




REVIEW

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Strategies for closing humanitarian programs ethically: insights from a scoping review and analysis of endline reports from the Canadian Red Cross

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Abstract

Sudden closures or handovers of humanitarian programs are becoming increasingly common due to abrupt funding disruptions or acute insecurity. Meanwhile, planned closures of humanitarian programs can still leave communities with few resources after their departure. Ethical closure of humanitarian programs is closely related to the 'Do No Harm' principle, yet, how to meaningfully apply ethical principles amid significant operational constraints remains poorly understood. This study aims to understand how humanitarian organizations conceptualize and implement ethical closure strategies in practice. For the purposes of this study, 'closure' denotes the end of projects, and may also include handover to another organization or transition to other projects or programs.

The study involved a convergent analysis of two data sets: 21 peer-reviewed and grey literature sources that were identified using Arksey and O'Malley's scoping review framework, and 13 organizational endline reports from the Canadian Red Cross.

Through these steps, we identified seven key strategies to support ethical program closure – planning early and responsibly and considering recovery and long-term perspectives, being responsive and adaptable to changing contexts from the beginning, building complementary and collaborative relationships, communicating transparently across all stages of a program, maintaining organizational commitments and promoting equity, maintaining impartiality and accountability, planning for capacity strengthening of the humanitarian staff and local organizations, and documenting, monitoring and evaluating. Advancing the integration of ethical considerations into closure processes by encouraging early engagement and collaboration and transparent communication with local stakeholders may minimize the risk of inequitable outcomes, enhance resilience, and contribute to lasting positive impacts for affected communities.

Keywords Ethical closure, Ethical strategies, Scoping review, Document analysis

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Introduction

Humanitarian emergency responses are often temporary measures to address the acute needs of affected populations during and in the immediate aftermath of crises (Pringle and Hunt 2016; Humanitarian Coalition 2025), including contexts of rapidly changing circumstances where humanitarian priorities shift frequently. These programs are intended to be closed eventually, phased down (reducing services gradually while maintaining a small presence), phased out (diminishing services in preparation for closure, transitioned to a development approach, or handed over to local actors or other partners (Pal et al. 2019). Abrupt closure can also happen immediately due to escalating security and safety concerns (Kohnert 2025; Byrnes 2025; Loy 2025). As the global landscape of humanitarian aid is changing rapidly, particularly after the shutdown and funding cuts of USAID (Sullivan and Karim 2025), closure and handover may also happen abruptly due to the sudden loss of funding (Eckenwiler et al. 2023, 2025). Some reports suggest that successful program closures include various processes like handing over the program to the national governments and local partners, creating linkages with multiple agencies and donor organizations, and continued monitoring (Tull 2020). However, the effectiveness of these strategies often depends on the capacity and preparedness of humanitarian organizations to plan closure ahead of time, which can vary significantly across contexts, humanitarian organizations, programs, and timelines. Availability and capacity of local agencies to take on these roles is another key challenge - state-run or local agencies may be unable to maintain services at the same level as was provided by the humanitarian organization, resulting in reduced access to resources, healthcare, or other basic provisions for the affected population (de Gruchy and Kapilashrami 2019). Ethical closure is also a critical component of global health practice, particularly in contexts where interventions aim to address inequities in health access (Robson et al. 2019; Saeed et al. 2022).

In this study, “closure” is a broad term that includes the ending of programs, the transition of humanitarian response from acute emergency to recovery phase, and the handover of programs to other organizations or agencies on the ground. In cases where programs are closed without considering and planning for the ongoing needs of affected populations, communities may face abrupt service disruption, trust between the affected communities and the implementing organization may be fractured, and affected communities may struggle to cope with the reduction in funding to support the continuity of programs and the decrease of services (Tull 2020; Eckenwiler et al. 2023). Conversely, strengthening closure processes guided by ethical principles, such as transparency, collaboration and participation, can support local capacity, safeguard continuity of care, and contribute towards more equitable healthcare. To better understand the ethics of project closure, we undertook a scoping review and analysis of organizational reports. Through a convergent analysis of the two sets of documents, our goal was to identify relevant ethical considerations and opportunities to strengthen organizational practices. Clarifying elements of project closure that are ethically significant can support organizations in addressing these considerations in a more deliberate manner.

Background

Ethical dimensions of humanitarian program closure

In a scoping review of gray and academic literature on closing humanitarian projects, Pal and colleagues identified seven key ethical considerations for humanitarian project closure (Table 1). Planning and implementation of closure can be strengthened by considering how to minimize harms, enhance sustainability and build capacity, as well as promoting fairness in the distribution of resources. Closure decisions should be implemented by planning responsibly – considered from the first stages of the project cycle and tailored to the context, with the scope of funding and partnerships identified

Table 1 Ethical considerations of program closure (Pal et al. 2019)

Ethical considerations	Definitions
Responsible Planning	Promotes greater coherence, continuity, and predictability; can contribute to minimizing harm and create opportunities to apply lessons learned in other settings.
Collaboration	Demonstrates respect for partners and other stakeholders; upholds the dignity and agency of local communities; can lead to the identification of potential harms.
Adaptability	Enables responsiveness to the particularities of the situation, including where groups are experiencing increased vulnerability.
Transparency	Promotes the agency of stakeholders and demonstrates respect; is a precondition for accountability by clarifying processes to be followed.
Minimize harm	Encompasses vigilance for how closure processes will impact communities, project staff and partner organizations, and striving to minimize or avoid harm where possible.
Sustainability	Promotes the possibility of long-term benefits for local communities, including ongoing access to quality services.
Fairness	Attends to concerns of justice in how resources are allocated, as well as how burdens, harms, and benefits are distributed during and after project closure.

beforehand. In addition, planning and decision-making for the humanitarian response should be collaborative and include other local and international actors (Pal et al. 2019). Such approaches can contribute to expanding the capacity of partners and increasing local ownership of projects, increasing the feasibility of project handover. Closing well also requires humanitarian organizations to adapt closure planning based on the social context and ongoing emergencies, and organizations need to maintain transparency and clear communication with local actors, including community leaders and members, local staff, local government authorities, and other local organizations (Pal et al. 2019). However, enacting these principles is challenging in situations where resources are limited both in terms of funding and the capacity of the implementing organization.

Ethical closure of humanitarian programs is closely related to the 'Do No Harm' principle derived from medical ethics which usually guides activities and planning of humanitarian programs and actors (Anderson 1999; IFRC 2021) and highlights that priority should be given to caring for both the affected community and the organization's staff while mitigating risks for harm where feasible (Hunt et al. 2020). Integrating measures for sustainability, recovery, and long-term planning are also crucial components of humanitarian programs. These measures aim to have a lasting impact in the community through the appropriate use of resources and strengthen the local capacity and skills of the key interest holders, including the affected populations (de Gruchy and Kapilashrami 2019; Sitali et al. 2023). Investing in capacity sharing and planning for the sustainability of programs can help reduce dependency on external aid, build resilience, and reduce and mitigate the risks of harms (Pallas and Sidel 2020; Eckenwiler et al. 2023).

Strategies for ethical program closure

The Sphere handbook of minimum standards in humanitarian assistance discusses transition and closure strategies for organizations, including partnerships and local engagement, as well as that humanitarian response should respect, strengthen, and where feasible, work through the systems and structures of the affected country (Sphere Association 2018). It emphasizes the importance of planning a transition or closure in the early stages of the humanitarian program in collaboration with the authorities, where feasible, and the affected population and designing services that could continue even after the organization has moved on from the emergency response (Sphere Association 2018). While closure strategies have gained more attention and have become an essential component of humanitarian programming, the practical implementation of these principles remains complex, insufficiently understood, and inadequately

documented (Broussard et al. 2019). Although some operational guidance and research studies are available, more understanding is required about whether and how these ethical considerations can be applied or strengthened within the practical constraints imposed by operational contexts. This review builds upon previous research on ethical considerations of humanitarian project closure (Pal et al. 2019; Hunt et al. 2020, 2023), and extends it by carrying out a convergent analysis of recent gray and academic literature and a set of organizational endline program reports (reports produced at the end of a project or program to assess its overall performance, achievements, and lessons learned) to better understand how humanitarian organizations conceptualize and implement closure strategies in practice.

Research objectives

The objectives of this study are to:

- a) Synthesize the latest evidence since 2019 on ethical considerations associated with the closure of humanitarian projects, programs or responses through a scoping review.
- b) Examine how ethical considerations for program closure were discussed and documented in a humanitarian organization's endline reports.
- c) Identify strategies to support ethically robust program closure by comparing the scoping review results and the analysis of the set of program reports.

Methodology

To address these objectives, the study employed two different methods to collect and analyze data. First, we conducted a scoping review of peer-reviewed and grey literature employing Arksey and O'Malley's 5-step methodological framework (Arksey and O'Malley 2005). This step was followed by a document analysis (Bowen 2009) of endline reports from the Canadian Red Cross. We then interpreted both sets of findings by comparing and contrasting them to identify strategies for ethically robust project closure.

Scoping Review on ethical considerations

To synthesize the evidence on ethical strategies reported in academic and grey literature, we conducted a scoping review to explore how academic and grey literature discussed the ethical considerations related to closing humanitarian projects. This scoping review was an update of the scoping review conducted by Pal and colleagues, which included LS and MH - both of whom are co-authors and contributors to the present study (Pal et al. 2019). This review aimed to identify new knowledge on this topic and any emerging issues that were reported since 2019, given that the scope and context

of humanitarian programs have changed due to factors including the COVID-19 pandemic, the increase in climate-affected disasters, abrupt funding cuts, and the effects of compounded conflict. This update also adopted five steps of the Arksey and O'Malley (Arksey and O'Malley 2005) framework: identifying a research question, identifying relevant studies, document selection, data analysis, and charting, collating and summarizing the data. Although the prior scoping review included expert consultation (the optional 6th step of Arksey and O'Malley's Scoping Review method), the current review did not include this step.

