Humanity In War

Under the Global Initiative to Galvanize Political Commitment to International Humanitarian Law (Global IHL Initiative), **Nigeria, Pakistan, Spain, Uruguay and the International Committee of the Red Cross (ICRC)** are pleased to present the:

WORKSTREAM 5

SECOND STATE CONSULTATION ON ACHIEVING MEANINGFUL PROTECTION FOR HOSPITALS IN ARMED CONFLICT

TUESDAY, 2 DECEMBER 2025
9:00–18:00 (UTC+1)
FORMAT: IN PERSON (ICRC HUMANITARIUM IN GENEVA) AND ONLINE (ZOOM)

Background

Under international humanitarian law (IHL), hospitals and other medical facilities are granted specific protection, according to which they must at all times be respected and protected and may under no circumstances be attacked. Yet contemporary armed conflicts show, in devastating ways, that such protection is challenged. The workstream on achieving meaningful protection for hospitals in armed conflict seeks to engage states and experts to examine the main contours of the specific protection granted to hospitals under IHL and to address legal and operational challenges that threaten to undermine this protection. The overall aim is to ensure that existing IHL rules granting specific protection to medical facilities are better known and understood, and are applied in a way that upholds their humanitarian purpose and protective intent.

During the first consultation, states and experts reaffirmed that medical facilities are granted one of the highest degrees of protection under IHL, and they demonstrated a resolve to work together on ensuring that such protection is rendered more effective and meaningful in today's conflicts. In particular, participants discussed ways to better ensure that hospitals are not misused to commit acts harmful to the enemy, and they started to clarify what must occur before there can be any exceptional loss of protection, including the obligation to give a warning. In addition, the first round of consultations also addressed how the principles of distinction, proportionality and precautions place further limits on attacks against hospitals, thereby making it clear that attacks against hospitals are rarely lawful under IHL.

The second consultation will build on the state practice, legal perspectives and operational recommendations shared during the first round. In particular, it will continue to address the following issues: misuse of medical facilities for military purposes, acts harmful to the enemy and the warning requirement. During the first round of consultations, states and experts also emphasized other issues that will be integrated into the second round of consultations. This includes the need to ensure that the medical facilities can continue to function, in keeping with the overall obligation to protect medical facilities, for instance by ensuring that hospitals receive adequate medical supplies, equipment and vital resources to remain functional.

Objectives

The objectives of this consultation are to:

- **provide an update on the workstream and its progress**:
    - brief participants on the findings of the first consultation reflected in the progress report and on insights gained from subsequent supporting events
    - outline the next steps towards identifying the workstream's final recommendations
- **ensure that a wide-ranging set of good practices are collected** to improve respect for and implementation of IHL norms protecting medical facilities
- **gather substantive input from states and experts on good practices collected** thus far, supplement them with additional practical measures and identify areas that could benefit from further consideration.

Next steps

This consultation will inform discussions during the next rounds of state consultations and progress towards final recommendations from this workstream. The results of this consultation will inform the broader work in the workstream on achieving meaningful protection for hospitals, and will lead to the formulation of concrete recommendations. One additional thematic consultation will be held in 2026 as part of this workstream, building on other issues tackled in the first consultation, such as the principles of proportionality and precautions. This additional thematic consultation will also lead to the formulation of concrete recommendations. All recommendations will be presented in the second quarter of 2026 and will be the object of further discussions among all states.

As with the first round of consultations, the discussions among states will be complemented with an expert workshop gathering individual experts and entities specialized in the subject matter. The expert workshop will take place ahead of the state consultation, on 30 and 31 October 2025. A summary of the discussions from the expert workshop will be presented to all states during the consultations on 2 December 2025.

All upcoming supporting events are announced on the Humanity in War website.

Participants

- The consultation will be held primarily in person in Geneva. Online participation is also possible.

