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BEYOND EMERGENCY RELIEF:

**THE ROLE OF U.S. FOREIGN
HEALTH ASSISTANCE AMID
GROWING DISPLACEMENT AND
ENVIRONMENTAL CHANGE**

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The issues and recommendations in this working paper originated from a roundtable discussion held with subject matter experts and experienced practitioners in humanitarian health, displacement and environmental change on June 3, 2025 at the George Washington University Milken Institute School of Public Health. The Sumner M. Redstone Global Center for Prevention and Wellness and CORE Group co-sponsored the event. The objective of the roundtable was to draw on field experience from participants on how U.S. foreign assistance can more effectively address health issues of displaced persons in the context of environmental change. In accordance with the Chatham House Rule, the perspectives in this briefing are not attributed to any one participant or as a representative of any one organization.

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I. KEY TAKEAWAYS

Forced displacement of large populations is increasing worldwide, and its consequences on human health are of growing concern. **Scaling up U.S. global health assistance for displaced persons amid environmental change is a humanitarian priority, critical to averting deaths and promoting safety and security both domestically and abroad.**

Participants made the following case for scaling up health assistance in these contexts:

- The U.S. is uniquely positioned to develop innovative solutions for health assistance in displacement crises, given its proven capacity to collaborate and technical expertise in data science, scaling state-of-the art technologies, health information systems, early warning systems, and diplomatic capacity.
- U.S. global health assistance efforts should leverage these strengths while taking a holistic and integrated approach, through partnerships across sectors and with people on the front lines who best understand the context.
- U.S. foreign assistance for health can bring important returns on investments and keep Americans safe through enhanced global health security and adaptive capacity in the face of environmental change and mass displacement. These efforts can also support America's economy and American jobs, including farmers, aid workers, suppliers, transporters and other aid actors.
- More importantly health assistance for, and empowerment of, displaced populations—including women, children, older adults, and people living in poverty—aligns with core American values of helping the most at-risk populations, averting deaths, and alleviating human suffering. This is reflected both in charitable giving and longstanding U.S. government diplomacy.



II. ALIGNMENT WITH AMERICAN INTERESTS AND VALUES

U.S. health assistance for displaced populations facing environmental change aligns with American interests and values in the following ways:

- **Protecting human rights and life-saving efforts** align with American values. Most Americans would agree with helping the most vulnerable—such as mothers, children, older adults, and people living in poverty—prepare for and recover from disasters. However, the U.S. government and implementing partners could do a better job of communicating the mission and impact of foreign assistance to the American public. As one participant stated, “Americans are uniquely generous but [have low awareness] about aid. Therein lies an opportunity.”
- **Keeping America safe** through enhanced global health security: Investing in health systems surveillance strengthening and disease prevention efforts abroad can protect Americans from global health threats. We should be careful not to stigmatize displaced populations and migrants but rather help address health risks among these groups that will also contribute to broader global health security.
- **Return on Investment (ROI) and efficiency:** Investments in disaster risk reduction (DRR) and emergency preparedness can save money down the road by mitigating costs of natural disasters. For example, \$6 billion in investments in DRR—like resilience infrastructure and early warning systems—could generate \$360 billion in benefits. Additional evidence suggests that \$1 invested in adaptation can yield over \$10.50 in benefits over a 10-year period, with key dividends including induced economic benefits, avoided losses, and environmental and social benefits. In addition, global health assistance dollars spent in low- and middle-income countries (LMICs) go further, due to the relatively lower cost of implementation in these contexts. For example, bed net distributions, tuberculosis treatment and control, and vaccination efforts in LMICs are highly efficient, especially when deployed in a way that engages the resources and talents of the people assisted, with greater health benefits on fewer dollars spent. With focused and planned coordination, relatively small contributions from the U.S. can also amplify the efforts of other foreign assistance actors, like the United Nations (UN) and the European Union.
- **Reducing migration pressures:** Foreign health assistance can also contribute to improved conditions in countries of origin, thereby reducing migration pressures, accelerating a return home, and potentially mitigating irregular migration to the U.S.
- **Transparency:** U.S. government funding to support global health efforts in displacement should continue to be transparent and accountable to American taxpayers. Measures should continue to include audits, third-party monitoring, strict adherence to compliance, risk management and reporting requirements, among others. These processes should be more straightforward and accessible for local implementing partners to follow. Further, these transparency measures must be made fully public to increase confidence in global health efforts.

With the health consequences of displacement and environmental change of growing concern, U.S. government support for global health assistance is now more critical than ever to avert deaths and promote safety and security both domestically and abroad.

