

The Impact of Funding Cuts on the Human Rights of Internally Displaced Persons in Haiti and South Sudan

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Executive Summary

The working paper examines the impact of humanitarian funding contractions on the realisation of economic and social rights of internally displaced persons (IDPs) in Haiti and South Sudan. Drawing on a human rights-based framework, documentary analysis, and key informant interviews, it analyses how reductions in humanitarian assistance affected access to adequate food and healthcare in contexts of protracted displacement, institutional fragility, and humanitarian dependence.

The findings show that funding cuts reduced food assistance, disrupted health services, suspended mobile clinics, and weakened nutrition coverage for displaced populations. Humanitarian actors adopted hyper-prioritisation approaches that focused on life-saving interventions but left significant protection and socio-economic needs unaddressed.

The paper argues that where humanitarian assistance constitutes the principal mechanism through which minimum core obligations are fulfilled, abrupt aid reductions constitute prima facie retrogressive measures incompatible with obligations under the International Covenant on Economic, Social, and Cultural Rights. Displaced households responded with harmful coping strategies, which deepened structural vulnerability.

This report concludes that the protection of IDPs must remain grounded in binding legal obligations and sustained through rights-consistent financing as a shared responsibility of States and the international community.

The research and analysis undertaken for this working paper provided the foundation for a short policy paper published by Researching Internal Displacement on 14 April 2026, [Cutting Aid Means Cutting Rights: Who Decides Which Rights Matter for Internally Displaced Persons?](#) by Kadidjatou Sawadogo. The conceptualization, substantive framing and messaging were shaped under the guidance of Paula Gaviria Betancur, UN Special Rapporteur on the human rights of IDPs, and Davina Saïd, Head of Forced Displacement at ICVA.

Keywords

Internally displaced persons (IDPs), human rights, humanitarian finance, Haiti, South Sudan, funding cuts

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Acronyms

AAAQ	Availability, Accessibility, Acceptability, and Quality
CESCR	Committee on Economic, Social, and Cultural Rights
CHRSS	Commission on Human Rights in South Sudan
DTM	Displacement Tracking Matrix
FAO	Food and Agriculture Organization of the United Nations
GNAFC	Global Network Against Food Crises
HRC	Human Rights Committee
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social, and Cultural Rights
ICRC	International Committee of the Red Cross
ICVA	International Council of Voluntary Agencies
IDMC	Internal Displacement Monitoring Centre
IDPs	Internally Displaced Persons
IOM	International Organization for Migration
IPC	Integrated Food Security Phase Classification
MSF	Médecins Sans Frontières
OCHA	Office for the Coordination of Humanitarian Affairs
ODA	Official Development Assistance
OECD	Organisation for Economic Co-operation and Development
OHCHR	Office of the United Nations High Commissioner for Human Rights
PAHO	Pan American Health Organization
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNGP	United Nations Guiding Principles on Internal Displacement
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation, and Hygiene
WFP	World Food Programme
WHO	World Health Organization

cooperation must, as a matter of priority, contribute to the realisation of all human rights and to the establishment of a social and international order in which Covenant rights can be fully realised.¹⁰ Recent contractions in humanitarian financing risk exacerbating the protection gaps already documented among IDPs,¹¹ and raise serious questions regarding the capacity of both national protection systems and humanitarian frameworks to uphold the rights standards established by the United Nations Guiding Principles on Internal Displacement.¹²

Following a sharp contraction in both Official Development Assistance (ODA) and humanitarian funding, the operational environment for IDP protection has narrowed considerably. After declining by 9 per cent in 2024, net ODA further decreased by 9–17 per cent in 2025, with major reductions from the United States, the United Kingdom, Germany, and France. Bilateral flows to least developed countries fell by 13–25 per cent, and health aid collapsed by up to 60 per cent from its 2022 peak. According to the Organisation for Economic Co-operation and Development (OECD) reports, these reductions have considerable implications for the continuity of essential services, particularly in health, food assistance, and social protection.¹³ Meanwhile, humanitarian financing coverage declined sharply by mid-2025, with urgent gaps in food assistance and protection.¹⁴

In aid-dependent and fragile contexts, international assistance often constitutes the backbone of financing for basic social services and social protection systems. In such contexts, reductions in external financing necessitate compensatory domestic measures to prevent a deterioration in access to essential services.¹⁵ However, limited fiscal space, institutional constraints, and ongoing crises often constrain governments' capacity to offset reductions in externally financed programmes.

This fiscal retrenchment has triggered system-wide reprioritisation of relief coverage under the Inter-Agency Standing Committee Global Humanitarian Reset. While needs-based prioritisation is intended to ensure that limited resources reach those most in need, its application under conditions of acute funding constraints has implications that extend beyond operational efficiency. Financial constraints increasingly shape and narrow the categories of persons deemed eligible for assistance.

Humanitarian analyses have identified variations in vulnerability assessment tools, methodologies, and data compatibility across contexts as contributing to inconsistencies in targeting and potential inequities in assistance allocation.¹⁶ The United Nations High Commissioner for Refugees (UNHCR) has warned

¹⁰ United Nations, *The Limburg Principles on the Implementation of the International Covenant on Economic, Social and Cultural Rights* (1986), UN Doc. E/CN.4/1987/17, Principles 29–32, <https://hlnr.org/img/documents/Limburg%20Principles.pdf>.

¹¹ OCHA, *A Hyper-Prioritized Global Humanitarian Overview 2025: The Cruel Math of Aid Cuts* (New York: OCHA, 16 June 2025), <https://humanitarianaction.info/document/hyper-prioritized-global-humanitarian-overview-2025-cruel-math-aid-cuts>.

¹² OECD (2025), “Cuts in official development assistance: OECD projections for 2025 and the near term”, OECD Policy Briefs, No. 26, OECD Publishing, Paris, <https://doi.org/10.1787/8c530629-en>; United Nations Guiding Principles on Internal Displacement, 1998 (previously cited).

¹³ *Ibid.*, OECD, *Cuts in Official Development Assistance*.

¹⁴ World Food Programme, *A Lifeline at Risk: Food Assistance at a Breaking Point*, Global Brief (Rome: WFP, September 2025), <https://docs.wfp.org/api/documents/WFP-0000168974/download/>.

¹⁵ Kevin Watkins et al., *Building Equitable Social Protection Systems for a Sustainable Development Goal Recovery: The Case for a Global ‘Virtual Financing’ Mechanism* (London: ODI/STAAR, 2025), https://media.odi.org/documents/B248_Formatted_Report.pdf.