- The consultation is open to all interested states, with a preference for senior military officials from the defence ministry who are based in their capital city and are involved in the planning of military operations, representatives from the ministry of health and representatives from permanent missions in Geneva.
- Relevant stakeholders (e.g. from international organizations, civil society and academia) will also participate upon invitation.
- Kindly register no later than **30 November 2025**, using this link: https://forms.office.com/e/bZtFh2PJe2.

Procedure

- The working languages will be **Arabic, Chinese, English, French, Russian and Spanish**, with simultaneous interpretation.
- We ask states to kindly limit their statements to **four minutes** to ensure sufficient time for all participants to take the floor. At the end of each session, and after all participating entities that wish to contribute have done so, states and other participants will be given an opportunity to discuss ideas proposed by others.
- When preparing their statements, participants are requested to kindly consider the **guiding questions** provided in the agenda below.
- Given the technical challenges of hybrid meetings, we encourage delegations who are in the room to make their statements in person and in all cases to give their full attention to delegations speaking online.
- The **inclusive, constructive, non-politicized and solution-oriented** nature of the discussions will be maintained throughout the consultation. While participants are encouraged to refer to their state's domestic practice during the consultations, they are asked to kindly refrain from discussing specific contexts or the practice of other states.
- To facilitate interpreting, we invite participants to share a copy of their statements by 30 November 2025, via email to ihlinitiative@icrc.org, with "Hospitals workstream second consultation" in the subject line. We also encourage participants to send full written statements by email after the meeting. **Unless confidentiality is explicitly requested, these statements will be published on the ICRC website.**
- The consultation will be recorded, but the recording will not be made public.

Agenda

Achieving Meaningful Protection of Hospitals in Armed Conflict Second Round of Consultations

9:00–18:00, 2 December 2025
ICRC Humanitarium, 17 avenue de la Paix, 1202 Geneva

The programme agenda below presents good practices emerging from the first state consultation and expert workshop. The guiding questions provided in each section are aimed at collecting substantive input on the good practices identified and collecting additional good practices to improve the implementation of IHL rules protecting hospitals.

To anchor the discussions, this section describes some of the IHL obligations underlying these good practices. In addition, for ease of reference, the annex to this document lists the key rules of IHL on the protection of medical activities, the protection of the wounded and sick, the protection of medical personnel, medical units and transports, and the use of the distinctive emblems.

States are invited to share their views on these questions during the state consultation; however, if preferred, during the consultation states may share more general remarks and practices related to the protection of hospitals in armed conflict. Please note that this list of questions will also be shared as part of the second expert workshop, taking place on 30 and 31 October 2025, which will bring together IHL academics, public health practitioners and military personnel to discuss the same issues.

**Depending on the number of statements given, all times set out below are subject to change.*

Registration and coffee / Login and connection	8:30–9:00
Opening of the meeting and introduction *ICRC and co-chairs*	9:00–9:30
Session 1: Implementing the obligation to respect and protect medical facilities: Avoiding attacks This session examines the good practices that can be followed to meet the obligation to respect and protect medical facilities so that medical facilities performing their humanitarian functions are not attacked or harmed. ***Expert presentation*** Medical facilities benefit from the highest level of protection under IHL, known as specific protection. Parties to an armed conflict are obligated to respect and protect medical facilities in all circumstances. To respect medical facilities, parties to an armed conflict must avoid attacking them.	9:30–10:40

