the MSF South Asia Communications, Programmes, HR, and Finance teams who were instrumental in ensuring the success of the Health & Humanity Summit 2025

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