¹⁶ Rupal B. Patel, James King, Lucy Phelps, and David Sanderson, *What Practices Are Used to Identify and Prioritise Vulnerable Populations Affected by Urban Humanitarian Emergencies? A Systematic Review* (Oxford: Oxfam GB, Humanitarian Evidence Programme, 2017), <https://preparecenter.org/wp-content/uploads/2024/02/Urban-Humanitarian-Action-Systematic-Review.pdf>; Global Protection Cluster, “Internally Displaced Persons as a Category of Concern,” *Expert Commentary*, 2 October 2024, https://globalprotectioncluster.org/sites/default/files/2024-10/ipeg_blog_-_idp_as_category_of_concern.pdf

that funding cuts place millions of persons of concern at risk of losing access to direct assistance.¹⁷ Human rights organisations warn that funding-driven prioritisation of crises risks the neglect of vulnerable groups,¹⁸ with important implications for democratic governance and the rule of law.¹⁹ States bear the primary obligation under the ICESCR; humanitarian actors operating on their behalf must apply rights-compatible criteria when allocating limited resources.

Building on concerns raised by the Special Rapporteur on the human rights of internally displaced persons and the International Council of Voluntary Agencies (ICVA), the report examines how funding contractions in Haiti and South Sudan affected access to essential food and health services for internally displaced persons, and how these reductions reshaped the enjoyment of economic and social rights in contexts of acute humanitarian dependence. It addresses three questions: how deep cuts to foreign assistance have altered programme coverage; how financial pressures have influenced rights realisation; and what coping strategies displaced communities have adopted.

2. Methodology

The research applies a human rights-based analytical framework to a qualitative documentary analysis combined with IDP-focused analysis and interviews. Key informants were selected based on direct operational experience in displacement settings, including representatives of humanitarian organisations, local actors, and, where possible, IDP-led organisations involved in service delivery. The evidence draws on publicly available data collected between January and December 2025, including United Nations agency reports, humanitarian programming documents, assessments from international human rights organisations, and academic and legal sources. The analysis focuses on two interdependent rights central to the survival and dignity of IDPs: the right to the highest attainable standard of health and the right to adequate food.

3. Limitations

This paper acknowledges several constraints that shape the interpretation of findings. It does not assess whether government bodies in Haiti and South Sudan had increased or improved food provision in response to emergency support. Field data availability varied across locations, and access to operational actors was constrained by security conditions and staff reductions. The rapidly evolving financing environment complicated efforts to establish a definitive impact assessment. The global nature of foreign aid decisions and operational responses made it difficult to construct a comprehensive picture of the particular effects on IDPs.

4. Context: Structural dependence

¹⁷ UNHCR, Mid-Year Trends 2025 (previously cited).

¹⁸ Amnesty International. *Lives at Risk: Chaotic and Abrupt Cuts to Foreign Aid Put Millions of Lives at Risk*. London: Amnesty International, July 2025. <https://www.amnesty.org/en/wp-content/uploads/2025/07/AMR5194082025ENGLISH.pdf>

¹⁹ Human Rights Watch. “US: Trump Administration Guts Foreign Aid.” New York: Human Rights Watch, February 28, 2025. <https://www.hrw.org/news/2025/02/28/us-trump-administration-guts-foreign-aid>.

Haiti and South Sudan are experiencing intense and prolonged internal displacement crises,²⁰ arising from violence, economic collapse, and institutional paralysis. Recognised as a category of particular concern,²¹ IDPs in both contexts face structural vulnerabilities specific to displacement that heighten exposure to rights violations. While State efforts remain relevant, humanitarian assistance constitutes the primary delivery mechanism for essential services within the framework of international cooperation in conformity with Articles 55 and 56 of the Charter of the United Nations.²² This pattern reflects a wider shift towards hyper-prioritisation, whereby humanitarian actors increasingly target only the most critical cases, often defined by intersectoral severity thresholds that leave substantial levels of need unaddressed.²³

Haiti

As of September 2025, the International Organization for Migration (IOM) documented approximately 1.41 million IDPs in Haiti (12 per cent of the national population), the majority of whom were women and children, with 85 per cent residing with host families outside formal displacement sites. While significant numbers remained in the Port-au-Prince Metropolitan Area, the largest share was hosted in provincial departments, a development that reflects the spread of displacement beyond the capital.²⁴ Humanitarian food assistance sustained minimum subsistence levels.

The World Food Programme (WFP) served as the principal food provider for conflict-affected and displaced populations, reaching 2.7 million Haitians in 2025 despite significant access constraints and funding shortfalls.²⁵ The termination of approximately 90 per cent of the United States Agency for International Development (USAID) foreign aid contracts contributed to a broader contraction in humanitarian financing, while Haiti's humanitarian response remained heavily dependent on external assistance.²⁶

By mid-2025, the Humanitarian Response Plan remained underfunded, with only 22.6 per cent of requirements met and a financing gap exceeding US\$700 million, even after overall needs were reduced under the “humanitarian reset”.²⁷ In this context, the United Nations Children’s Fund (UNICEF) mid-year 2025 situation analysis identified significant funding gaps affecting essential health and nutrition services for displaced and at-risk populations in Haiti.²⁸ The country’s humanitarian crisis has been further deepened by the territorial expansion of armed groups across large parts of the Port-au-Prince metropolitan area and key supply routes. These groups have systematically obstructed humanitarian access, deliberately targeted health facilities and contributed to their closure, and forced the displacement of civilian

²⁰ Internal Displacement Monitoring Centre (IDMC), *Global Report on Internal Displacement 2025* (Geneva: IDMC, 2025), <https://www.internal-displacement.org/global-report/grid2025/>

²¹ OHCHR, *Internally Displaced Persons as a Category of Concern* (previously cited).

²² Charter of the United Nations, arts. 55–56, <https://www.un.org/en/about-us/un-charter/full-text>

²³ OCHA, *A Hyper-Prioritised Global Humanitarian Overview: The Cruel Math of Aid Cuts* (2025, previously cited).

²⁴ International Organization for Migration (IOM), *Displacement Situation in Haiti – Round 11* (September 2025), Key Results, <https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Key%20results%20from%20Round%2011%20-%20September%202025.pdf>; Also see International Organisation for Migration (IOM), *Displacement Situation in Haiti – Round 11, September 2025*, <https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Displacement%20situation%20in%20Haiti%20-%20Round%2011%20-%20September%202025.pdf>.

²⁵ World Food Programme (WFP), *Haiti Emergency*, WFP, 2025, <https://www.wfp.org/emergencies/haiti-emergency>.

²⁶ Politico, *Trump Administration Says It's Cutting 90% of USAID Foreign Aid Contracts*, Politico, February 26, 2025, <https://www.politico.com/news/2025/02/26/trump-administration-says-its-cutting-90-of-usaid-foreign-aid-contracts-00206377>; Office for the Coordination of Humanitarian Affairs (OCHA), *Haiti Humanitarian Response Plan 2025* (mid-year data, 2025), <https://humanitarianaction.info/plan/1257>.