Guiding questions 1. What specific military doctrine and directives do you have in place to avoid attacking medical facilities? 2. How do you involve medical authorities or providers or gather relevant information from medical entities to gain an understanding of the location of medical facilities, the essential services that enable their functioning and access routes in advance of military operations? 3. What kind of coordination measures and procedures between medical providers and militaries have been established and have worked well in practice (i.e. civil-military coordination)? 4. The list below presents good practices collected from states. Do you have comments or additional good practices to ensure that hospitals are not attacked? • Ensure that targeting processes, including rules of engagement, reflect the specific protection granted to medical facilities under IHL. • Identify, map and regularly update the locations of medical facilities both within the area of operations and its immediate vicinity. Assess their importance and capacity for delivery of medical care according to the type of medical facility, e.g. hospital, clinic, primary health-care centre or first-aid post. • Develop and continually update a list of no-strike and restricted-fire areas by identifying the location of all medical facilities and the essential services such as water and electricity systems that enable their functioning. • Establish a coordination platform with health-care providers that can be used to: o provide information on curfews, mined areas and maps of explosive remnants of war, border statuses and routings that may impact access to and delivery of health-care services o develop medical evacuation procedures in the rare case when part of a hospital becomes liable to attack.	
Coffee break	10:40–11:00
Session 2: Implementing the obligation to respect and protect: Avoiding misuse of medical facilities for military purposes This session will focus on avoiding the misuse of medical facilities for military purposes outside their humanitarian function as a key dimension of the obligation to respect medical facilities. In keeping with the obligation to respect medical facilities, all practical measures need to be taken to avoid any use of medical facilities for military purposes outside their humanitarian functions to commit acts harmful to the enemy. Misusing medical facilities for military purposes impedes their ability to perform their medical function. Moreover, medical facilities stand to lose their specific protection if they are misused for military purposes, which further underscores the importance of avoiding misuse.	11:00–12:15

Guiding questions

1. In military practice, which measures or procedures exist on avoiding the use of medical facilities for military purposes outside of their humanitarian functions? How are these measures integrated into the planning of military operations?
2. How stringently is any use of hospitals for military operational purposes regulated in standard operating procedures (SOPs), operational orders and/or other relevant documentation?
3. How is awareness raised among members of the armed forces regarding measures for avoiding the use of medical facilities for military purposes outside their humanitarian functions?
4. The list below presents good practices collected from states. Do you have comments or any additional good practices to ensure that hospitals are not misused for military purposes?

    - Competent ministries adopt a "no weapons" policy in all medical facilities and take necessary measures to implement it.
    - Identify military alternatives to using hospitals for military purposes outside their humanitarian functions and provide training and clear orders prohibiting armed forces from using hospitals for military purposes.
    - Adopt a unilateral commitment never to use medical facilities for military purposes.

Lunch (not provided)	12:15–13:15

Session 3: Implementing the obligation to respect and protect: Facilitating the functioning of hospitals during conflicts — 13:15–14:45

This session will focus on ensuring that medical facilities can remain functional and deliver healthcare services during conflicts, which is a key dimension of the obligation to protect medical facilities and the obligation to collect and care for the wounded and sick.

To protect medical facilities and to protect, collect and care for the wounded and the sick, parties to an armed conflict are required to take positive measures, including all feasible measures to support the functioning of medical establishments and protect them from harm, such as looting by third parties.

Belligerents are required to take all feasible measures to facilitate the functioning of medical facilities. This includes ensuring hospitals receive adequate medical supplies and equipment so they can continue to deliver medical services. It also includes making certain that hospitals retain access to essential services, such as electricity and water, that are critical to their functioning.

Guiding questions

1. What practical steps can be taken to ensure that medical facilities can continue to receive medical supplies and equipment during ongoing hostilities?