Identifying the research question

The following research question guided this review: *What insights do recent grey and academic literature, published since 2019, provide into the practices of humanitarian organizations regarding closure strategies in humanitarian settings?* This question aimed to synthesize and appraise existing evidence on the ethical considerations associated with the closure of humanitarian programs serving affected populations across diverse humanitarian response settings.

Identifying relevant studies

This scoping review included academic and grey literature published since 2019 up to the time of search.

Academic literature Four databases that contain journal articles broadly relevant to the fields of healthcare, political science, and international relations – Medline, Global Health, Embase, and PAIS (Public Affairs Information Service) – were searched using the keywords presented in Table 2 and clustered around the concepts of 'humanitarian action' and 'closure strategy'. In this review, "handover" was added to the search terms (Table 2). The first search was conducted on 7 March 2024, and a second search was carried out on 5 January 2026 to identify any new articles and documents.

In addition to conducting the search, the research team identified three relevant articles that they were

aware of but which were not identified in the academic search (Saeed et al. 2022; Eckenwiler et al. 2023; Hunt et al. 2023). These articles were included in the screening process.

Grey literature The grey literature search primarily sought to identify reports, policies, guidance statements and guidelines from across the humanitarian sector. Targeted searches of the websites of the International Federation of the Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Canadian Red Cross (CRC), World Health Organization (WHO), United Nations Children's Fund (UNICEF), Save the Children, CARE, Médecins Sans Frontières (MSF), International Rescue Committee, and Oxfam were conducted, as well as key databases for humanitarian reports, including ReliefWeb, RefWorld, and the Active Learning Network for Accountability and Performance in Humanitarian Action (ALNAP). For pragmatic considerations and to limit time spent on searching, the researchers allocated one hour per website to identify relevant documents, following the grey literature search approach outlined by Enticott and colleagues (Enticott et al. 2017). In addition, the team conducted incognito Google searches using multiple search phrases, such as 'Ethical closure for humanitarian programs', 'Humanitarian programs closure and ethical considerations', and reviewed the first 10 pages for relevant documents (Pal et al. 2019; McFadden et al. 2022). The team also included documents that they already had knowledge about, for example, the guidance note developed by the Humanitarian Health Ethics (HHE) research group (Humanitarian Health Ethics 2019). The team also hand-searched the reference lists of key documents and requested documents from humanitarian practitioners and scholars. These additional strategies were adopted to widen the scope of the search while considering the time and resources that could be allocated.

Document selection

The research team uploaded the peer-reviewed literature identified through the database searches to Covidence. Three members of the research team (PH, AM, IMB) then independently and blindly screened the titles and abstracts of 100 initial articles (PH screened all 100 articles, and AM and IMB divided the articles between them and screened a subset). After this initial screening of 100 documents, they met to review disagreements and resolve conflicts and discuss uncertainties in order to refine the application of the inclusion and exclusion criteria. These team members then continued the independent blind screening process, meeting weekly to resolve disagreements. When consensus could not be reached through discussion amongst the primary reviewers, a

Table 2 Search terms for academic databases

Concept 1 – humanitarian action	Concept 2- Closure strategy
Humanitarian aid	Closure
Humanitarian project	Closing
Humanitarian organization	Close
Relief aid	Exit
Disaster aid	close or closing or closure or exit*
Humanitarian or emergency relief	Transition*
Disasters or Humanitarian or "relief aid" or "disaster aid"	Handover

fourth, independent reviewer (IO) was consulted to make a final decision.

Inclusion and exclusion criteria The academic articles and grey literature were screened using the following inclusion and exclusion criteria (Table 3):

Once title and abstract screening concluded, two reviewers (PH and AM) repeated the same screening process for full-texts.

For the grey literature, the research team (PH, AM, IMB, SL,YP) searched and identified potentially eligible documents, which they discussed in weekly team meetings to determine which sources should be included in the full-text screening process.

Charting the data and collating, summarizing, and reporting the results

A data extraction table was designed to chart data from academic and grey literature. The data extraction sheet contained information such as the title of the document, date of publication, location of the project/program (if mentioned), type of humanitarian program, and type of closure (e.g., exit, transitioning, handover). The documents were coded deductively using ethical considerations that were identified by Pal and colleagues (e.g., transparency, collaboration, minimizing harms) by three members of the research team (PH, SL, YP) independently. The team members engaged in discussions throughout this process in order to reach consensus on how to code certain information (Pal et al. 2019). Another additional column (“Other” column) was added in the data extraction to extract the data that seemed relevant but could not be extracted under one of the codes. This structure helped us to explore how ethical considerations have been discussed in the context of closure, handover or transition of humanitarian programs and projects in academic and grey literature.

Data analysis

The data analysis process followed a thematic analysis approach (Fereday and Muir-Cochrane 2006). Coded data from the included documents were reviewed by one author (PH). Then the summaries of the coded data were created from both academic and grey literature sources for each of the deductive codes. Following that, the summarized data were compared and contrasted, which highlighted that the various ethical considerations are closely related and led to the merging of some of the codes and the emergence of new themes. These summaries and new themes were discussed among the team members, and further consultations were done with a fourth independent member (IO) whenever there were conflicts. Through this process, the research team aimed to identify ethical strategies regarding project closure, handover, or transition.

Document analysis of endline reports from a humanitarian organization

The research team comprised a practicum student, volunteers and staff members of the Canadian Red Cross (CRC), as well as academic collaborators from McMaster University and McGill University. Due to their organizational affiliations, the team members had access to CRC’s internal program reports.

Report selection

In the Red Cross and Red Crescent Movement, the national societies in different countries receive support for different programs from the Movement and also from other national societies in times of emergency and crises. In line with this structure, CRC is also engaged in supporting international programs led by other national societies through providing funding and technical assistance. These programs are often temporary - lasting between one to four years - and their progress is usually documented in various reports (e.g., midline, endline reports, internal and external evaluation reports). Many emergency responses move into the recovery phase,

Table 3 Inclusion and exclusion criteria for academic and grey literature search

Inclusion criteria	Exclusion criteria
Addresses a humanitarian crisis response conducted by a humanitarian organization arising from armed conflict, political instability, or natural hazard	Any humanitarian crisis response carried out by a military organization or government
Discusses ethical considerations	Does not discuss ethical considerations
Discusses program closure, the decision-making process related to program closure, and the implementation of program closure by a humanitarian organization	Does not discuss humanitarian program closure and the associated decision-making and implementation processes
<i>Peer-Reviewed Documents:</i> Qualitative, quantitative and mixed methods studies, commentaries	Protocols, blogs, dissertations, conference proceedings
<i>Grey Documents:</i> Reports, Guidance Notes, Learning briefs, Policies, Toolkits	Not available publicly, nor accessible through McMaster University
Available publicly or accessible through McMaster University	Studies published prior to 2019
	Not in English

supporting national societies in their post-disaster and crisis recovery.

The CRC reports for this study were chosen purposively after discussion with operational managers within CRC and collected from CRC's internal archives. These reports were selected with the aim of gathering a diverse data set based on their contextual features, types of partnerships, geographical regions, and forms of integration within local healthcare systems on a global scale. Following this logic, three types of program reports were chosen for review: programs that focused on working with Community Health Workers (CHWs), emergency response, and disease outbreak response. The inclusion of these three types of humanitarian programs reflects a diverse set of humanitarian aid programs, ranging from immediate emergency response to recovery and resilience (longer-term) programming.

The reports included in this paper were completed between 2014 and 2024; however, some of these programs were initiated earlier than this time period. It should be noted that the content of the included end-line reports was not expressly focused on exit strategies or closure processes, but were overall program reports. Community health worker program reports covered the CRC's Community Health programs internationally, which include solution-based, low-cost interventions aimed at improving access to healthcare - particularly in countries that were experiencing conflict and complex crises. Emergency response reports focused on the CRC's primary healthcare delivery programs, as well as the provision of relief supplies, water, sanitation, and shelter for people affected by conflicts or natural disasters. Disease outbreak reports included responses to epidemics such as Ebola Virus Disease.

Data extraction

Data extraction followed two steps. First, relevant data was identified using keywords which included – exit, ethical, strategy, responsible planning, accountability, collaboration, sustainability, continuity, community, resource allocation, dignity, adaptability, vulnerability, and transparency. These keywords were chosen based on the ethical considerations identified by Pal and colleagues (Pal et al. 2019). The sections of the report that were identified from searching the text were extracted when germane to the research question. For documents that were not keyword-searchable due to technical limitations, the reviewer manually examined the full document, closely reading any sections that appeared relevant and extracting applicable content. Second, the reviewer conducted a close read of report sections that were identified as more likely to be relevant to the research question (e.g., sections on lessons learned, exit strategy, and recommendations) and extracted relevant information

that corresponded with ethical considerations. These data were extracted to an Excel document with the seven ethical considerations identified by the previous scoping review (Pal et al. 2019) as columns, and the reports as rows, along with the corresponding keywords. There was also an "Other" column to extract data on ethical considerations beyond the seven ethical considerations identified by Pal and colleagues (Pal et al. 2019), however, no data was extracted by the research team for this column. Reviewers included notes, such as questions, insights, or interpretations, in a dedicated column alongside the extracted text. Reviewers also met with other members of the team to discuss whether certain sections of the reports were relevant and whether data should be extracted from those sections.

Data analysis

Data analysis involved deductive content analysis (Krippendorff 2018; Graves 2021), and comparing within and across reports to look for patterns and linkages in the data set. The extracted information related to ethical considerations of exit strategies from the reports was put into a second Excel spreadsheet to map which of the seven considerations (responsible planning, collaboration, adaptability, transparency, minimizing harm, sustainability, and fairness) were discussed in the report (Pal et al. 2019). Next, we compared findings within and across reports to identify patterns, recurring issues, and relationships between different types of programs and ethical considerations. Finally, we compared these findings with existing Red Cross/Red Crescent policies to assess alignment and identify any points of tension or gaps in guidance.

Comparison across analysis of scoping review and CRC program reports

To identify areas of convergence and divergence between existing literature and real-world practice, we conducted a comparative analysis of findings from the scoping review and the CRC reports.