²⁷ OCHA, *A Hyper-Prioritised Global Humanitarian Overview: The Cruel Math of Aid Cuts* (2025).

²⁸ UNICEF, *Haiti Humanitarian Situation Report No. 6 – Mid-Year 2025*, <https://www.unicef.org/documents/haiti-humanitarian-situation-report-no-6-mid-year-2025>; <https://www.unicef.org/media/172991/file/Haiti%20Humanitarian-SitRep-Mid-Year-2025.pdf>

populations. These dynamics have progressively transformed Haiti's crisis from an acute emergency into a protracted protection crisis.²⁹

South Sudan

The world's youngest country has faced recurring conflict, displacement, and humanitarian crises since its independence in 2011. By mid-2025, approximately 1.9 million people were internally displaced, including more than 718,000 newly displaced persons, as a result of armed violence, flooding, and spillover from the conflict in neighbouring Sudan.³⁰ South Sudan's public health system remains fragile and heavily dependent on humanitarian support. Acute food insecurity affected 7.7 million people (IPC Phase 3+), including tens of thousands in Catastrophe (IPC Phase 5).³¹ By mid-2025, humanitarian financing remained severely constrained, with only US\$500 million received against requirements of US\$1.8 billion (27 per cent coverage), leaving a gap exceeding US\$1.3 billion.³² Simultaneously, the country experienced the most grave cholera outbreak on record,³³ alongside persistently high malaria incidence,³⁴ Mpox outbreaks confirmed across multiple states,³⁵ and acute malnutrition affecting thousands of children.³⁶ These overlapping health crises unfolded against a broader backdrop of institutional paralysis. While legislative steps toward transitional justice were taken in late 2024 with the enactment of two long-awaited laws, operationalisation remained stalled, and limited resources continued to compromise institutional capacity to deliver accountability and protection for conflict-affected and displaced communities.³⁷

The convergence of financing contractions and the broader polycrisis driving displacement is examined in the following sections through the lens of the rights to adequate food and health for internally displaced persons in Haiti and South Sudan.

5. Main Findings

5.1 The right to adequate food: Programme contraction and minimum access

²⁹ Office for the Coordination of Humanitarian Affairs (OCHA), Haiti Crisis in Numbers (as of 25 June 2025) (New York: OCHA, 25 June 2025), <https://www.unocha.org/publications/report/haiti/haiti-crisis-numbers-25-june-2025>

³⁰ International Organization for Migration (IOM), "Data Update: Violence and Crisis in South Sudan," Displacement Tracking Matrix Insights, May 2025, <https://dtm.iom.int/dtm-insights/may-2025-edition/data-update-violence-and-crisis-south-sudan>; United Nations High Commissioner for Refugees (UNHCR), South Sudan Situation Update (October 2025), <https://data.unhcr.org/en/documents/details/119861>

³¹ Integrated Food Security Phase Classification (IPC), *South Sudan: Acute Food Insecurity Situation for September–November 2025 and Projections for December 2025–March 2026 and April–July 2026*, released 4 November 2025, <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159789/>

³² Office for the Coordination of Humanitarian Affairs (OCHA), Financial Tracking Service (FTS): South Sudan Humanitarian Funding Overview 2025, <https://fts.unocha.org/>

³³ WHO and Ministry of Health, South Sudan Cholera Outbreak Situation Report No. 59 (Juba: WHO, December 2025). South Sudan's cholera outbreak was the most severe on record, with nearly 97,000 cases and 1,624 deaths. Surveillance did not provide IDP-specific data, but overcrowding and inadequate WASH in displacement sites heightened the risk of transmission.

³⁴ WHO, South Sudan Malaria Programme Annual Report 2025 (Juba: WHO, 2025). Malaria remained the leading cause of morbidity, with 225,000+ cases reported in December 2025.

³⁵ WHO, Mpox Situation Reports for South Sudan, 2025. Mpox was confirmed in multiple states.

³⁶ WHO/UNICEF, South Sudan Acute Malnutrition Situation Update, 2025. Over 5,000 children were treated for complicated severe acute malnutrition during the reporting period.

³⁷ See Commission on Human Rights in South Sudan (CHRSS), Report of the Commission on Human Rights in South Sudan, UN Doc. A/HRC/58/27, 21 February 2025, paras. 9, 17, and 85–87; <https://www.ohchr.org/en/hr-bodies/hrc/co-h-south-sudan/index>.

The right to adequate food requires the availability, accessibility, adequacy, and sustainability of food, and its realisation without discrimination.³⁸ In 2025, funding contractions and humanitarian reprioritisation reduced food and nutrition coverage and undermined established access to minimum food support for displaced populations in both Haiti and South Sudan. This shift reflects a life-saving triage approach, prioritising emergency interventions while deferring the adequacy, dietary diversity, and sustainability dimensions of the right to adequate food.³⁹

Availability and Accessibility

In Haiti, WFP reported that displaced households relied almost entirely on humanitarian food and cash assistance to meet minimum nutritional needs. Extreme funding shortfalls forced the suspension of hot meal programmes and a halving of general food rations, disproportionately affecting displaced women and children.⁴⁰ Approximately 5.7 million Haitians faced Integrated Food Security Phase Classification (IPC) Phase 3 (Crisis) or worse between March and June 2025, including 8,400 displaced individuals in IPC Phase 5 (Catastrophe).⁴¹ A key informant in Port-au-Prince confirmed that once distributions ceased, households in several displaced sites had no alternative source of food. Nearly 210,000 displaced people in spontaneous sites lacked adequate food access and faced heightened protection risks, including sexual and gender-based violence.⁴²

In South Sudan, funding shortfalls reduced food availability through ration cuts and pipeline breaks, while insecurity and displacement curtailed market activity and household income. IDPs in Upper Nile relied almost entirely on WFP last-resort airdrops.⁴³ An IDP leader and former member of the Global IDP Advisory Group confirmed that food distributions ceased or became irregular in several displacement sites due to pipeline breaks, leaving households without substitute support.⁴⁴

Since April 2023, more than 1.1 million arrivals from neighbouring Sudan have further strained host communities and humanitarian supply chains.⁴⁵ By September 2025, WFP assisted approximately 1.3 million people in South Sudan with 5,865 metric tonnes of food and US\$4.5 million in cash transfers.⁴⁶ Nevertheless, funding constraints reduced the overall scale of assistance and forced humanitarian actors

³⁸ CESCR, *General Comment No. 12: The Right to Adequate Food (Art. 11)*, UN Doc. E/C.12/1999/5 (1999), paras. 7–13.

³⁹ OCHA, *A Hyper-Prioritized Global Humanitarian Overview: The Cruel Math of Aid Cuts* (2025).

