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:	在“激励对国际人道法做出政治承诺的全球倡议”（简称“国际人道法全球倡议”）下，**尼日利亚、巴基斯坦、西班牙、乌拉圭和红十字国际委员会**荣幸呈上：
WORKSTREAM 5	工作领域 5
SECOND STATE CONSULTATION	**在武装冲突中实现对医院有意义的保护**
ON ACHIEVING MEANINGFUL PROTECTION FOR HOSPITALS IN ARMED CONFLICT	**第二轮国家咨商**
TUESDAY, 2 DECEMBER 2025	2025 年 12 月 2 日，星期二
9:00–18:00 (UTC+1)	9:00-18:00 (UTC+1)
FORMAT: IN PERSON (ICRC HUMANITARIUM IN GENEVA) AND ONLINE (ZOOM)	会议形式：线下（红十字国际委员会日内瓦人道中心）和线上（ZOOM 网络会议）

Background	背景
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.	根据国际人道法的规定，医院及其他医疗机构享有特别保护，任何时候都必须受到尊重和保护，且在任何情况下均不得遭受攻击。然而当代武装冲突中的现实情况却触目惊心，这表明此类保护正面临挑战。“在武装冲突中实现对医院有意义的保护”工作领域，旨在推动各国代表与专家共同审视国际人道法下医院享有特别保护的主要框架，并应对可能削弱此类保护的法律与行动层面的挑战。其总体目标是确保增进各方对赋予医疗机构特别保护的现行国际人道法规则的认识与理解，并在适用这些规则时维护其人道宗旨和保护意图。
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.	在第一轮咨商中，各国代表和专家重申医疗设施享有国际人道法所赋予的最高级别的保护，并决心共同努力，确保在当今的冲突中使此类保护更加有效、更具实质意义。参与方重点探讨了如何更好地确保医院不被滥用于从事害敌行为，并初步厘清了在任何失去保护的例外情形发生前必须满足的条件，包括发出警告的义务。此外，第一轮咨商还阐明了区分原则、比例原则和预防措施原则如何进一步限制针对医院的攻击，从而表明针对医院的攻击在国际人道法下几乎不可能具有合法性。
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	第二轮咨商将基于第一轮咨商中分享的国家实践、法律观点和行动建议，继续重点探讨以下问题：出于军事目的滥用医疗机构、害敌行为以及警告要求。在第一轮咨商中，各国及专家还强调了其他需纳入第二轮咨商的议题，其中包括：为履行保护医疗机构的总体义务，需确保医疗机构能够持续运作，例如通过保障医院获得充足的医疗用品、设备及关键资源以维持其正常运作。

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	# 目标
The objectives of this consultation are to:	本轮咨商的目标是：
• **provide an update on the workstream and its progress**:	• **介绍本工作领域的最新情况及进展：**
○ brief participants on the findings of the first consultation reflected in the progress report and on insights gained from subsequent supporting events	○ 向参与方简述进展报告反映的第一轮咨商结论，以及后续支持活动所贡献的见解
○ outline the next steps towards identifying the workstream's final recommendations	○ 概述后续工作步骤，推动本工作领域形成最终建议
• **ensure that a wide-ranging set of good practices are collected** to improve respect for and implementation of IHL norms protecting medical facilities	• **确保广泛收集良好实践，**以促进遵守和实施保护医疗设施的国际人道法规范
• **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.	• **就目前已征集的良好实践向各国及专家征询实质性意见，**补充其他务实可行的措施，并确定可能需要进一步思考的领域。
# Next steps	# 后续工作步骤
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.	本轮咨商将为后续多轮国家咨商的讨论提供参考，并推动形成本工作领域的最终建议。本轮咨商的成果也将为关于实现对医院有意义的保护的工作领域开展更广泛的工作提供参考，并将促成具体建议的制定。作为本工作领域的一部分，基于第一轮咨商所讨论的比例原则和预防措施原则等其他议题，本工作领域将于 2026 年额外举行一次专题咨商，这次专题咨商也将促成具体建议的制定。所有建议将在 2026 年第二季度发布，并将作为各国进一步讨论的议题。

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.	与第一轮咨商相同，本次国家间的讨论将配套举行专家研讨会，邀请该专业领域的个人专家和专业机构参与。专家研讨会将先于国家咨商，于 2025 年 10 月 30 日至 31 日举行。专家研讨会的讨论摘要将于 2025 年 12 月 2 日咨商期间向全体与会国家发布。
All upcoming supporting events are announced on the Humanity in War website.	即将举行的所有支持活动均通过“战争中的人道”网站发布。
Participants	**参与方**
• The consultation will be held primarily in person in Geneva. Online participation is also possible.	• 本轮咨商主要在日内瓦线下举行，也开放线上参会渠道。
• 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.	• 本轮咨商欢迎所有感兴趣的国家参会，尤其欢迎来自各国首都、参与规划军事行动的国防部高级军事官员，来自卫生部的代表以及各国常驻日内瓦代表团的代表参会。
• Relevant stakeholders (e.g. from international organizations, civil society and academia) will also participate upon invitation.	• 利益相关方（如国际组织、民间社会及学术界代表）也将应邀参会。
• Kindly register no later than **30 November 2025**, using this link: https://forms.office.com/e/bZtFh2PJe2.	• 请至迟于 **2025 年 11 月 30 日**前完成注册，注册链接：https://forms.office.com/e/bZtFh2PJe2。
Procedure	**程序事项**
• The working languages will be **Arabic, Chinese, English, French, Russian and Spanish**, with simultaneous interpretation.	• 会议工作语言为**阿拉伯文、中文、英文、法文、俄文和西班牙文**，会议期间提供同声传译。
• We ask states to kindly limit their statements to **four minutes** to ensure sufficient time for all participants to take	• 请各国将发言时间限制在**四分钟**内，确保所有参与方都有足够时间发言。在会议每个部分结束时，待有意发言的所有参与方发言完