After conducting the thematic analysis of the scoping review data and content analysis of CRC reports, we organized the findings from both sources using a shared analytical framework based on the seven ethical considerations identified in the scoping review by Pal et al. (2019). As mentioned earlier, the initial coding was based on these considerations, allowing for thematic alignment across the two datasets.

Next, we conducted a side-by-side comparison to examine how each ethical consideration was addressed in both the peer-reviewed and grey literature and the CRC program reports. This comparison was guided by the following question: In what ways does each source address the ethical considerations?

Emerging findings were discussed collaboratively within the research team to validate interpretations, resolve discrepancies, and ensure consistency in how themes were applied. This iterative process helped refine our understanding of how ethical considerations are conceptualized in the literature and implemented in humanitarian program practice.

The different steps followed to address the objectives of the study are presented below (Fig. 1) –.

Findings

This section describes the characteristics of the documents included in the scoping review and project document analysis. Following that, it presents the findings on how ethical considerations were discussed in the closure of humanitarian programs or responses.

Document characteristics

For the scoping review, a total of 1020 articles were included for screening after searching the databases and removing duplicates. These articles were screened for their titles and abstracts, and the research team identified 41 articles that were eligible for full-text screening. After full-text screening, nine articles were eligible to be included in the scoping review (Fig. 2). In addition to the academic databases, the research team found five relevant articles of grey literature from Google and Google Scholar searches and seven additional documents from searching 13 humanitarian organizational websites. In total, 21 documents were eligible to be included in the review; of these, nine were academic articles, and 12 were agency reports, commentary, guidance notes, and toolkits. All were published between 2019 and 2025, and seven documents were focused on programs or projects run by specific organizations (Table 4).

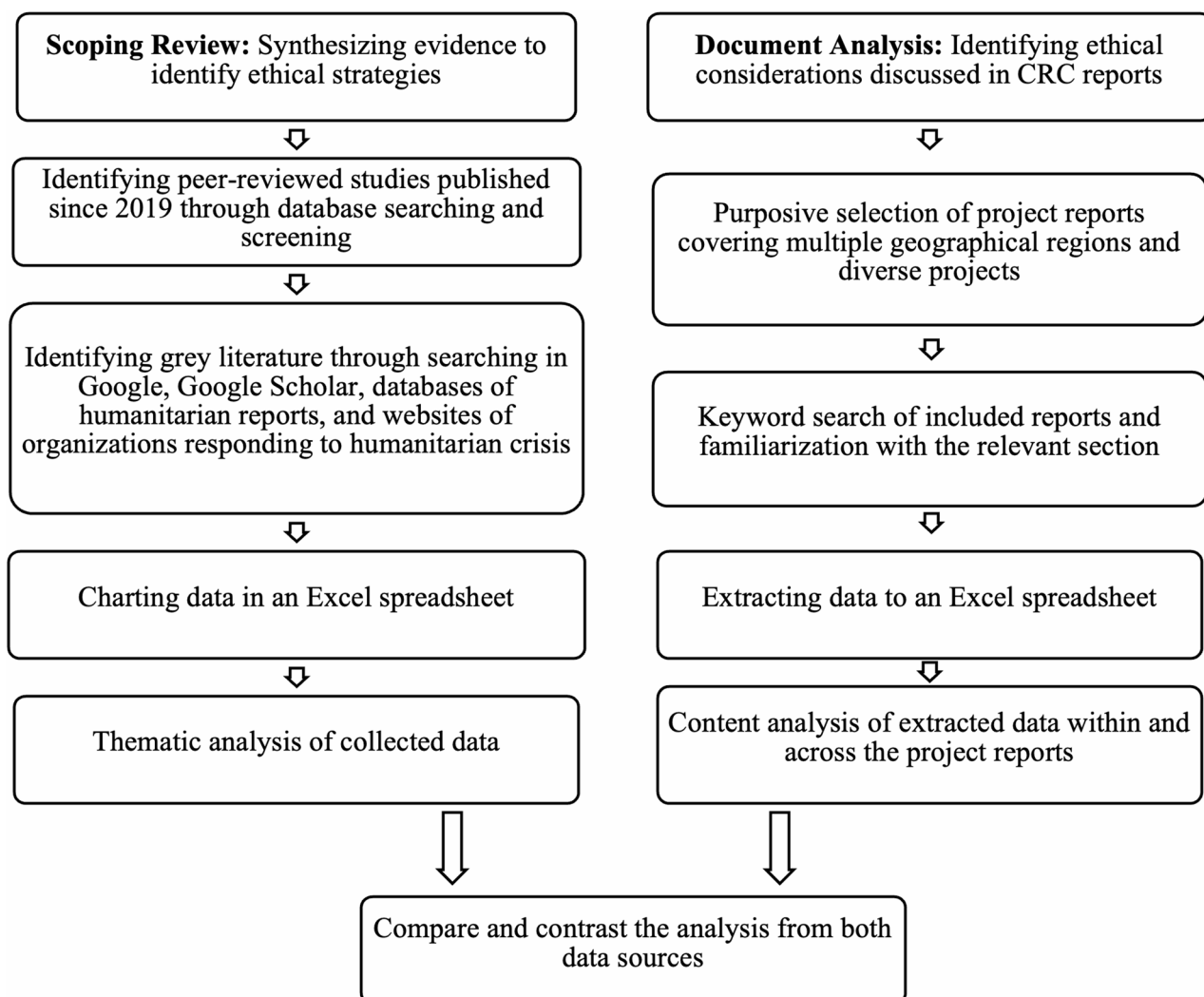


Fig. 1 Data collection and analysis methods

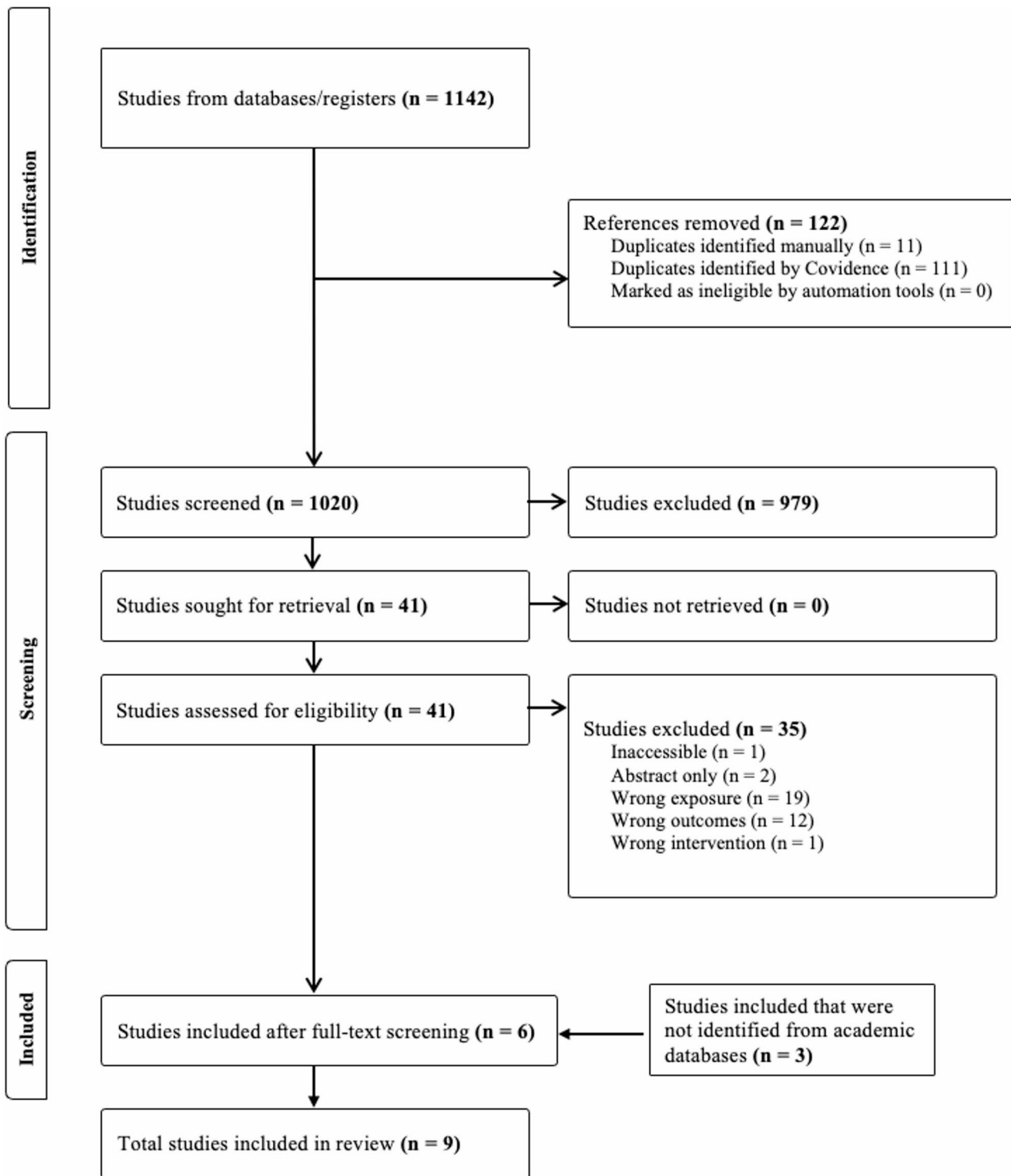


Fig. 2 Screening and inclusion of academic literature from the database and expert consultation

For the document analysis, we included 13 CRC reports, among them six were on working with CHWs, five were on emergency response, one was on disease outbreak response, and one was on both emergency and

disease outbreak response. Detailed characteristics of the reports are described in Table 5.