⁴⁰ World Food Programme, *Haiti on the brink: violence cuts off capital, pushing families towards starvation amidst cuts to humanitarian aid*, WFP News Release, October 2025. <https://www.wfp.org/news/haiti-brink-violence-cuts-capital-pushing-families-towards-starvation-amidst-cuts-humanitarian>

⁴¹ Integrated Food Security Phase Classification (IPC), *Haiti Acute Food Insecurity Analysis*, 2025. <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159760>.

⁴² Key Informant Interview 2, Port-au-Prince, Haiti, October–December 2025, IDP leader and founder and president of the NGO *Living Free and Better* (KI-H1); International Organization for Migration (IOM), *Displacement Situation in Haiti – Round 11*, Displacement Tracking Matrix (DTM), September 2025 (previously cited); United Nations Population Fund (UNFPA), *Situation Report: Crisis in Haiti, October–November 2025*, <https://www.unfpa.org/resources/situation-report-crisis-haiti-october-november-2025>

⁴³ World Food Programme (WFP), “*Conflict and Funding Cuts Fuel Soaring Hunger in South Sudan*,” 18 November 2025, <https://www.wfp.org/stories/conflict-and-funding-cuts-fuel-soaring-hunger-south-sudan>

⁴⁴ Key Informant Interview 1, South Sudan, 22 November 2025. IDP leader, member of the Global IDP Advisory Group, and advocate with the Nonviolent Peace Force (KI-SS1).

⁴⁵ Office for the Coordination of Humanitarian Affairs (OCHA), *South Sudan Humanitarian Overview 2025*, Humanitarian Action, 2025, <https://humanitarianaction.info/plan/1512/article/south-sudan-4>.

⁴⁶ World Food Programme (WFP), *South Sudan Country Brief – September 2025* (Rome: WFP, 2025), <https://reliefweb.int/report/south-sudan/wfp-south-sudan-country-brief-september-2025>

to prioritise populations facing emergency and catastrophic levels of hunger.⁴⁷ WFP further reported that ration reductions and pipeline interruptions affected food distributions and nutrition supplies.⁴⁸ Insecurity, displacement, rising food prices, and deteriorating purchasing power limited the physical and economic accessibility of food for displaced households.⁴⁹

Adequacy and Sustainability

In Haiti, humanitarian food assistance in 2025 remained insufficient relative to escalating levels of displacement and food insecurity. IOM assessments documented that displaced households in spontaneous sites and host communities were only partially meeting food needs due to disrupted livelihoods and inadequate humanitarian coverage.⁵⁰ Reports further indicated that household consumption patterns and distributions became increasingly dominated by staple foods with reduced dietary diversity, as funding shortfalls forced WFP to suspend hot meals for newly displaced families and slash food rations in half.⁵¹ Of 496,546 children under five screened for malnutrition, 60,202 suffering from acute malnutrition were admitted for treatment (approximately 47 per cent of the annual target).⁵² However, the nutrition response remained inadequate and unsustainable due to chronic underfunding and escalating insecurity, which disrupted continuity of care and weakened the delivery of essential nutrition and health services for displaced children.⁵³ These conditions also constrained household food access, as insecurity, inflation, and disrupted livelihoods limited access to adequate food and other basic services.⁵⁴ The crisis was particularly severe among displaced populations, with median food expenditure covering only 71–83 per cent of minimum caloric needs, and the majority eating once a day or less. Women and children constituted more than half (55 per cent) of the displaced population, while female-headed households were disproportionately affected by acute food insecurity.⁵⁵ Key informants confirmed that erratic aid deliveries eroded dietary diversity in spontaneous sites, particularly for children and pregnant women.⁵⁶

⁴⁷ World Food Programme (WFP), “Funding Cuts: Six Critical WFP Operations at Risk,” 15 October 2025, <https://www.wfp.org/stories/funding-cuts-six-critical-wfp-operations-risk>

⁴⁸ Ibid.

⁴⁹ Integrated Food Security Phase Classification (IPC), South Sudan Acute Food Insecurity Situation for September–November 2025 and Projections for December 2025–March 2026 and April–July 2026, <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159789/>

⁵⁰ International Organization for Migration (IOM), Data Update: Violence and Crisis - Haiti, DTM Insights, July 2025, <https://dtm.iom.int/dtm-insights/july-2025-edition/data-update-violence-and-crisis-haiti>

⁵¹ “Haiti on the Brink: Violence Cuts Off Capital (Previously cited); World Food Programme (WFP), A Lifeline at Risk: Food Assistance at a Breaking Point – Haiti Country Report (Rome: WFP, September 2025), <https://reliefweb.int/report/haiti/lifeline-risk-food-assistance-breaking-point-haiti-country-report-september-2025>.

⁵² United Nations Children’s Fund (UNICEF). Snapshot of Key Results for 2025 - Haiti. Port-au-Prince : UNICEF, December 2025, <https://www.unicef.org/haiti/en/reports/snapshot-key-results-2025>.

⁵³ UNICEF, Haiti Humanitarian Situation Report No. 6: Mid-Year 2025 (New York: UNICEF, 2025), <https://reliefweb.int/report/haiti/unicef-haiti-humanitarian-situation-report-no-6-mid-year-2025>; UNICEF, At Least One Million Children Facing Emergency Levels of Food Insecurity in Haiti, 17 April 2025, <https://www.unicef.org/haiti/en/press-releases/least-one-million-children-facing-emergency-levels-food-insecurity-haiti>.

⁵⁴ Integrated Food Security Phase Classification (IPC). Haiti: Acute Food Insecurity Analysis, September 2025–June 2026 Snapshot. Rome: IPC Global Support Unit, October 10, 2025. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Haiti_AcuteFoodInsec_Sept2025_June2026_Snapshot_English.pdf. As median food expenditure among poor households was insufficient, only ten thousand Haitian gourdes (HTG) per month, covering 71–83 percent of minimum caloric needs. In Croix-des-Bouquets, expenditures fell to 3,000 HTG, and in Cité Soleil to less than 6,000 HTG, reflecting significant consumption deficits. REACH / IMPACT Initiatives. Haiti Multi-Sectoral Needs Assessment (MSNA) 2025 Dashboard. Geneva: IMPACT Initiatives, August 2025. <https://dashboards.impact-initiatives.org/hti/msna2025>

⁵⁵ Integrated Food Security Phase Classification (IPC). Haiti: Analyse de l’Insécurité Alimentaire Aiguë, Mars–Juin 2025. Rome: IPC Global Support Unit, March 2025; https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Haiti_Acute_Food_Insecurity_Mar_Jun2025_Report_French.pdf. UN Women, Media Factsheet: Haiti - Impact of Ongoing Violence on Women and Girls, May 2025, <https://www.unwomen.org/en/news-stories/press-release/2025/05/media-factsheet-haiti-impact-of-ongoing-violence-on-women-and-girls>

⁵⁶ Key Informant Interview 2, Port-au-Prince, Haiti, October–December 2025 (previously cited).