2. What practical measures can be taken to ensure health care facilities are not deprived of vital resources such as electricity or water so they can continue to function and provide medical services? 3. The list below presents good practices collected from states. Do you have comments or any additional good practices to suggest to ensure that hospitals can continue to function during armed conflicts? • Actively help to ensure the delivery of medical supplies and equipment to medical facilities and ensure that they are not deprived of vital resources such as electricity or water so they can continue to provide medical services. To this end, establish contact with health-care authorities and providers in order to gain a thorough understanding of supply routes for medical supplies, identify available alternative resupply routes and map out essential services such as water and electricity systems that enable the functioning of medical facilities. • Establish a coordination platform with health-care providers that can be used to develop a contingency plan for addressing potential disruption of medical services due to military operations and re-establishing full delivery as soon as possible.	
Session 4: Loss of specific protection: Acts harmful to the enemy The specific protection of a medical facility does not cease unless all three of the following conditions are met: (1) they are used to commit acts harmful to the enemy outside their humanitarian duties (2) a warning has been given setting, wherever appropriate, a reasonable time limit (3) such warning goes unheeded. This session will focus on the first condition for a loss of specific protection, which is using a medical facility to commit acts harmful to the enemy. ***Expert presentation*** "Acts harmful to the enemy" refer to the use of military or civilian hospitals and other medical units outside their humanitarian function to interfere directly or indirectly in military operations, thereby harming the enemy. The following acts are <u>not</u> considered acts harmful to the enemy under IHL: • personnel of the unit are armed, and they use arms in self-defence or in defence of the wounded and sick in their charge • the medical facility is protected by armed guards or members of the armed forces carrying light weapons to prevent looting and violence, but not to oppose the capture or control of the medical unit by the enemy forces • small arms and ammunition taken from the wounded and sick and not yet handed back to the proper service are found in the medical facility • members of the armed forces, including wounded and sick combatants, are in the medical facility for medical reasons • medical care is provided to enemy soldiers or fighters.	14:45–16:00

Based on state practice, the following acts are considered acts harmful to the enemy if duly verified:

- firing at the enemy from a medical facility for reasons other than individual self-defence
- installing a firing position in a medical facility
- using a hospital as an interrogation centre in relation to the conflict
- placing a medical facility in proximity to a military objective with the intention of shielding the latter from the enemy's military operations (shielding entails intentionally misusing a medical facility to create a physical obstacle to military operations; proximity of a medical facility to a military objective in and of itself may not amount to shielding).

Guiding questions

1. In addition to military sources of information, what other sources of publicly available information, such as statements from health authorities, may be considered when substantiating allegations that a medical facility has been used to commit acts harmful to the enemy?
2. How can the concept of "acts harmful to the enemy" be best reflected in military manuals or rules of engagement so that it is effectively applied in military operations?
3. In order to avoid or minimize the likelihood of assessments of "acts harmful to the enemy" that lower the specific protection of hospitals in practice, what additional facts would you need in order to determine that the following scenarios have actually occurred?
   - A hospital is used as a command-and-control centre.
   - A hospital is used to shield a military objective.
   - A hospital is used as a shelter for able-bodied combatants.
   - A hospital is used as an arms or ammunition depot, i.e. to store arms or ammunition beyond those taken away from wounded and sick patients.
   - A hospital is used as a military observation post.
4. The list below presents good practices collected from states. Do you have comments or any additional good practices to suggest to ensure that the specific protection of hospitals can only be lost in exceptional circumstances?
   - Integrate into the rules of engagement the exceptional circumstances in which a medical facility may lose its protected status: (1) a medical facility is used to commit acts harmful to the enemy; (2) a warning is provided setting, wherever appropriate, a time limit; and (3) the warning goes unheeded.
   - Use all reasonably available and credible sources of information (such as military, medical and other public sources) to verify reports that a medical facility is being used to commit acts harmful to the enemy.

Coffee break	16:00–16:20

Session 5: Loss of specific protection: The warning requirement	16:20–17:30

This session will continue to discuss the loss of specific protection of medical facilities and focus on the warning requirement.

Expert presentation

Providing a warning is mandatory; its purpose is to allow those committing an act harmful to the enemy the opportunity to terminate such acts and, failing that, to provide sufficient time for the safe evacuation of the wounded and sick.

The warning requirement may be dispensed with only in exceptional circumstances due to overriding military necessity or the exercise of self-defence, such as when combatants approaching a military medical facility come under fire from individuals inside it.

Warnings do not relieve the attacking party from the obligation to respect the rules of distinction and proportionality and to take other precautionary measures to avoid or at least minimize incidental loss of civilian life, injury to civilians and damage to civilian objects.