In the majority of the reports, the ethical considerations were not explicitly identified as a closure strategy (Table 6). However, three of the 13 included reports had

Table 4 Descriptive characteristics of the included literature for the scoping review

Authors	Organization	Document type	Year	Country	Population	Setting
de Gruchy et al.	MSF	Academic article on evidence from intervention	2019	South Africa	N/A	Influx of people from Zimbabwe due to electoral violence and the cholera outbreak. Intervention focused on Migrant farm workers
Hunt et al.	N/A	Primary study	2020	N/A	Interviews with international and national humanitarian workers	N/A
Saeed et al.	Not mentioned	Academic article on evidence from intervention	2022	Not mentioned	N/A	Civil war Intervention focused on the population in remote areas affected by the crisis
Asghar et al.	WHO	Academic article on emergency surveillance system	2022	Eastern Mediterranean office	N/A	Disease outbreak/ epidemic
Al-Awlaqi et al.	N/A	Academic article on evidence from intervention	2022	Yemen	N/A	Conflict
Sitali et al.	MSF	Academic article on evidence from an intervention regarding the handover of the MSF program	2023	Sierra Leone	Interviews and focus group discussions with MSF staff, community leaders, Ministry of Health staff in Sierra Leone	N/A
Hunt et al.	N/A	Academic article – Conceptual analysis	2023	N/A	N/A	N/A
Eckenwiler et al.	N/A	Academic article - Analysis	2023	N/A	N/A	N/A
Eckenwiler et al.	N/A	Academic article - Commentary	2025	N/A	N/A	N/A
Logistics cluster	N/A	Report	2019	Mozambique	N/A	Cyclone
Robinette	N/A	Learning brief	2020	N/A	Intervention focused on women and girls	N/A
Jernigan	N/A	Article - Analysis	2021	Pacific Islands	N/A	Cyclone during COVID-19
Hunt et al.	N/A	Guidance note	2021	N/A	N/A	N/A
Martineau-Searle	N/A	Guidance note	2022	N/A	N/A	Interventions focused on people who experienced Gender-based Violence (GBV)
Tull	Institute of Development Studies (IDS)	Report	2020	N/A	N/A	Poor and successful closure of humanitarian interventions
Polio Transition Program	WHO	Commentary	2020	16 Polio transition countries	N/A	N/A
Community Engagement and Accountability Toolkit	IFRC	Toolkit	2021	N/A	Community	N/A
Executive Summary: Evaluation of the Prevention and Influence work of the ICRC Regional Delegation in Lima (Bolivia, Ecuador and Peru)	ICRC	Report	2024	Bolivia, Ecuador, Peru	Migrants, refugees, asylum seekers	Armed violence, humanitarian crises, disaster, pre-existing socio-political instability

Table 4 (continued)

Authors	Organization	Document type	Year	Country	Population	Setting
Closing programs whilst continuing to keep people safe: what to consider	Bond Safeguarding Working Group	Guidance note	2025	N/A	N/A	Abrupt closure
Aid Sector in Transition: Challenges, Ethics, and Adaptation	Community World Service Asia	Report	2025	N/A	N/A	Abrupt closure and funding constraints
Assessing the Impact of U.S. Funding Cuts on Communities and Humanitarian Response: Case Studies from South Sudan and Mali	ALNAP	Report	2025	South Sudan, Mali	N/A	Abrupt closure, armed conflict, migration

a dedicated section corresponding to project closure – evaluation of the Emergency Response Unit in Philippines, final report on Community Resilience Project Somalia (2015), and the report on Red Cross Emergency Clinic Nepal (2017) (Kirsch et al. 2014; Somali Red Crescent Society and German Red Cross 2015; Nepal Red Cross and Canadian Red Cross 2017). The evaluation of the Emergency Response Unit (ERU) in the Philippines focused on ERU’s field hospital deployment following Typhoon Haiyan and discussed the handover of the field hospital to the Philippines Red Cross (PRC) (Kirsch et al. 2014). The program in Somalia focused on resilience, water, sanitation, and hygiene, food security, and livelihood diversification (Somali Red Crescent Society and German Red Cross 2015). The program in Nepal was initiated after the 2015 Nepal earthquake when CRC sent a Basic Health Care Unit (BHCU) with a focus on maternal, newborn and child health, and the program report discussed an exit strategy focused on sustainability and strengthening of health systems (Nepal Red Cross and Canadian Red Cross 2017). It is to be noted that the absence of discussions regarding a particular consideration did not indicate that these were not considered in practice, merely that these considerations may not have been stated in the reports. It is also likely that emergency response reports did not explicitly mention such considerations because in some cases the end of the emergency response phase was understood as a transition into the recovery phase of the programme as a different project.

Thematic Findings

The analysis of the included literature for the scoping review and the document analysis of the endline reports helped to identify strategies for closing humanitarian programs ethically. The focus of the endline reports was to discuss the progress of the programs, and the majority of these reports did not have specific requirements to report on ethical considerations for closure. Although describing the closure strategy was not the stated objective in these reports, the extracted data provided insight regarding how ethical considerations are discussed in reports and what approaches are already being implemented. The following sections will present the findings from the scoping review and the CRC reports.

Early and responsible planning and considering recovery and long-term perspectives

The reviewed literature frequently highlighted the importance of early planning for humanitarian project closure, particularly the integration of recovery and long-term perspectives in relation to sustaining outcomes beyond the end of externally supported activities (Hunt et al. 2020; Asghar et al. 2022; Sitali et al. 2023; Eckenwiler et al. 2025). Multiple research and organizational

Table 5 Descriptive characteristics for included CRC reports

Title	Program and document type	Program timeline	Publication Year	Geographical coverage	Population	Humanitarian setting	Closure type
Evaluation of the Emergency Response Unit: Typhoon Haiyan, Philippines 2013	Emergency response	November 2013 – February 2014	2014	Ormoc City, Leyte Island (The Philippines)	Community	Disaster (Typhoon Haiyan)	Planned handover
Endline Survey and Unintended Impact Study of the Building Resilience Project in South Sudan	Building resilience - Working with CHWs	2011–2015	2015	Eight Bomas in Korimi and Lotukei Payams, Budi County, Eastern Equatoria, (South Sudan)	Community	Post-civil war, fragile state	Planned closure
Final Evaluation of Improving Maternal, Newborn and Child Survival Project and Improving Resiliency in Communities to Chronic Drought Conditions Project in Kenya (2015)	Recovery project - Working with CHWs	Maternal, Newborn and Child Survival Project: July 2012 - June 2015 Improving Resiliency in Communities to Chronic Drought Conditions Project: October 2012 - December 2014	2015	Pokot Central and East, East Marakwet (Kenya)	Mother, newborn, child, community	Chronic drought	Planned closure
Community Resilience Project	Resilience project - Working with CHWs	September 2013 – December 2015	2015	Awrbogeys (Sool region), Bulahar (Saahil region), Xaaxi (Togdheer region), Ceelafweyn (Sanaag region), Ballica-bane (Maroodijeeex region), Baki (Awdal region), Somaliland, (Somalia)	Community, particularly women	Post-civil conflict, fragile state	Planned closure
Improving Maternal, Newborn, and Child Survival in Liberia	Resilience program - Working with CHWs	2012–2015	2016	Bomi, Gbarpolu, and Grand Gedeh, (Liberia)	Mother, newborn, child	Post-civil war	Planned closure
Integrated Recovery Program in the Municipalities of Balete and Madalag, Aklan Province, Philippines	Recovery program - Working with CHWs	February 2014 – November 2016	2016	Madalag and Balete Municipalities, Kalibo, Aklan Province (The Philippines)	Community	Disaster (Typhoon Haiyan)	Planned closure
Red Cross Emergency Clinic Nepal	Emergency response – Basic healthcare unit	2015	2017	Nepal	Community	Earthquake	Planned handover
Ebola Case Management West Africa	Infectious disease	January 2016 – December 2017	2018	Bomi county, (Liberia)	Community	Ebola Virus outbreak	Planned closure and handover
Emergency Clinic Review Nepal Red Cross	Emergency response	2016–2018	2019	Nepal	Community	Earthquake	Planned closure
EVD (Ebola Virus Disease) Preparedness Report	Preparedness program - Emergency response, Infectious disease	March 2019 – June 2020	2020	Yambio, Nimule, Yei and Maridi, Wau, Juba and Yei Airport and Kaya border (South Sudan)	Community	Ebola Virus outbreak	Planned closure
Strengthening Service Delivery of Emergency Response (SSDER)	Resilience program Emergency Response	May 2021 - March 2022	2022	Hargeisa, (Somaliland)	Remote community	Fragile health system, disease outbreak	Planned closure
Strengthening Health Response in Emergencies	Emergency Response, Recovery program	March 2021 – March 2022	2022	Sula Valley, La Lima (Honduras)	Community	Post-disaster	Planned closure
The Philippine Development Program	Development- Working with CHWs	April 2020 – March 2021	2022	Aklan, Antique, Capiz (The Philippines)	Women, children, adolescents	Post-disaster	Planned handover

documents emphasize that the adoption of early and responsible planning, recovery, and long-term perspectives should be embedded into project design from the outset (Logistics Cluster 2019; Hunt et al. 2020; IFRC 2021; Al-Awlaqi et al. 2022; Sitali et al. 2023), and include engagement with affected communities to account for their needs (Asghar et al. 2022; Hunt et al. 2023; ALNAP 2025a). This engagement could include conducting early stakeholder analysis and local support mapping to assess the capacity of local actors, such as local NGOs, national societies within the Red Cross and Red Crescent Movement, and government bodies (Sitali et al. 2023; Bond Safeguarding Working Group 2025). Such analysis helps sustain activities and to inform the local community about where they can seek services in case of closure, and anticipate and address the long-term impacts of closure or transition on the affected community (Sitali et al. 2023; Bond Safeguarding Working Group 2025). On the other hand, factors such as unsystematic approaches, lack of long-term vision, insufficient knowledge of local contexts, inadequate planning of timelines, and lack of funding were repeatedly identified as barriers to effective program closure (Tull 2020). The CRC reports consistently addressed the principle of responsible planning in practice (see Table 6). For example, the Nepal Red Cross Society's review of the Emergency Clinic in 2019 highlighted how responsible planning was central to effective disaster response, ensuring that the closure process did not disrupt essential health services (Nepal Red Cross 2019), indicating that recovery and long-term perspectives were part of responsible planning. Similarly, in Liberia, responsible planning was reflected in efforts to ensure the sustainability of community health volunteers, and in the Philippines, recovery planning began during the emergency response (Kirsch et al. 2014). The program supported agricultural initiatives to maintain livelihoods, enabling volunteers to continue their maternal and child health work even after the formal project had ended (Canadian Epidemiology Services 2016). These cases illustrate how integrating long-term thinking into project design can contribute to smoother transitions and more sustainable outcomes.