In **South Sudan**, WFP confirmed that pulses, cereals, and vegetable oil were omitted from food baskets from October 2025 due to severe funding constraints; distributions were reduced to nutritionally incomplete baskets that failed to meet the dietary diversity requirements of the right to adequate food.⁵⁷ The food basket distributed to displaced households in IPC Phase 4 and 5 areas was already reduced to 50-70 per cent of standard rations and capped at 15–21 days per month, a level that cannot sustain displaced households over prolonged displacement, with populations in displacement camps receiving as little as 50 per cent of standard rations.⁵⁸ Critical funding shortfalls and escalating insecurity in South Sudan disrupted humanitarian operations, prevented the stabilisation of minimum food access, and left displaced households exposed to catastrophic levels of acute food insecurity.⁵⁹

The Food and Agriculture Organization of the United Nations (FAO) and the WFP Hunger Hotspots report identify Haiti and South Sudan as countries at the highest risk of acute food insecurity deterioration, citing conflict, displacement, and funding shortfalls as converging drivers of crisis.⁶⁰ Without sustained financing, the minimum level of food access for displaced populations in both countries is at risk of structural deterioration.

5.2 The right to the highest attainable standard of health

The right to the highest attainable standard of health requires that services, goods, and facilities be available, accessible, acceptable, and of good quality (AAAQ), and be realised without discrimination.⁶¹ Amnesty International has documented significant negative impacts of funding cuts on life-saving health programmes across multiple contexts, including Haiti and South Sudan.⁶² These developments occur within a broader context in which only a limited proportion of populations in need are reached by humanitarian assistance, with recent estimates indicating that approximately 36 per cent of people in need are currently targeted globally.⁶³

Availability and Accessibility of Health Services

In **Haiti**, mobile clinics and community health workers constituted one of the principal healthcare delivery mechanisms for internally displaced populations, providing medical consultations, antenatal care, vaccinations, nutrition services, and psychosocial support directly into displacement-affected areas.⁶⁴

⁵⁷ World Food Programme (WFP), *A Lifeline at Risk: Food Assistance at Breaking Point – South Sudan Country Report* (Rome: WFP, 2025), <https://www.wfp.org/publications/lifeline-risk-food-assistance-breaking-point>

⁵⁸ Ibid.

⁵⁹ Input from Office of the United Nations High Commissioner for Refugees (UNHCR) South Sudan, 2025; FAO and WFP, *Hunger Hotspots: FAO–WFP Early Warnings on Acute Food Insecurity, October–January 2025 Outlook* (Rome: FAO/WFP, 2025), <https://www.wfp.org/news/fao-and-wfp-early-warning-report-reveals-worsening-hunger-13-hotspots-five-immediate-risk>.

⁶⁰ FAO and World Food Programme (WFP), *Hunger Hotspots: FAO–WFP Early Warnings on Acute Food Insecurity, October–January 2025 Outlook* (Rome: FAO/WFP, 2025). Available via the Global Network Against Food Crises (GNAFC): <https://www.fightfoodcrises.net/global-report-food-crises>.

⁶¹ UN Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12), UN Doc. E/C.12/2000/4 (2000), paras. 9–16.

⁶² Amnesty International, *Health as an Enabler of Dignity: Submission to the UN Special Rapporteur on the Right to Health*, December 2025, Index: IOR 40/0584/2025, p. 3; <https://www.amnesty.org/en/documents/ior40/0584/2025/en/>

⁶³ United Nations Office for the Coordination of Humanitarian Affairs (OCHA), *Global Humanitarian Overview 2026* (New York: OCHA, 2026), <https://humanitarianaction.info>.

⁶⁴ World Health Organization (WHO), *Health Emergency Appeal 2025 – Haiti* (Geneva: WHO, 2025), <https://www.who.int/publications/m/item/haiti--who-health-emergency-appeal-2025>; UNICEF, *Haiti Humanitarian Situation Report No. 6: Mid-Year 2025* (New York: UNICEF, 2025),

Health reports confirm that insecurity and underfunding forced service suspensions, leaving displaced populations without reliable access to essential health services.⁶⁵ With only 42 per cent of health facilities in the Ouest department operating normally and 40 per cent closed entirely, displaced populations in IDP sites had limited functional alternatives to decentralised outreach services.⁶⁶ Funding shortfalls and insecurity forced the United Nations Population Fund (UNFPA) and partners to suspend mobile clinics in violence-affected areas.⁶⁷ Within this frame, 85 per cent of IDPs reside outside formal camps in host-family arrangements; these suspensions materially restricted access to health services.⁶⁸ IOM's multisectoral needs assessment documented that displaced households, particularly those in sites, faced the most critical barriers to healthcare access, with health ranked among the top priority needs, while women and girls, constituting the majority of the displaced population, faced compounded barriers including insecurity, facility closures, and restricted mobility.⁶⁹ Key informant testimony confirms that once outreach services ended, displaced women in spontaneous sites and host-family settings faced intersecting challenges of insecurity and cost in accessing hospital-based services.⁷⁰

In South Sudan, budget cuts coincided with one of the most severe cholera outbreaks in South Sudan's recent history. The suspension of therapeutic feeding centres, downgrading of clinics, withdrawal of patient transport, and persistent medicine stockouts significantly disrupted the continuum of care for displaced populations, including nutrition treatment, emergency referrals, and access to essential medicines.⁷¹ At least 12 health and nutrition centres in Rubkona County alone faced closure or severe cutbacks, while disruption of health services meant closures of clinics and mobile health units and cessation of primary healthcare provision for displaced populations.⁷² Delays in accessing cholera treatment were further documented due to insecurity, geographic distance, flooding, and the suspension of transport support. For displaced households without private means of transport, the withdrawal of referral assistance materially restricted access to life-saving care, and IDPs in camps faced the harshest

<https://reliefweb.int/report/haiti/unicef-haiti-humanitarian-situation-report-no-6-mid-year-2025>; United Nations Population Fund (UNFPA), Haiti Situation Report, June–July 2025 (Port-au-Prince: UNFPA, 2025), <https://www.unfpa.org/resources/haiti-situation-report-junejuly-2025>

⁶⁵ Pan American Health Organization (PAHO), Health Cluster Situation Report No. 9: Humanitarian Situation in Haiti, Epidemiological Week 15 (Port-au-Prince: PAHO, April 2025), <https://reliefweb.int/report/haiti/haiti-health-cluster-sitrep-9-april-6-12-2025-epi-week-15>; UNICEF, Haiti Humanitarian Situation Report No. 8 (End-of-Year), 31 December 2025 (New York: UNICEF, 2025), [https://www.unicef.org/media/179056/file/Haiti-Humanitarian-Situation-Report-No.8-\(End%20of%20Year\)-31-December-2025.pdf](https://www.unicef.org/media/179056/file/Haiti-Humanitarian-Situation-Report-No.8-(End%20of%20Year)-31-December-2025.pdf)

⁶⁶ WHO, Haiti Health Emergency Appeal 2026 (Geneva: WHO, 2025), <https://reliefweb.int/report/haiti/haiti-who-health-emergency-appeal-2026>; Pan American Health Organization (PAHO), Health Cluster Situation Report No. 9: Humanitarian Situation in Haiti, Epidemiological Week 15 (Port-au-Prince: PAHO, April 2025), previously cited.