Guiding questions

1. What are good practices for establishing channels of communication with the adversary and with medical authorities to deliver a warning?
2. What are the relative advantages and disadvantages of delivering a warning to both the opposing party and the medical authorities at the same time, as compared to taking a progressive approach?
3. What are the advantages and disadvantages of adopting a sequential approach to delivering a warning, i.e. using direct communication channels (phone, email, letter) to the opposing party followed up by indirect communication channels (published announcement, leaflets)?
4. What practical measures can be taken so that the party issuing a warning can determine the warning has been heeded and be assured that the medical facility will henceforth be exclusively dedicated to medical purposes? In such situations how might the process for verification be organized?
5. The list below presents good practices collected from states. Do you have comments or any additional good practices to suggest on how the warning requirement should be implemented?

    - Include in SOPs and operational orders that the warning should:
        - set out a feasible deadline for the hostile act to cease, for the parties to the conflict and/or hospital staff to respond to unfounded allegations, and, failing that, for the patients and medical equipment to be safely evacuated before a military response is undertaken
        - specify the act harmful to the enemy committed outside the humanitarian duties of the medical facility
        - be delivered using means that are certain to reach the opposing party, the health authorities and the medical personnel in charge of the medical facility

○ be directly communicated to the opposing party and medical authorities using a phone call, email or any other direct means of communication, supplemented by, when and if appropriate, certain indirect means of communication as a follow-up, i.e. leaflets or published announcements. • Specify the level of authority needed to determine that a medical facility has lost its protected status.	
Concluding remarks *ICRC and co-chairs*	17:30–18:00

Annex

This section outlines the legal framework under IHL for the protection of the wounded and sick, the protection of medical personnel, medical units and transports, and the use of the distinctive emblems.

THE WOUNDED AND SICK

Attacking, harming or killing

The wounded and sick must be respected in all circumstances; attempts upon their lives and violence against their person are strictly prohibited (First Geneva Convention (GC I), Art. 12; Second Geneva Convention (GC II), Art. 12; Fourth Geneva Convention (GC IV), Art. 16; Additional Protocol I (AP I), Art. 10; Additional Protocol II (AP II), Art. 7).

Wilfully killing them or causing great suffering or serious injury to their bodies or to their health constitutes war crimes as grave breaches of the Geneva Conventions (GC I, Art. 50; GC II, Art. 51).

In certain circumstances, the denial of medical treatment may constitute cruel or inhuman treatment, an outrage upon human dignity, in particular humiliating and degrading treatment, and torture if the necessary criteria are met.

Searching for and collecting

Parties to an armed conflict must take all possible measures to search for and collect the wounded and sick without delay. If circumstances permit, parties must make arrangements for the removal or exchange of the wounded and sick (GC I, Art. 15; GC II, Art. 18; AP II, Art. 8; ICRC Study on Customary International Humanitarian Law (Customary IHL Study), Rule 109; see also AP I, Art. 17, on the role of the civilian population and aid societies in relation to the wounded, sick and shipwrecked).

Protection and care

All parties to an armed conflict must protect the wounded and sick from pillage and ill-treatment. They must also ensure that adequate medical care is provided to them as far as practicable and with the least possible delay (GC I, Art. 15; GC II, Art. 18; GC IV, Art. 16; AP II, Arts 7 and 8; Customary IHL Study, Rule 111).

Treatment without discrimination

The wounded and sick must be treated without discrimination. If distinctions are to be made among them, it can be only on the basis of their medical condition (GC I, Art. 12; GC II, Art. 12; AP II, Art. 7(2); Customary IHL Study, Rule 110).

MEDICAL PERSONNEL

Protecting and respecting

Medical personnel exclusively assigned to medical duties/purposes must always be respected and protected, unless they commit, outside of their humanitarian function, acts that are harmful to the enemy (GC I, Art. 24; AP I, Art. 15; Customary IHL Study, Rule 28).

When they carry and use weapons to defend themselves or to protect the wounded and sick in their charge, medical personnel do not lose the protection to which they are entitled (GC I, Art. 22(1); GC II, Art. 35(1); AP I, Art. 13(2)(a)).

The wounded and sick under their care remain protected even if the medical personnel themselves lose their protection.