Being responsive and adaptable to changing contexts from the beginning

The evidence from the reviewed literature suggests that it is crucial that humanitarian organizations continue to focus on strengthening responsiveness to institutional, funding, and situational changes during and after closure (Robinette 2020; Hunt et al. 2020; Martineau-Searle 2022). Humanitarian organizations should be as prepared as possible to adapt and respond to changing circumstances and embed the principles of adaptability and responsiveness into the program planning

from the beginning (Robinette 2020; Tull 2020; ALNAP 2025a). Increasing flexibility in program planning, and at the same time, developing contingency plans early in the project and embedding ethical transition protocols to respond to rapidly changing circumstances (e.g. insecurity due to conflict) supports ethical and planned handover and transitions, and contributes to the sustainability of program activities in evolving contexts (Hunt et al. 2020; Martineau-Searle 2022; ALNAP 2025a). The CRC reports included fewer descriptions of adaptability as a component of project closure (Table 6). While the reports referenced adaptability in a general sense, emphasizing the need to adjust strategies in response to changing contexts, this was not specifically linked to project closure. The findings highlight the importance of documenting the strategies that were implemented and exploring how programs and interventions can be made more agile.

Building complementary and collaborative relationships

The literature included in the scoping review suggests that it is essential to build complementary relationships and collaborate with donors, governments, and local partners to advocate for continued resources and support for transition phases, particularly for exit and contingency plans (Robinette 2020; Hunt et al. 2020; Martineau-Searle 2022; Bond Safeguarding Working Group 2025; Eckenwiler et al. 2025). This collaborative approach is reflected in the endline report of the Canadian Red Cross Ebola Case Management project in West Africa (2018), where collaboration was central to project implementation and closure:

Following a participatory approach, the project team involved local stakeholders (RC volunteers, community members including children and youth, CHT and authorities, school principals and teachers) during project planning, implementation and exit. (Ebola Case Management West Africa, 2018, p. 26).

The academic literature also emphasized that, where possible and feasible, community (e.g., community leaders, women and girls, community health workers) should be consulted across all phases of the program or response, and there should be an inclusive decision-making process in place, so that objectives and activities are shaped by diverse perspectives (de Gruchy and Kapilashrami 2019; Sitali et al. 2023; ALNAP 2025a). Engaging government and local actors (e.g., national NGOs, local health authorities) during the planning and design of the program, establishing formal agreements on roles and policies, prioritizing their participation and equal representation, and supporting them throughout the project can pave the

Table 6 Ethical considerations related to program closure identified in CRC reports

Report	Responsible planning	Collaboration	Adaptability	Transparency	Minimizing harm	Sustainability	Fairness
Evaluation of the Emergency Response Unit: Typhoon Haiyan, Philippines (2014)	+	+	±	±	+	+	±
Final Evaluation of Improving Maternal, Newborn and Child Survival Project and Improving Resiliency in Communities to Chronic Drought Conditions Project in Kenya (2015)	+	+	-	-	-	+	-
Endline Survey and Unintended Impact Study of the Building Resilience Project in South Sudan (2015)	±	+	±	-	±	+	-
Community Resilience Project (2015)	+	+	-	±	±	+	-
Improving Maternal, Newborn, and Child Survival in Liberia (2016)	+	+	-	-	-	+	-
Integrated Recovery Program in the Municipalities of Balete and Madalag, Aklan Province, Philippines (2016)	+	+	±	±	±	+	±
Red Cross Emergency Clinic (2017)	+	+	-	+	+	-	±
Ebola Case Management West Africa (2018)	+	+	-	±	±	+	-
Emergency Clinic Review (2019)	+	+	-	±	-	+	-
EVD Preparedness Report (2020)	+	+	-	-	±	+	-
Strengthening Service Delivery of Emergency Response (SSDER) in Somaliland (2022)	+	+	-	±	±	+	±
Strengthening Health Response in Emergencies (2022)	+	+	±	-	-	+	-
The Philippine Development Program (2022)	+	+	±	-	-	+	-

(+) signifies that ethical consideration was reported and directly linked with the closure of the program

(-) signifies that ethical consideration was not reported to be directly linked with the closure of the program

(±) signifies that although not reported as an exit strategy, there may be a direct link to the closure of the program

way for them to take ownership of the response and continue services, and make closure, transition, or handover a shared responsibility (Al-Awlaqi et al. 2022; Asghar et al. 2022; Hunt et al. 2023; Artival and IECAH 2024). Multiple authors also identified that not allocating sufficient resources (e.g., time and funding) and not engaging with all levels of governmental interest holders can become a challenge for ethical closure (de Gruchy and Kapilashrami 2019; Tull 2020; Asghar et al. 2022; Sitali et al. 2023). Conversely, CRC reports and the academic literature mention that not involving government partners from the start, and the lack of a shared understanding and poor coordination can create barriers as they may lack plans and funding to take over activities (Liberian Red Cross and Canadian Red Cross 2018; Nepal Red Cross 2019; Asghar et al. 2022; Sitali et al. 2023). Coordinating with partners and harmonizing approaches for smooth transitions can minimize disruptions and align efforts for a successful and sustainable project handover (Humanitarian Health Ethics 2019). Moreover, fostering long-term linkages, keeping formal or informal connections to maintain collaboration with government agencies and local actors (e.g., national society) post-transition through technical support can enhance trust and lead to sustainability (Logistics Cluster 2019; Tull 2020).

Multiple authors have also emphasized the need for data management processes and highlighted the importance of coordinating with partners to discuss policies and roles, which also emphasize the complementary and collaborative nature of partnership (Saeed et al. 2022; Hunt et al. 2023). In this regard, involvement of senior staff who were involved in the project initiation and have strong leadership capacity is crucial as their expertise and understanding of the project's design and implementation help minimize potential harms for the community, and managing the reputational risk for the organization due to poor closure strategies (Humanitarian Health Ethics 2019; Tull 2020; Eckenwiler et al. 2023).

Transparent communication across all stages of a program

Transparent communication entails providing sufficient and timely information to stakeholders regarding planning, budgeting, responsibilities, timeline, the implementation and closure processes. Transparency about program closure helps to maintain trust of the affected community and allows the humanitarian organizations to demonstrate care and accountability to the community, staff, local actors, donors, and other key actors (Narayanan 2025; Eckenwiler et al. 2025). For example, the CRC reports outline how the organization began sharing project budgets and intervention plans early with the MoH, leading to a breakthrough in the Red Cross's approach to effective practices (Canadian Epidemiology Services 2016; Liberian Red Cross and Canadian Red Cross 2018).

The literature discussed that it is important to maintain open and respectful communication to engage all actors (Bond Safeguarding Working Group 2025; Narayanan 2025) and set clear expectations from the beginning, which includes establishing a planned end date and highlighting the temporary nature of the program or response (Humanitarian Health Ethics 2019; World Health Organization 2020; Hunt et al. 2020). In the Community Resilience Project of 2015 at the Somali Red Crescent Society (SRCS), transparency was highlighted through consultations with local authorities and the signing of a Memorandum of Understanding (MoU) with all relevant authorities (Somali Red Crescent Society and German Red Cross 2015). Additionally, in the Strengthening Health Response in Emergencies program report (Honduran Red Cross and Canadian Red Cross 2022; Philippine Red Cross 2022), it was stated that community activities were resumed successfully by maintaining ongoing communication and efficient coordination with local government units, local stakeholders, volunteers, and communities. However, although the reports highlight how CRC maintained transparent communication with the local actors, it was not always evident how the local national societies were ensuring transparent communication with the community and other local stakeholders (Liberian Red Cross and Canadian Red Cross 2018). Inadequate communication and lack of transparency may lead to poor closure, leaving communities and staff feeling neglected (Eckenwiler et al. 2023; Narayanan 2025). In case of any changes in the plans, it is essential to put efforts towards clearly communicating the rationale behind closure to prevent any misinformation and maintain trust (Humanitarian Health Ethics 2019; Tull 2020).

Maintain organizational commitments and ensure equity, impartiality, and accountability

Maintaining organizational commitment and being accountable to the local community (IFRC 2021; Hunt et al. 2023), and strengthening organizational strategies to prepare staff and community members for the transition period to manage their expectations (Bond Safeguarding Working Group 2025; Narayanan 2025) were emphasized in the included documents. Establishing early planning mechanisms for the continuum of care after the program is closed, supporting the staff in transitioning to new roles post-closure, supporting their transitioning processes through severance packages, and helping them to profile themselves (e.g. offering support for writing CVs and cover letters) were identified as strategies that the organizations could adopt to ensure accountability and maintain organizational commitments (Hunt et al. 2020, 2023; Saeed et al. 2022). Not being able to fulfill the commitment to the community and providing limited time to prepare for closure can have severe repercussions, for

example, psychological and moral injury for the staff and health consequences for patients (IFRC 2021; Saeed et al. 2022; Bond Safeguarding Working Group 2025). Gathering community feedback (e.g., through Community Advisory Boards) could ensure that the community members are able to ask questions and share their perspectives on the closure and handover processes - ensuring organizational accountability to the community (IFRC 2021; Bond Safeguarding Working Group 2025; ALNAP 2025a). However, CRC reports reviewed by the team rarely made explicit reference to these mechanisms in the context of closure. While some reports implied responsiveness to community needs, such as through mentions of participatory processes or ongoing community engagement, structured feedback loops during the closure phase were not commonly documented.