⁶⁷ United Nations Population Fund (UNFPA), “A Point of No Return”: Urgent Call to Support Women and Girls in Haiti (2025), <https://www.unfpa.org/news/%E2%80%9Cpoint-no-return%E2%80%9D-urgent-call-support-women-and-girls-haiti>; UNFPA, Situation Report on the Crisis in Haiti, October–November 2025 (Port-au-Prince: UNFPA Haiti, December 2025), <https://www.unfpa.org/resources/situation-report-crisis-haiti-october-november-2025>.

⁶⁸ International Organization for Migration (IOM), *Displacement Situation in Haiti – Round 11*, Displacement Tracking Matrix (DTM), September 2025, <https://dtm.iom.int/sites/g/files/tmzbd11461/files/reports/Displacement%20situation%20in%20Haiti%20-%20Round%2011%20-%20September%202025.pdf>

⁶⁹ International Organization for Migration (IOM), Key Findings from Comparative Analyses of Multisectoral Needs of Displaced Populations and Host Communities in Haiti (2025), <https://dtm.iom.int/reports/haiti-key-findings-comparative-analyses-multisectoral-needs-displaced-populations-and-host>; UN Women, *Media Factsheet: Haiti -- Impact of Ongoing Violence on Women and Girls* (New York: UN Women, May 2025), <https://www.unwomen.org/en/news-stories/press-release/2025/05/media-factsheet-haiti-impact-of-ongoing-violence-on-women-and-girls>;

⁷⁰ Key Informant Interview 2, Port-au-Prince, Haiti, October–December 2025 (previously cited).

⁷¹ Médecins Sans Frontières (MSF), *Left Behind in Crisis: Escalating Violence and Healthcare Collapse in South Sudan* (Geneva: MSF, December 2025), <https://www.msf.org/left-behind-crisis-south-sudan>; UNICEF, South Sudan Humanitarian Situation Report No. 8, August 2025 (Juba: UNICEF, 2025), <https://reliefweb.int/report/south-sudan/unicef-south-sudan-humanitarian-situation-report-no-8-august-2025>

⁷² South Sudan NGO Forum, Factsheet: Impact of US Government Funding Suspension on NGO Operations in South Sudan, 17 February 2025, <https://docs.southsudanngoforum.org/sites/default/files/2025-02/Factsheet%20USG%20funding%20freeze.pdf>.

barriers, with limited transport and unsafe water sources driving transmission.⁷³ Limited access to safe water and sanitation remained a primary driver of cholera transmission; WHO documented that 36.2 per cent of reported cholera cases relied on river water, while open defecation remained prevalent in displacement camps.⁷⁴ These conditions implicate South Sudan's legal obligations regarding water and sanitation, which form part of the rights to health and adequate food.

Acceptability and Quality

Acceptability requires that health services be culturally appropriate, gender-sensitive, and delivered with respect for dignity, confidentiality, and informed consent. Quality requires medically appropriate services supported by trained personnel, effective surveillance, functioning supply chains, and clinical supervision.

Haiti's insecurity and funding shortfalls forced the postponement of mobile clinic distributions, constraining access for internally displaced women and girls in need of sexual and reproductive health and gender-based violence support. The Humanitarian Action for Children appeal for Haiti reached only 13 per cent of the required resources as of mid-2025. While emergency health kits reached some health facilities, funding shortfalls and insecurity disrupted service delivery across displacement areas, including access to gender-responsive and culturally appropriate care for displaced women and girls.⁷⁵

In South Sudan, interruptions to transport and referral networks limited safe, timely access to care. Hostilities and seasonal flooding forced families to travel long distances in unsafe conditions to reach functioning facilities. Drastic funding shortages and the suspension of donor-supported operations led to the planned termination, reduction, or downgrading of support for over 100 health facilities across multiple states, limiting the availability of trained personnel and access to safe, private, and respectful healthcare services.⁷⁶

Although the World Health Organization (WHO) and partners have continued emergency responses, including outbreak response and essential medicines provision, systemic fragility persists, and access to essential services remains unstable.⁷⁷ These disruptions extended beyond immediate health impacts and weakened the conditions necessary for dignified, continuous, and quality healthcare for displaced populations.

5.3 Harmful coping strategies and medium-term impacts

⁷³ Médecins Sans Frontières (MSF), *South Sudan's Cholera Crisis Is a Symptom of Deeper Failures*, 28 October 2025,

<https://www.doctorswithoutborders.ca/south-sudan-cholera-crisis-is-a-symptom-of-deeper-failures>; Key Informant Interview 1, South Sudan (previously cited)

⁷⁴ World Health Organization (WHO), *Cholera in South Sudan: One Year On*, Knowledge Management Series for Health, 30 October 2025, <https://www.afro.who.int/sites/default/files/2025-10/Knowledge%20Management%20Series%20for%20Health-%20Cholera%20in%20South%20Sudan%3B%20One%20Year%20On%20Factsheet.pdf>; South Sudan NGO Forum, *Factsheet: Impact of US Government Funding Suspension on NGO Operations in South Sudan*, 17 February 2025, (previously cited).

⁷⁵ UNICEF, *Child Alert: Haiti's Children Confront a Polycrisis*, October 2025, <https://www.unicef.org/child-alert/haitis-children-confront-polycrisis>. As of June 2025, the Humanitarian Action for Children appeal for Haiti was only 13 per cent funded. See also UNICEF, *Humanitarian Action for Children 2025 – Haiti*, <https://reliefweb.int/report/haiti/humanitarian-action-children-2025-haiti>; UNFPA, *Situation Report on the Crisis in Haiti*, October–November 2025 (previously cited)

⁷⁶ MSF, *Left Behind in Crisis: Escalating Violence and Healthcare Collapse in South Sudan* (previously cited).

⁷⁷ WHO, *Cholera in South Sudan – One Year On* (previously cited, note 67); WHO and Health Cluster, *South Sudan Cholera Outbreak Situation Report No. 59* (previously cited, note 31); Oxfam, *Millions stranded: conflict and aid cuts in South Sudan drive surge in suffering* (2025).