Provision of care

Parties to an armed conflict may not impede the provision of care by preventing the passage of medical personnel. They must facilitate access to the wounded and sick, and provide the necessary assistance and protection to medical personnel (GC I, Art. 15; GC II, Art. 18; GC IV, Art. 17; AP I, Art. 15(4)).

HEALTH-CARE PROFESSIONALS

Impartial care

No health-care professional may be punished for having carried out activities compatible with medical ethics, such as providing impartial care (AP I, Art. 16(1); AP II, Art. 10(1); see also GC I, Art. 18, on the role of the population; Customary IHL Study, Rule 26).

MEDICAL UNITS AND TRANSPORTS

Medical units

Medical units, such as hospitals and other facilities organized for, and exclusively assigned to, medical purposes, must be respected and protected in all circumstances. Medical units may not be attacked, and access to them may not be limited.

Parties to an armed conflict must take measures to protect medical units from attacks, such as ensuring that they are not situated in the vicinity of military objectives (GC I, Art. 19; GC II, Art. 22; GC IV, Art. 18; API, Art. 12; AP II, Art. 11; Customary IHL Study, Rule 28).

Medical units lose the protection to which they are entitled if they are used, outside their humanitarian function, to commit acts harmful to the enemy, such as sheltering able-bodied combatants or storing arms. However, this protection can be suspended only after due warning has been given with a reasonable time limit and only after that warning has gone unheeded (GC I, Arts 21 and 22; AP I, Art. 13; AP II, Art. 11; Customary IHL Study, Rule 28).

Medical transports

Any means of transportation that is assigned exclusively to the conveyance of the wounded and sick, medical personnel, and/or medical equipment or supplies must be respected and protected in the same way as medical units. If medical transports fall into the hands of an adverse party, that party becomes responsible for ensuring that the wounded and sick in their charge are cared for (GC I, Art. 35; GC II, Arts 38 and 39; AP I, Arts 21–31; AP II, Art. 11; Customary IHL Study, Rules 29 and 119).

Perfidy

Parties to an armed conflict who use medical units or transports with the intent of leading the opposing parties to believe they are protected, while using them to launch attacks or carry out other acts harmful to the enemy, commit acts of perfidy. If such an act of perfidy results in death or injury to individuals belonging to an adverse party, it constitutes a war crime (AP I, Arts 37 and 85(3)(f); Customary IHL Study, Rule 65).

USE OF THE DISTINCTIVE EMBLEMS

When used as a protective device, the emblem – the red cross, the red crescent or the red crystal – is the visible sign of the protection conferred by the Geneva Conventions and their Additional Protocols on medical personnel, medical units and medical transports. However, no such emblem confers as such protection; it is the fact that persons or objects meet the requirements for qualifying as medical personnel and objects and the fact that they discharge medical functions that are constitutive of protection (GC I, Art. 38; GC II, Art. 41; AP I, Art. 8(l); AP II, Art. 12; Additional Protocol III; Customary IHL Study, Rule 30).

During an armed conflict, the authorized users of a protective emblem include military medical personnel, units and transports; National Red Cross and Red Crescent Societies' medical personnel, units and transports that have been recognized by the state and authorized to assist the medical services of the armed forces; state-certified civilian medical units authorized to display the emblem; and medical personnel in occupied territory. The emblem used as a protective device should be large enough to ensure visibility so that an adversary could recognize medical units from a distance on the battlefield. Medical units and transports may also use distinctive signals (such as light and radio signals) (GC I, Arts 39–44; GC II, Arts 42 and 43; AP I, Arts 39–44; AP II, Art. 12).

When used as an indicative device, the emblem links the person or object displaying it to an institution of the International Red Cross and Red Crescent Movement. In this case, the sign should be relatively small (GC I, Art. 44).

Attacking buildings, material, medical units and transports or personnel displaying the distinctive emblems is a war crime.

Misuse of the emblem

Any use of the emblem not prescribed by IHL is considered to be improper (GC I, Art. 53; AP I, Arts 37, 38 and 85; AP II, Art. 12; Customary IHL Study, Rule 59).