The principles of minimizing harm and fairness, which are central to ethical closure, were implied in several CRC reports but not explicitly tied to exit strategies (Table 6). For example, the Community Resilience Project (Somali Red Crescent Society and German Red Cross 2015) addressed harm mitigation more broadly, recognizing the need to align short-term emergency activities with longer-term community needs. This was also reflected in the Nepal Emergency Clinic Review:

Connectedness refers to the need to ensure that activities of a short-term emergency are implemented in a way that takes longer-term and interconnected factors into account. (Nepal Red Cross Society Red Cross Emergency Clinic Review, 2019, p. 42)

This suggests the need to account for interconnected impacts when planning project closure, but also signals a gap: minimizing harm was acknowledged, but not clearly linked to closure-specific strategies. Similarly, fairness (how resources are allocated and burdens, benefits and risks are distributed) was frequently referenced in CRC reports during general project planning, particularly in relation to service delivery. However, in the included reports, there was limited reference to considerations of fairness at the point of closure, such as the decision-making process related to the distribution of resources during the wind-down or the criteria used to determine the continuation of services.

Nevertheless, equitable resource allocation was identified as a critical component of project closure, as leaving resources without distributing them appropriately can cause additional burden for the local authorities and the community (Eckenwiler et al. 2023; Sitali et al. 2023). At the same time, providing services and resources to underserved populations impartially and without any discrimination and proportionate to their needs is of utmost

importance (Tull 2020; World Health Organization 2020; Bond Safeguarding Working Group 2025; Narayanan 2025; ALNAP 2025a). Efficient resource allocation can facilitate a smooth and just closure process (Tull 2020; Eckenwiler et al. 2023). Not emphasizing equity and impartiality during transition or handover can undermine the project's outcome and impact (Humanitarian Health Ethics 2019).

Planning for capacity strengthening of the staff and local organizations

A humanitarian program or response should complement or strengthen existing systems and structures in place (e.g., local health facilities). Inadequate capacity of the local organization can prevent sustainable outcomes; hence, training local organizations and partners to strengthen their capacity and helping to develop the skills of the community can pave the way for continuity and sustainability (Al-Awlaqi et al. 2022; Sitali et al. 2023; Bond Safeguarding Working Group 2025). Retaining experienced personnel, redirecting funding for capacity strengthening, and supporting local government authorities by providing targeted training to enhance institutional capacities are among the strategies that have been suggested in literature (de Gruchy and Kapilashrami 2019; Hunt et al. 2020; Asghar et al. 2022; Bond Safeguarding Working Group 2025). Capacity strengthening initiatives could also focus on supporting the development of organizations and staff so that they can mobilize resources and adopt strategic business models to sustain activities post-closure (Robinette 2020; Tull 2020; Jernigan 2021).

Capacity strengthening was often discussed as part of sustainability strategies and responsible planning in the CRC project reports, and highlighted its importance in handover and new initiatives. At the end of the emergency response in Philippines after Typhoon Haiyan, CRC prioritized support for training, finance and logistics as part of a capacity-strengthening strategy to assist the Philippines Red Cross (PRC) in creating their own, self-sustaining 'Emergency Field Hospital' ensuring readiness for future deployments, and resupplied and donated the field hospital to PRC (Kirsch et al. 2014). The Emergency Clinic Review from Nepal stated that providing technical support to strengthen the capacity of a local institution during Typhoon Haiyan in the Philippines later helped to respond to the emergency needs of the community following the Nepal earthquake in 2015 (Nepal Red Cross 2019),

In 2013, following the response to Typhoon Haiyan in the Philippines, CRC responded by deploying a health ERU and took the opportunity to improve its handover process. PRCS [Philippines Red Cross Soci-

ety], with funds and technical support from CRC, initiated a two-year project (with articulated objectives, a work plan, a budget, and deployed a delegate for one year) for PRCS to obtain field hospital capacity. PRCS gained significant capacity and experience in deploying field hospitals and clinics and responding to emergency health needs... Additionally, PRC delegates deployed with the CRC-ERU in response to the Nepal 2015 Earthquakes. The RCEC [Red Cross Emergency Clinic] project utilized the lessons from the Philippines in its development in 2016 and was planned for two years to help NRCS develop its own capacity to use the equipment and supplies left from the ERU deployments of five PNS [partner National Society] (including that from CRC). (*Emergency Clinic Review, Nepal Red Cross, 2019, page 32*)

Documentation, monitoring and evaluation

Thorough documentation of all project phases, especially closure, is essential for informing future humanitarian programming and improving ethical practices (Hunt et al. 2023; Sitali et al. 2023; Narayanan 2025). This was explicitly discussed in the report on the Community Resilience Project Somalia (2015), which highlighted that the lessons learned were documented and would be addressed in the resilience programming (Somali Red Crescent Society and German Red Cross 2015). However, it is important to consider early on how such documents will be managed. Authors mentioned that there are various challenges in managing, storing, and transferring data and documentation, which can be mitigated by managing and storing data locally (Hunt et al. 2023). Capturing lessons learned through structured documentation helps organizations avoid repeating mistakes and refine their approaches in new settings.

Alongside documentation, monitoring and evaluation of a project can provide detailed impressions through measurable and clear indicators and provide insights on the outcomes and impact on community and staff, it can also provide a guideline for staff responsibility and roles (Asghar et al. 2022; Sitali et al. 2023). Regular monitoring can help to identify challenges and potential solutions by tracking progress through community check-ins, branch visits, focus groups, and implementing a feedback mechanism (Tull 2020; IFRC 2021; Asghar et al. 2022; Martin-eau-Searle 2022; Sitali et al. 2023).

Documentation, monitoring and evaluation are linked with the ethical considerations of transparency, as these activities could identify gaps in the planning and implementation of a program. It can also carry forward the lessons learned to future interventions and can help to predict the potential for sustainability. Although not explicitly linked with the ethical considerations identified by Pal and colleagues, one of the included CRC reports

highlighted the need for project monitoring (Somali Red Crescent Society and German Red Cross 2015),

The mid-term review warned of limited sustainability of the project at the community level, mainly because of poor integration of different project activities towards sustained resilience building, as well as poor market assessments and unclear definition of the aims and targets of livelihood activities. By the end of the project period, SRCS [Somali Red Crescent Society] and GRC [German Red Cross] identified varying degrees of success and potential for sustainable development, depending on different project components. What we acknowledge to be the main issue is the absence of a thorough monitoring system, which would have enabled us to document and demonstrate this in a more tangible way. (Community Resilience Project, 2015, page 12)

The literature provides valuable insights into the ethical considerations surrounding program closure. Encouragingly, even though ethical closure was not the primary focus of many reports, they still included considerable information about the actions taken to ensure responsible handovers and closure processes. The findings also indicate that the organizations may need to put more emphasis on documentation and monitoring for effective closure strategies.

Discussion

The analysis of both the literature and the CRC program reports was systematically guided by the study objectives and by the ethical considerations described by Pal and colleagues (Pal et al. 2019). This process helped to understand how ethical considerations could shape closure planning for a humanitarian organization and provided practical insights regarding strategies that other humanitarian organizations could adopt.

The findings point towards three recurring priorities for ethical program closure: early and responsible planning, recovery and long-term perspectives, and complementary and collaborative partnerships with local actors. These priorities are consistently reflected in both the literature and the CRC reports. The findings align with the current strategic intent of the humanitarian sector on the localization of response – that local organizations should hold funding, decision-making agency, leadership and power (Centre for Humanitarian Leadership 2021; Frennesson et al. 2022). This consideration is particularly pertinent after the recent funding cuts in international aid, which are expected to have severe repercussions (Kohnert 2025; Sullivan and Karim 2025) and highlight the importance of partnerships that can strengthen local capacity and reduce gaps in power between different

actors and the community (IFRC 2021). In addition, evaluating CRC reports to understand how ethical considerations have been discussed and documented provided important insight regarding how such considerations are not always explicitly discussed with regard to closure strategies, and highlights the need for reporting how various activities are aligned with the organization's ethical principles throughout all stages of a program. In the case of the CRC, there are various organizational examples, particularly regarding national society development, that can help local institutions (e.g., national society, local government) to be partners of choice for other organizations (Liberian Red Cross and Canadian Red Cross 2018), as well as smooth transition and handover of programs and projects (Nepal Red Cross 2019).

While direct considerations with regards to closure or transitioning were only found in three reports (Kirsch et al. 2014; Nepal Red Cross and Canadian Red Cross 2017; Canadian Red Cross et al. 2019), the reports did touch upon four out of seven ethical consideration frequently (responsible planning, collaboration, transparency, sustainability) – indicating that in practice these ethical considerations are part of the program but not yet directly reported in relation to strengthening closure or transitioning. This indicates an opportunity to raise awareness amongst program implementers on how these ethical strategies can help in strengthening planning and reporting program closure, and provide them with practical steps for implementation. In addition, the reports indicate that integrating ethical closure considerations does not require new and resource-intensive processes; rather, it could be integrated in already existing processes if planned from the beginning (Nepal Red Cross and Canadian Red Cross 2017; Canadian Red Cross et al. 2019), for example, by providing suggestions on how ethical closure considerations can be included while gathering data on stakeholder assessment, needs assessments, and setting up data management systems. In addition, this can facilitate rapid closure processes due to escalating safety or other concerns.

The findings highlighted the need for capacity strengthening of local actors and building partnerships with affected communities. While local leadership is not always possible due to various reasons (e.g., government is unwilling or party to conflict), localization and capacity strengthening continue to be important ethical considerations as the local actors are best placed to identify and address community needs, and put decision-making power and responsibility in their hands (Gingerich and Cohen 2015). Moreover, it is crucial to focus on capacity strengthening of local actors as evidence suggests that the resources provided to these actors are a small portion of the total humanitarian assistance, and they are often seen as sub-contractors with little ownership of

the program and activities (Gingerich and Cohen 2015). The CRC reports note that CRC and other Red Cross and Red Crescent societies provide support to local national societies to strengthen their capacity to respond to local needs during and after disasters and crises (Kirsch et al. 2014; Nepal Red Cross 2019).