Across both Haiti and South Sudan, displaced households absorbed the effects of reduced humanitarian assistance through harmful coping strategies reflecting failures in rights implementation. As food assistance declined and health services were interrupted, households reduced meal frequency, relied on less nutritious food, sold productive assets, and delayed or forgone medical treatment. In Haiti, financial constraints led to the suspension of hot meal programmes and a halving of general food rations, while insecurity further constrained access to markets and assistance.⁷⁸ In South Sudan, pipeline breaks, health facility closures, and transport suspensions during the cholera outbreak forced households to travel long distances for treatment or go without care altogether.⁷⁹ Displaced households were also reported to sell personal belongings and productive assets to survive amid reduced assistance and worsening economic conditions.⁸⁰ Humanitarian reporting further associated prolonged economic stress and reduced household coping capacity with heightened risks of school dropout, child labour, and early marriage among displacement-affected households.⁸¹

While these strategies often enabled short-term survival, they generated measurable deterioration in rights enjoyment. Asset depletion reduced recovery capacity, prolonged dietary inadequacy, undermined child development and labour productivity, interrupted healthcare, and heightened risks associated with chronic illness and maternal health, while school dropout reduced future livelihood opportunities.⁸² These adaptive responses demonstrate how financial constraints translate directly into concrete deprivations of economic and social rights, particularly the right to food, health, education, and an adequate standard of living. The material realities documented above are legally relevant indicators of failures in the implementation of economic and social rights obligations.

6. Legal Analysis

The Universal Declaration of Human Rights (arts. 3 and 25)⁸³ and the African Charter on Human and Peoples' Rights (arts. 4, 16, and 18)⁸⁴ enshrine the rights to life, health, and an adequate standard of living as essential for the protection of vulnerable groups.⁸⁵ The United Nations Guiding Principles on Internal Displacement provide the key normative framework in displacement contexts,⁸⁶ reinforced by the African Union's Kampala Convention,⁸⁷ which obliges States to prevent displacement, protect IDPs, and ensure durable solutions.

⁷⁸ WFP, Haiti on the Brink (previously cited).

⁷⁹ Oxfam, Millions Stranded (previously cited)

⁸⁰ ALNAP, Assessing the Impact of US Funding Cuts on Communities and Humanitarian Response: Case Studies from South Sudan and Mali (London: ALNAP, 2025), <https://alnap.org/help-library/resources/assessing-the-impact-of-us-funding-cuts-on-communities-and-humanitarian-response-e-report/impacts-in-south-sudan/>

⁸¹ UNICEF, South Sudan Humanitarian Situation Report (2025) (linking economic hardship and coping strategies to risks such as child labour, early marriage, and school dropout).

⁸² FAO & World Food Programme, Hunger Hotspots: Early Warnings on Acute Food Insecurity (2025).

⁸³ Universal Declaration of Human Rights, adopted by the UN General Assembly, 1948, Articles 3 and 25. <https://www.un.org/en/about-us/universal-declaration-of-human-rights>

⁸⁴ Although the African Charter does not explicitly recognise a right to food, the African Commission on Human and Peoples' Rights has interpreted it as implicit in the rights to life (Art. 4), health (Art. 16), and development (Art. 22). See SERAC and CESR v Nigeria, Communication No. 155/96 (2001). <https://www.refworld.org/jurisprudence/caselaw/achpr/2001/en/149449>

⁸⁵ See African Charter on Human and Peoples' Rights (Banjul Charter), adopted June 27, 1981, <https://au.int/en/treaties/african-charter-human-and-peoples-rights>

⁸⁶ Previously cited, these principles establish that IDPs are entitled to the same rights as other citizens, including the right to an adequate standard of living (Principle 18), which includes food, water, and health services.

⁸⁷ African Union, Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), 2009; <https://au.int/en/treaties/african-union-convention-protection-and-assistance-internally-displaced-persons-africa>.

The protection of the right to food and health is inseparable from the conditions of dignified survival. As parties to the ICESCR, Haiti and South Sudan must respect, protect, promote, and fulfil the rights to food and health to the maximum of available resources,⁸⁸ including through international cooperation, consistent with the principle of *pacta sunt servanda*.⁸⁹ These obligations become even more critical in situations of armed conflict, where the effects of funding cuts are exacerbated by restrictions on humanitarian access when States or parties to conflict refuse cooperation, place humanitarian personnel at serious risk, and undermine the delivery of life-saving assistance. The obstruction of humanitarian access routes and attacks on health infrastructure documented in both contexts also raise serious concerns under customary international humanitarian law protections relating to humanitarian relief operations and civilian objects indispensable to survival.⁹⁰

Even though the realisation of economic and social rights is progressive, minimum core obligations, including freedom from hunger and access to emergency healthcare, remain immediate and non-derogable.⁹¹ The United Nations Charter makes international cooperation a legal obligation for States in a position to assist.⁹² The Human Rights Committee has clarified that the right to life under Article 6 of the International Covenant on Civil and Political Rights (ICCPR) extends to the conditions necessary for survival, including access to food and medical care.⁹³ In its 2012 Open Letter on austerity measures, the Committee on Economic, Social and Cultural Rights (CESCR) established that any fiscal adjustment must be temporary, necessary, and proportionate, non-discriminatory, and protective of the minimum core content of rights.⁹⁴ While the CESCR has not defined the precise outer limit of temporality, the evidence presented demonstrates that funding reductions have already contributed to the deterioration of minimum core obligations for displaced populations. States claiming resource constraints must demonstrate exhaustion of all available resources before invoking inability to comply. In both Haiti and South Sudan, national authorities engaged meaningfully with humanitarian actors despite severe constraints, yet this coordination remained insufficient without sustained external financing.

Humanitarian assistance was the principal mechanism through which minimum core obligations were met for displaced populations. When aid reductions negatively affect established access to essential food and health services, they constitute *prima facie* retrogressive measures requiring strict justification⁹⁵ under Article 2(1) of the ICESCR, assessed in light of States' obligations of international cooperation.⁹⁶

⁸⁸ ICESCR, arts. 2(1), 11, and 12.

⁸⁹ Vienna Convention on the Law of Treaties (VCLT), adopted 23 May 1969, entered into force 27 January 1980, 1155 U.N.T.S. 331, art. 26 (“*Pacta sunt servanda*”), https://legal.un.org/ilc/texts/instruments/english/conventions/1_1_1969.pdf

⁹⁰ Geneva Convention Relative to the Protection of Civilian Persons in Time of War (Fourth Geneva Convention), 1949; International Committee of the Red Cross (ICRC), *Customary International Humanitarian Law Database*, Rules 55 and 56 relating to humanitarian relief access and protection of humanitarian personnel; <https://ihl-databases.icrc.org/en/customary-ihl/v1>; *Declaration for the Protection of Humanitarian Personnel*, ReliefWeb, 22 September 2025, <https://reliefweb.int/report/world/declaration-protection-humanitarian-personnel-22-september-2025>.