III. KEY ISSUES AND RECOMMENDATIONS

1 ISSUE:

More people are displaced throughout the world than ever before—over 120 million people per the latest UN figures—and this upward trend is projected to continue. Many factors influence displacement, including social, political, economic, and environmental, among others. In addition, rapid urbanization and movement of populations from rural to urban areas is putting increased strain on health systems and increasing populations' vulnerability to environmental and health hazards, particularly in sprawling, informal settlements. The largest and most lethal humanitarian crises tend to be protracted, while the humanitarian aid system's design remains oriented more toward short-term response. This is no longer adequate.

RECOMMENDATION:

The current paradigm of foreign assistance warrants a shift beyond emergency response to explicitly include early warning, mitigation, resilience and long-term adaptation, given the increasing frequency and duration of displacement crises. Furthermore, if given the choice, people often prefer to remain in their communities rather than uprooting their families and livelihoods and moving to an unfamiliar place. With technical support in DRR and adaptation strategies for environmental health hazards, at-risk households can increase their capacity to adapt in place, where they have strong community ties. U.S. foreign assistance should take an integrated, community-led approach to health assistance and DRR that facilitates long-term solutions for coping with environmental change and displacement. For example, an integrated, multi-hazard early warning system could advise local institutions and aid agencies about trends, patterns and the health risks during displacement. Such initiatives must receive explicit support, or it will routinely be short-changed to provide funding for urgent crisis response.

2 ISSUE:

Environmental change, such as drought, sea-level rise, heat waves, and other natural disasters, **is an important driver and threat multiplier of displacement**. Conflict is often a contributing factor to displacement and consequence of environmental change due to tensions over access to depleting natural resources. Extreme weather further compounds existing humanitarian crises, where populations already live in precarious conditions. Nearly half of all displaced people are hosted in the countries most exposed to extreme weather, such as Myanmar and Niger. The humanitarian sector has a pressing need for better data systems and predictive tools (e.g., Geographic Information Systems, mobile data, predictive Artificial Intelligence, dynamic system mapping) to anticipate and respond efficiently to environmental change in displacement and conflict settings.

RECOMMENDATION:

U.S. foreign policy for health assistance in displacement and conflict settings should enhance coordination with global and local actors to address the complex interplay of environmental, political, and economic drivers of displacement, and enable communities to drive these efforts. The U.S. is well positioned to address these complex challenges with holistic approaches, given its comparative advantage and technical expertise in data science, technological innovation, and health information systems. An example of an innovative approach that U.S. technical experts could expand on is the International Rescue Committee's collaboration with Gavi and local partners in Somalia to implement a targeted catch-up vaccination campaign in high-risk areas affected by conflict and floods. This initiative applied a data-driven protocol for mapping accessible sites and routes to deliver critical health services to those most in need, which could be scaled and applied to other contexts.

3 ISSUE:

Mass forced and environmentally induced migration puts people at increased risk of both communicable diseases (e.g., diarrhea, dengue, measles, lower respiratory tract infections) **and non-communicable diseases** (e.g., uncontrolled diabetes) as well as injuries, maternal health hazards, and mental health challenges. Roundtable participants noted that environmental change also alters how diseases infect populations, with examples like cholera, malaria and dengue spreading in new areas, during extended seasons, and at higher rates. People on the move are particularly at risk, given the propensity for outbreaks of diseases like cholera and measles to occur in crowded conditions and informal settlements. Displaced populations also face disrupted access to care due to restricted mobility in conflict, natural disasters destroying infrastructure or simply when moving from place to place. Participants further noted how multiple health challenges compound vulnerabilities in displacement contexts, like malnutrition affecting one's ability to fight off or recover from an infection, such as pneumonia.

RECOMMENDATION:

The U.S. government should invest in low-cost, human-centered technology-based solutions, systems thinking and partnerships with local actors and tech entrepreneurs to forecast and address the complex health needs of displaced populations outside of the short term. Solutions such as last-mile supply chain innovations, telemedicine and mobile health records can address access constraints in displacement contexts through more efficient and far-reaching delivery of medicine, clean water and skilled healthcare provision. America's unique expertise in developing innovative solutions includes the fact that many U.S. aid organizations are tapped into local knowledge through their extensive networks. U.S. government funding should encourage enhanced networks for shared learning, including connecting with the academic sector, international agencies, and local organizations. One such example of successful collaboration is HERA Digital Health's partnership with Cloudflare to implement an international mobile healthcare application for people on the move. This application helps patients identify the nearest health service points and keep track of their medical records and appointments. Any adoption of digital tools should consider and mitigate ethical issues, such as data privacy, confidentiality, and potential misuse of personal data by unauthorized individuals and tracking by parties to a conflict.

4 ISSUE:

Disrupted services and disease outbreaks compounded by environmental change can threaten global health security, putting people at risk of health hazards both in countries where they occur and across borders. Vulnerability to these challenges will continue to persist in areas where local government, civil society, and the private sector have limited capacity to provide sufficient infrastructure and basic services.