Recent contractions in humanitarian funding have made abrupt programme closure an increasingly common reality. Evidence indicates that humanitarian funding cuts are forcing systems into forms of hyper-prioritization and triage-like decision-making (ALNAP 2025b; ALNAP 2025c). The 2025 suspension of major funding streams (e.g., USAID) has triggered widespread program closures and exposed the vulnerabilities in the sustainability of humanitarian interventions (Eckenwiler et al. 2025; ALNAP 2025a), begging the question - what constitutes the minimum standard for closing programs ethically under resource and time-constrained conditions? While adhering to fully established protocols is often unrealistic during these times, the literature identifies some actionable strategies that remain both feasible and necessary.

Even under the threat of abrupt closures, documents emphasize the importance of rapid, targeted action. Where staff capacity allows, reinforcing accountability through refresher trainings (e.g., Psychological First Aid or protection-sensitive communication) (Bond Safeguarding Working Group 2025) can support more sensitive final interactions with affected populations in contexts where closure has been decided but not immediately implemented. However, this may not be possible in abrupt withdrawal or closure, where all activities are suspended immediately. In those circumstances, engaging trusted interest holders, such as traditional leaders, government and ministry representatives, implementing partners, and formal and informal women leaders, privately before any public announcement allows for guidance on culturally appropriate messaging and helps reduce misinformation (Bond Safeguarding Working Group 2025; ALNAP 2025a).

Across the literature, clear, compassionate, and transparent communication with communities emerges as a crucial component of ethical closure. Communication with communities should be honest, compassionate, and free of technical jargon, while actively acknowledging the hardship caused and demonstrating empathy by listening to concerns (Narayanan 2025; ALNAP 2025a). These actions are identified as feasible even when broader participation of the community and all interest holders in the closure processes is not feasible (Bond Safeguarding Working Group 2025). Information should be shared in inclusive and accessible formats, with deliberate outreach to underserved groups such as children, older persons, and people with disabilities. At the same time, staff safety

must also be prioritized by preparing for strong reactions from the community and planning secure exit strategies where tensions may arise (ALNAP 2025a).

Operationally, while full program continuity may not be possible, adaptable measures such as shifting to mobile or integrated service delivery, prioritizing life-saving interventions, leveraging inter-agency resource sharing, and adopting asset-based, locally driven approaches can help sustain essential support and mitigate harms (ALNAP 2025a). These practices reflect wider system-level dynamics, where funding shortages have already forced humanitarian actors to reduce coverage and focus only on the most urgent needs, leaving many without assistance (OCHA 2025). Maintaining transparent communication with partners, documenting actions through reporting, and exploring alternative funding or partnerships further support accountability and help preserve critical relationships during the transition (Eckenwiler et al. 2025; ALNAP 2025a). Considerations identified by Pal and colleagues (Pal et al. 2019) about adaptability, foresight, and contingency planning are crucial operational imperatives under abrupt closure circumstances (Eckenwiler et al. 2025). Anticipatory approaches can help predefine minimum closure standards, clarify decision-making, and support faster, more principled responses when programmes are forced to end (Löffel et al. 2024; Efe 2025). In this sense, abrupt closure requires upholding clear communication, harm minimization, staff and community safety, and basic accountability, even when the system itself is under severe strain.

Humanitarian organizations encounter numerous challenges when planning and implementing programs in crisis contexts. Differences in organizational mandates, varying interpretations of humanitarian principles, diverse strategic approaches, and reliance on external funding can complicate decision-making for ethical program closure (Pal et al. 2019; Barber and Bowden 2023). These factors may also contribute to local economic dependence on humanitarian aid, and sudden withdrawal of assistance can disrupt services and negatively impact the health and well-being of affected communities (Barber and Bowden 2023; Eckenwiler et al. 2025). Ethical consideration in closure processes may serve as a mechanism for advancing health equity by early engagement and collaboration with local stakeholders, prioritizing fairness, and transparent communication about timelines and could minimize inequitable outcomes. Conversely, abrupt or poorly coordinated exits can entrench dependency and exacerbate structural inequities (Eckenwiler et al. 2025), particularly in fragile settings. Therefore, the ethical dimension of closure could determine who retains access to essential health services and who is left behind (Hunt et al. 2020). Incorporating ethical strategies into humanitarian programming from the outset may help

to address some of these challenges. Program closure requires dedicated planning and clear guidance to navigate the tensions that may arise throughout the program cycle. Incorporating closure planning from the beginning and engaging and collaborating with local interest holders can foster ownership and operationalize ethical commitments, support localization, ensure relevance, and strengthen local capacity.

Recommendations and areas of future research

In addition to the identified strategies, several recommendations and areas of future research for humanitarian organizations can be drawn from the findings. First, explicitly reporting ethical considerations in organizational reports, proposal development and strategic planning documents is important to demonstrate how ethical issues have been considered and how these considerations can be effectively integrated into practice across all stages of a program in humanitarian organizations, particularly amid the significant challenges of increasingly complex humanitarian responses. Doing so will support transparency with the donors and partner organizations and national societies, and emphasize that the humanitarian aid is being utilized meaningfully, while considering sustainability.

Second, flexibility and adaptability in planning and implementation may support humanitarian organizations in responding to the changing contexts of humanitarian crises. Further research is required to identify how organizations can adopt meaningful localization practices and strategically adapt to rapidly changing circumstances, and how ethical closure considerations can be integrated in practice (e.g. through a tool or awareness raising) and to test the tools. Third, to support practical application, humanitarian organizations could integrate ethical closure considerations into existing tools, such as stakeholder mapping frameworks, program transition checklists, and community feedback mechanisms, or consolidate these elements into a single, dedicated tool. In future, there might be value in conducting a case study to better understand how ethical closure is planned in humanitarian organizations.

As their next steps in this program of research, the research team is conducting interviews and workshops with humanitarian actors within CRC to understand their perspectives and experiences of closure with the intention of developing a tool for practitioners. The tool aims to facilitate integration of ethical closure considerations in the current practices as well as to raise awareness, for example, through training, presentations and other information material that can strengthen closure processes. This scoping review and document analysis of CRC program reports was an important step for the research team to gain a comprehensive understanding

of current knowledge and practices on this critical issue, both within the CRC and in the humanitarian sector more broadly. The next phases of this research will enable us to identify how to translate this knowledge into actionable steps for the program implementers and decision-makers.

Strengths and limitations

A key strength is the inclusion of academic, grey literature, and organizational reports from a wide range of sources, complemented by the internal reports from CRC. This broad scope allowed us to capture diverse perspectives and practical insights that may have been missed if only peer-reviewed publications were included. However, a notable limitation is that the reports were not primarily focused on ethical closure processes, and the majority did not contain dedicated sections addressing exit strategies. As a result, information specific to ethical closure of humanitarian programs was often limited or embedded within broader discussions. Consequently, findings related specifically to ethical closure are based in part on inferred insights rather than on explicit reporting. We acknowledge that drawing generalizable conclusions from a single organization's internal reports is inherently limited and may not fully reflect broader contexts or experiences. Yet, they provide important insights on how an organization may approach ethical exit and real-world challenges that they may encounter.

Conclusion

This paper outlines strategies for the ethical closure of humanitarian programs, highlighting the importance of early planning, collaboration, adaptability, and capacity building. These findings can inform humanitarian organizations as they design and implement programs, encouraging the integration of ethical closure considerations in practical ways from the outset. Robust closure processes guided by these strategies can foster resilience and create opportunities for lasting positive impact on affected populations. In conclusion, these insights can guide future program development and highlight the need for clearer reporting standards that make ethical closure considerations more explicit.

Abbreviations

ALNAP	Active Learning Network for Accountability and Performance in Humanitarian Action
CHW	Community Health Worker
CRC	Canadian Red Cross
ERU	Emergency Response Unit
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
MoH	Ministry of Health
MSF	Médecins Sans Frontières
NGO	Non-governmental organization
PRC	Philippines Red Cross
SRCS	Somali Red Crescent Society

USAID United States Agency for International Development
WHO World Health Organization

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Authors' contributions

Conceptualization: PH, IO, SS, LS, MH; Methodology: PH, IO, SS, LS, MH; Data Collection: PH, HR, IMB, AM, IO; Data Analysis: PH, HR, IMB, AM; Writing - original draft preparation: PH; Writing - review & editing: PH, IMB, HR, AM, IO, SS, LS, MH.

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Data availability

The data used and analysed during this study, and supporting the conclusions of this article are included within the article. Additional data are available from the corresponding author on reasonable request.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

All authors have consented to the publication of this manuscript.

Competing interests

The authors have following competing interests to declare: PH was an MITACS doctoral fellow at the Canadian Red Cross (CRC) at the time of the study. AM, IO, and SS are current employees of CRC. The authors have no other competing interests to declare.