⁹¹ CESCR, General Comment No. 12: The Right to Adequate Food, UN Doc. E/C.12/1999/5 (1999), para. 8 (minimum core obligation: freedom from hunger); CESCR, General Comment No. 14: The Right to the Highest Attainable Standard of Health, UN Doc. E/C.12/2000/4 (2000), para. 43 (minimum core obligation: access to essential medicines and emergency healthcare); CESCR, General Comment No. 3: The Nature of States Parties' Obligations, UN Doc. E/1991/23 (1990), para. 10

⁹² Charter of the United Nations, arts. 55–56.

⁹³ Human Rights Committee, General Comment No. 36: The Right to Life, UN Doc. CCPR/C/GC/36 (2018), para. 26.

⁹⁴ CESCR, Open Letter to States on Economic Crisis and Austerity Measures, May 2012.

⁹⁵ CESCR, General Comment No. 3, para. 9.

⁹⁶ CESCR, General Comment No. 3 (previously cited, note 86), paras. 9 and 14; Maastricht Guidelines on Violations of Economic, Social and Cultural Rights, 1997, Guidelines 14–15 (extraterritorial obligations and international cooperation), https://www.right-to-education.org/sites/right-to-education.org/files/resource-attachments/Maastricht_Guidelines_on_Violations_of_ESCR_1997_En.pdf.

Measured against CESCER standards on retrogressive measures, the documented funding reductions indicate possible inconsistency. The cuts had disproportionate and sustained effects on female-headed households, displaced children, and populations in spontaneous sites, groups for whom safeguards capable of protecting basic rights during funding contractions were absent.⁹⁷

In contexts where essential services depend heavily on externally financed humanitarian systems, the protection of these rights reflects a framework of shared responsibility between territorial States and the international community.

The principle of non-retrogression⁹⁸ requires that any backward step in the fulfilment of rights be strictly justified, proportionate, and accompanied by safeguards protecting vulnerable groups.⁹⁹ The findings reveal persistent implementation gaps between the normative guarantees of Articles 11 and 12 of the ICESCR and their effective realisation in displacement-affected settings.

When aid retrenchment forces agencies to rank rights and create selective coverage, a functional hierarchy of rights emerges, as operational frameworks prioritise life-saving interventions while systematically deferring other components of economic and social rights under conditions of hyper-prioritisation.¹⁰⁰ This directly contradicts the principle of indivisibility and interdependence of human rights.

7. Conclusion

The gradual normalisation of humanitarian scarcity risks transforming protection gaps into accepted governance models for displaced populations. A sizeable group of internally displaced persons remains at risk of being overlooked because they do not meet lifesaving prioritisation criteria, despite facing serious and persistent vulnerabilities. As hyper-prioritisation narrows humanitarian action to the most acute cases, many individuals who still depend on assistance for food, healthcare, shelter, and safety are excluded from emergency categories and may 'fall through the cracks' of the international response. Investment in consistent, IDP-disaggregated monitoring systems is necessary to identify sub-threshold needs and ensure that prioritisation frameworks are aligned with the progressive realisation of rights for all displaced persons.

In many low-income settings, aid funding translates with near-arithmetic directness into daily access to food, healthcare, and the preservation of dignity. The effects of aid cutbacks, which are immediately measurable and extend far beyond short-term deprivation, lead to harmful coping strategies that entrench vulnerability and deepen structural inequalities.

The protection of internally displaced persons must remain grounded in binding legal obligations, supported by rights-consistent financing, as a joint responsibility of States and the international community. Where external assistance sustains the realisation of minimum core obligations, its abrupt

⁹⁷ Committee on Economic, Social and Cultural Rights (CESCR), *General Comment No. 3: The Nature of States Parties' Obligations*, UN Doc. E/1991/23 (1990); CESCR, *Open Letter to States Parties on Economic Crisis and Austerity Measures*, May 2012.

⁹⁸ *Ibid.*

⁹⁹ General Comment No. 3, para. 12

¹⁰⁰ *Op. cit.* OCHA, *A Hyper-Prioritized Global Humanitarian Overview*: (previously cited) (operational evidence of prioritisation); Vienna Declaration and Programme of Action ("All human rights are universal, indivisible and interdependent and interrelated").

withdrawal constitutes a retrogressive measure incompatible with the protection of economic and social rights under international human rights law.

The evidence presented in this report indicates that the existing legal framework governing economic and social rights and the protection of internally displaced persons remains relevant and applicable in situations of funding contraction. The central challenge lies in the persistent gap between normative guarantees and their effective realisation, particularly between legal obligations and the resources necessary to implement them in displacement-affected contexts. This challenge influences the core principles of international human rights law and tests the international community's commitment to leave no one behind under the Sustainable Development Goals (SDGs) by 2030.¹⁰¹

8. Recommendations

1. Protect minimum core rights

Governments and humanitarian actors should safeguard access to essential food and emergency healthcare as non-negotiable for IDPs and others in need, even under severe funding constraints. As immediate, non-derogable obligations, they should not be subject to reprioritisation.

2. Move beyond “life-saving only” targeting

Humanitarian actors should reform prioritisation models under the “Humanitarian Reset” to include basic livelihood support (cash, market access, income opportunities) to reduce long-term dependency, mitigate the erosion of economic and social rights and lay the foundation for durable solutions to internal displacement.

3. Ensure continuity of humanitarian assistance that supports human agency

Humanitarian actors should avoid abrupt cuts in assistance by establishing minimum, sustained support packages to prevent harmful coping strategies and rights deterioration, and transition assistance over time to support self-reliance and agency in decision-making rather than aid dependency.

4. Invest in IDP-disaggregated monitoring systems

Governments should develop data systems to track IDPs’ access to rights, protection risks and progress towards durable solutions. These systems should capture sub-threshold vulnerability, harmful coping mechanisms and emerging protection gaps to ensure IDPs at risk are also considered for assistance.

5. Invest in local service delivery

Governments and humanitarian actors should prioritise funding and support for local mobile clinics and community-based systems to protect IDPs and others in need and reach those outside camps and in inaccessible areas.

6. Reinforce national responsibility for IDP protection with international burden-sharing

Governments should increase domestic efforts to uphold the rights of IDPs, and donor states must uphold obligations of international cooperation, while advocating collectively for predictable, multi-year humanitarian financing.

¹⁰¹ United Nations, Transforming Our World: The 2030 Agenda for Sustainable Development, UN Doc. A/RES/70/1 (2015), <https://sdgs.un.org/2030agenda>

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