RECOMMENDATION:

U.S. government funding and capacity building efforts should focus on supporting local actors as the backbone of humanitarian response. Resources and decision-making power should shift from full donor control to collaboration with local actors using a rights-based approach. Part of this approach could include expansion of locally led pooled funds and enhanced local coordination through locally led groups like the Global Resilience Fund and the NEAR Network. Local faith-based and civil society organizations also have close ties to affected communities and play a critical role in first-line response to crises. The U.S. government should better support these organizations with technical assistance and funding. Flexible funding can also be used in advance of a crisis, focusing on geographic areas where crises are likely to occur to strengthen local organizational capacity to lead response. Examples of this approach include UN OCHA's Local and National NGO Capacity Strengthening Program and former-U.S. Agency for International Development's (USAID) Local Capacity Strengthening for Response programs implemented by Project HOPE and others. Local partnerships should not solely focus on civil society actors but also strengthen local government structures for lasting impact.

5 ISSUE:

The economic burden of displacement and related health impacts are significant. For example, the global cost of internal displacement in 2020 was approximately \$21 billion. These costs included support for housing, education, health and security, as well as income loss of displaced people. This figure is likely a vast underestimate, given limited data on financial costs and losses associated with internal displacement. These losses are increasingly felt at the household level.

RECOMMENDATION:

Given the cost effectiveness and significant return on investment in disaster risk reduction, the U.S. government should scale up its technical support, coordination and investment in adaptation efforts for countries most at risk. While the U.S. Department of State should play a key role in these efforts, financing and programs in LMICs could also be channeled through institutions like the Development Finance Corporation or the World Bank Group and implemented in partnership with international and local aid organizations.

6 ISSUE:

Roundtable participants are concerned about the deterioration in security for health workers and adherence to humanitarian principles of neutrality, impartiality and independence. Attacks on healthcare facilities and workers increased by 15% in 2024 compared to 2023, with incidents in Lebanon and occupied Palestinian territories accounting for over half of such attacks. These actions not only violate humanitarian law but also have profound short- and long-term impacts in driving cross-border displacement and reducing access to health care for people who have depended on facilities and health workers who have been attacked. One participant also warned about the growing trend of “criminalization of humanitarians” for providing lifesaving support to people on the move.

RECOMMENDATION:

U.S. foreign health assistance should prioritize safeguarding of healthcare, public health, and humanitarian personnel in conflict and displacement contexts, starting with changing the perceptions of policymakers and countering misinformation. The U.S. government can further support international and local aid organizations through negotiating with warring parties to allow safe access and delivery of aid through establishing humanitarian corridors and removing bureaucratic impediments. Governments must also continue to call-out, name and take other actions when violations of international humanitarian law occur to minimize complacency and normalization of such atrocities.

7 ISSUE:

The global humanitarian aid system is rapidly losing technical capacity due to the decline of U.S. foreign assistance. America has historically been a leader in introducing new trends, best practices, tools, guidance and evidence-based approaches in global health, humanitarian assistance, and DRR. However, the U.S. government’s credibility in the foreign aid system is deteriorating from the widespread cuts to programs and staff in agencies such as the U.S. Department of State, former USAID, and the U.S. Centers for Disease Control and Prevention. While a key rationale for the widespread cuts to foreign aid was concern over fraud and inefficiencies, one participant attested, “There was no more monitored organization on the planet than USAID.”

RECOMMENDATION:

The U.S. government should preserve its technical capacity in global health and humanitarian assistance and enhance coordination with other international actors during the transition of aid programs to the U.S. Department of State. Eliminating key technical positions and structures would risk the loss of important institutional knowledge. Historically the largest contributor to foreign assistance, the U.S. aid footprint is shrinking, and its role should be reframed to complement other actors by focusing on its unique added value of technical innovation in global health and humanitarian assistance.

Conclusion.

U.S. global health assistance is a humanitarian priority, particularly amid growing displacement crises and environmental change. Foreign assistance for health aligns with American values and interests and is critical to averting deaths and promoting safety and security both domestically and abroad. The U.S. government should retain its technical capacity in global health and identify synergies with the private sector, international aid organizations, and local institutions for cost effective and relevant interventions that mitigate the health risks of people impacted by displacement.

IV. PARTICIPANTS

The individuals listed below participated in the roundtable discussion on June 3, 2025, and agreed to be listed (in alphabetical order). Five additional participants requested to remain anonymous. The participants remain available for consultation and collaboration.

Name	Institution
John Borrazzo	GW Milken Institute SPH*
Tamara Chikhradze	International Rescue Committee
Dennis Cherian	Corus International
Colleen GallagherThomas	Relief International
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Francisca Vigaud-Walsh	None listed
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