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References

- Al-Awlaqi S, Dureab F, Tambor M (2022) The National Health Cluster in Yemen: assessing the coordination of health response during humanitarian crises. *J Int Humanitarian Action* 7(1):9
- ALNAP (2025a) Assessing the impact of US funding cuts on communities and humanitarian response: case studies from South Sudan and Mali. ODI Global/ALNAP, London
- ALNAP (2025c) Humanitarian year in review: shocks and reverberations. In: ALNAP. <https://alnap.org/help-library/resources/humanitarian-year-in-review-shocks-and-reverberations-e-report/>. Accessed 13 Apr 2026
- ALNAP (2025b) Global Humanitarian Assistance (GHA) report 2025. In: ALNAP. <http://alnap.org/help-library/resources/global-humanitarian-assistance-gha-report-2025-e-report/>. Accessed 13 Apr 2026
- Anderson MB (1999) Do no harm: how aid can support peace—or war. Lynne Rienner
- Arksey H, O'Malley L (2005) Scoping studies: towards a methodological framework. *Int J Soc Res Methodol* 8(1):19–32. <https://doi.org/10.1080/1364557032000119616>
- Artival IECAH (2024) Executive Summary: Evaluation of the Prevention and Influence work of the ICRC Regional Delegation in Lima, Bolivia, Ecuador and Peru
- Asghar RJ, Abubakar A, Buliva E, Tayyab M, Elnossery S (2022) Could emergency diseases surveillance systems be transitioned to routine surveillance systems? A proposed transition strategy for early warning, alert, and response network. *Front Med* 9:670083
- Barber M, Bowden M (2023) Ensuring better outcomes for civilians in armed conflict. In: Chatham House. <https://www.chathamhouse.org/2023/12/ensuring-better-outcomes-civilians-armed-conflict>. Accessed 11 Aug 2025

- Bond Safeguarding Working Group (2025) Closing programs whilst continuing to keep people safe. what to consider
- Bowen GA (2009) Document Analysis as a Qualitative Research Method. *Qualitative Res J* 9(2):27–40. <https://doi.org/10.3316/QRJ0902027>
- Broussard G, Rubenstein LS, Robinson C, Maziak W, Gilbert SZ, DeCamp M (2019) Challenges to ethical obligations and humanitarian principles in conflict settings: a systematic review. *Int J Humanitarian Action* 4(1):15. <https://doi.org/10.1186/s41018-019-0063-x>
- Byrnes T (2025) The Unraveling of US Humanitarian Assistance. Implications for the Global Aid System and Strategies for Adaptation
- Canadian R, Cross SRCS, Norwegian Red Cross (2019) Epidemic Preparedness & Response in Somaliland
- Canadian Epidemiology Services (2016) End Line Survey: Improving Maternal, Newborn, and Child Survival in Liberia
- Canadian Red Cross (2015) Endline Survey and Unintended Impact Study of the Building Resilience Project in South Sudan
- Canadian Red Cross, Somali Red Crescent Society, Icelandic Red Cross (2022) Strengthening Service Delivery of Emergency Response(SSDER) in Somaliland
- Centre for Humanitarian Leadership (2021) Localisation. In: Centre for Humanitarian Leadership. <https://www.centreforhumanitarianleadership.org/research/publications/localisation/>. Accessed 13 Jan 2026
- de Gruchy T, Kapilashrami A (2019) After the handover: Exploring MSF's role in the provision of health care to migrant farm workers in Musina, South Africa. *Glob Public Health* 14(10):1401–1413
- Desrochers RE, Wawire S (2015) Final Evaluation of Improving Maternal, Newborn, and Child Survival Project and Improving Resiliency in Communities to Chronic Draught Conditions Project in Kenya
- Eckenwiler L, Hunt MR, Crismo JLG, Conde E, Hyppolite S-R, Luneta M, Munoz-Beaulieu I, Mohammed Saeed H, Schwartz L (2023) Viewing humanitarian project closure through the lens of an ethics of the temporary. *An International Journal, Disaster Prevention and Management*
- Eckenwiler L, Munoz-Beaulieu I, Perez R, Luneta M, Hyppolite SR, Schwartz L, Hunt M (2025) Thinking through abrupt closure in humanitarian assistance: Key ethical considerations in seemingly impossible conditions. *PLOS Global Public Health* 5(6):e0004656. <https://doi.org/10.1371/journal.pgph.0004656>
- Efe A (2025) Formulating Anticipatory Action with Impact Forecasting in Humanitarian Risk Management. *Resilience* 9(1):167–188
- Enticott J, Buck K, Shawyer F (2017) Finding hard to find literature on hard to find groups: A novel technique to search grey literature on refugees and asylum seekers. *Int J Methods Psychiatr Res* 27(1):e1580. <https://doi.org/10.1002/mpr.1580>
- Fereday J, Muir-Cochrane E (2006) Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *Int J Qualitative Methods* 5(1):80–92. <https://doi.org/10.1177/160940690600500107>
- Frennesson L, Kembro J, de Vries H, Jahre M, Van Wassenhove L (2022) International humanitarian organizations' perspectives on localization efforts. *Int J Disaster Risk Reduct* 83:103410. <https://doi.org/10.1016/j.ijdrr.2022.103410>
- Gingerich TR, Cohen MJ (2015) Turning the Humanitarian System on its Head: Saving lives and livelihoods by strengthening local capacity and shifting leadership to local actors. Oxfam International
- Graves JV (2021) Secondary Data and Qualitative Content Analysis in Emergency Management Research. *Disaster and Emergency Management Methods*. Routledge
- Honduran Red Cross (2022) Canadian Red Cross. Strengthening Health Response in Emergencies
- Humanitarian Health Ethics (2019) Ethics and Humanitarian Project Closure
- Humanitarian Coalition Humanitarian Aid and Development Aid (2025) <https://www.humanitariancoalition.ca/from-humanitarian-to-development-aid>. Accessed 1 May 2025
- Hunt M, Eckenwiler L, Hyppolite S-R, Pringle J, Pal N, Chung R (2020) Closing well: national and international humanitarian workers' perspectives on the ethics of closing humanitarian health projects. *J Int Humanitarian Action* 5(1):16. <https://doi.org/10.1186/s41018-020-00082-4>
- Hunt M, Beaulieu IM, Saeed HM (2023) What Does 'Closing Well' Entail for Humanitarian Project Data? Seven Questions as Humanitarian Health Projects Are (Being) Closed or Handed Over. *J Humanitarian Affairs* 5(2):13–23
- IFRC (2021) Tool 20: Exit strategy guidance
- Jernigan W (2021) Localising emergency response: COVID-19 and the future of humanitarian mobilities. Department 'Anthropology of Economic Experimentation'. Max Planck Institute for Social Anthropology., Halle/Saale
- Kirsch TD, Sami S, Chang M (2014) Evaluation of the Emergency Response Unit: Typhoon Haiyan, Philippines 2013. Canadian Red Cross
- Kohnert D (2025) Aid in retreat: The Impact of US and European Aid Cuts on Sub-Saharan Africa. GIGA German Institute of Global and Area Studies - Leibniz-Institut für Globale und Regionale Studien, Hamburg
- Krippendorff K (2018) Content analysis: An introduction to its methodology. Sage
- Liberian Red Cross (2018) Canadian Red Cross. Ebola Case Management West Africa
- Löffel M, Schmidt CG, Wagner SM (2024) Supply chain risk management for humanitarian aid delivery: risk identification and contingency analysis. *Int J Logistics Manage* 36(1):225–258. <https://doi.org/10.1108/IJLM-01-2024-0041>
- Logistics Cluster (2019) Mozambique logistics cluster closure report. Global Logistics Cluster
- Loy I (2025) What's your humanitarian exit plan? The New Humanitarian
- Martineau-Searle L (2022) Guidance Note: Exit Strategies in the Event of Premature and Permanent Gender Based Violence (GBV) Emergency Response Program Closure. <https://www.gbvaor.net/node/1686>. Accessed 30 Apr 2025
- McFadden SM, Demeke J, Dada D, Wilton L, Wang M, Vlahov D, Nelson LE (2022) Confidence and Hesitancy During the Early Roll-out of COVID-19 Vaccines Among Black, Hispanic, and Undocumented Immigrant Communities: a Review. *J Urban Health* 99(1):3–14. <https://doi.org/10.1007/s11524-021-00588-1>
- Narayanan U (2025) Aid sector in transition: Challenges, ethics and adaptation. Community World Service Asia
- Nepal Red Cross, Canadian Red Cross (2017) Red Cross Emergency Clinic (RCEC)
- Nepal Red Cross (2019) Emergency Clinic Review
- OCHA (2025) A hyper-prioritized Global Humanitarian Overview 2025: the cruel math of aid cuts. In: Humanitarian Action. <https://humanitarianaction.info/document/hyper-prioritized-global-humanitarian-overview-2025-cruel-math-aid-cuts>. Accessed 13 Apr 2026
- Pal NE, Eckenwiler L, Hyppolite S-R, Pringle J, Chung R, Hunt M (2019) Ethical considerations for closing humanitarian projects: a scoping review. *J Int Humanitarian Action* 4:1–9
- Pallas CL, Sidel M (2020) Foreign Aid Reduction and Local Civil Society: Recent Research and Policy Guidance for Donors and International NGOs. *Nonprofit Policy Forum* 11(1). <https://doi.org/10.1515/npf-2019-0045>
- Philippine Red Cross (2022) The Philippine Development Program
- Pringle J, Hunt M (2016) Humanitarian Action. In: ten Have H (ed) *Encyclopedia of Global Bioethics*. Springer International Publishing, Cham, pp 1562–1571
- Robinette K (2020) Sustainability Strategies for Women and Girls Safe Space
- Robson G, Gibson N, Thompson A, Benatar S, Denburg A (2019) Global health ethics: critical reflections on the contours of an emerging field, 1977–2015. *BMC Med Ethics* 20(1):53. <https://doi.org/10.1186/s12910-019-0391-9>
- Saeed HM, Schwartz L, Hunt M (2022) Ethical Considerations Associated with Closing a Non-communicable Disease Program in a Humanitarian Setting. *Can J Bioeth* 5(2):132–135
- Sitali N, Briskin E, Foday J, Walker C, Keus K, Smart F, Ali E, Whitehouse K (2023) What it takes to get it right: A qualitative study exploring optimal handover of health programmes in Tonkolili District, Sierra Leone. *Glob Public Health* 18(1):2058047
- Somali Red Crescent Society, German Red Cross (2015) Final project report: Community Resilience Project, Somalia
- Sphere Association (2018) The Sphere Handbook: Humanitarian charter and minimum standards in humanitarian response
- Sullivan DP, Karim L (2025) A Closing Window: How Aid Cuts are Undermining Rohingya Possibilities. Refugees International
- Tull K (2020) Responsible Exit from Humanitarian Interventions. Institute of Development Studies, Brighton, UK
- World Health Organization (2020) Polio Transition Program (PTP). <https://www.who.int/news-room/questions-and-answers/item/polio-transition>. Accessed 30 Apr 2025

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