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.	毕后，各国及其他参与方将有机会就他方提出的观点进行讨论。
• When preparing their statements, participants are requested to kindly consider the **guiding questions** provided in the agenda below.	• 在准备发言内容时，请各参与方对以下议程中所列的**引导性问题**进行考虑。
• 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.	• 鉴于线上线下混合会议存在的技术限制，我们鼓励线下参会的代表团进行现场发言，并务必在一切情况下认真听取线上代表团的发言。
• 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.	• 咨商全程的讨论将始终保持**包容性、建设性、非政治化，并以解决方案为导向**。鼓励各参与方在咨商会议中提及其本国国内实践，但请避免讨论具体国家和地区或其他国家的实践。
• 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.**	• 为协助会议口译，请各参与方在 2025 年 11 月 30 日前将发言稿通过邮件分享至 ihlinitiative@icrc.org，邮件标题栏请注明"医院工作领域第二轮咨商"。我们也鼓励各参与方会后通过电子邮件提交完整的书面发言稿。**除非明确提出保密请求，上述发言稿均将通过红十字国际委员会官网公开发布。**
• The consultation will be recorded, but the recording will not be made public.	• 咨商会议将进行录像，但录像不会公开。

Agenda	会议议程
Achieving Meaningful Protection	**在武装冲突中实现对医院有意义的保护**
of Hospitals in Armed Conflict	
Second Round of Consultations	**第二轮咨商**
9:00–18:00, 2 December 2025	2025 年 12 月 2 日，9:00-18:00
ICRC Humanitarium, 17 avenue de la Paix, 1202 Geneva	红十字国际委员会人道中心（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.	以下议程列出了第一轮国家咨商和专家研讨会中提出的良好实践。每一部分所列出的引导性问题旨在就已确定的良好实践征集实质性意见，并收集更多良好实践以改善保护医院的国际人道法规则的实施情况。
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.	为奠定讨论基础，本部分阐述了这些良好实践所依据的若干国际人道法义务。此外为便于查阅，本文附件还列出了国际人道法关于保护医疗活动、保护伤者病者、保护医务人员、医疗队和医务运输工具以及使用特殊标志的主要原则。
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.	请各国在国家咨商期间就这些问题发表意见；如各国愿意，也可在咨商期间就武装冲突中保护医院这一主题分享一般性的意见和实践做法。请注意，本问题清单也将作为 2025 年 10 月 30 日至 31 日举行的第二次专家研讨会材料进行分享，届时国际人道法学者、公共卫生从业者及军事人员将齐聚一堂，共同讨论相同问题。
**Depending on the number of statements given, all times set out below are subject to change.*	*以下所有时间安排均将基于发言数量进行调整。
	现场注册和茶叙/线上登录和接入会议 — 8:30–9:00

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. **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	9:30–10:40

会议开幕、情况概述 红十字国际委员会与联席主席国	9:00–9:30
第 1 部分：履行尊重和保护医疗机构的义务：避免攻击 本部分旨在探讨为落实尊重和保护医疗机构这项义务可遵循的良好实践，以确保履行人道职能的医疗机构免遭攻击或破坏。 **专家发言** 医疗机构享有国际人道法所赋予的最高级别的保护，即特别保护。武装冲突各方在任何情况下均有义务尊重并保护医疗机构。尊重医疗设施要求武装冲突各方必须避免对其发动攻击。 **引导性问题** 5. 贵国制定了哪些具体的军事条令与指令以避免攻击医疗设施？ 6. 在军事行动前，贵国如何让医疗当局或医疗服务提供方参与，或从医疗实体处收集信息，以掌握医疗机构的位置，并了解维持其运作的基本服务及运送路线？ 7. 贵国已确立哪些医疗服务提供方与军队间的协调措施与程序，并在实践中取得良好成效（即军民协同）？ 8. 以下清单列出了从各国收集的良好实践。贵国是否有补充意见或其他良好实践，以确保医院免遭攻击？ • 确保目标选定流程（含交战规则）体现国际人道法赋予医疗机构的特别保护。 • 在作战区域及其邻近范围内，对医疗设施的位置进行识别、绘制地图并定期更新；根据医院、诊所、初级卫生保	9:30–10:40

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.	健中心或急救站等不同医疗机构的类型，评估其重要性和提供医疗服务的能力。 • 通过确定所有医疗机构的位置及维持其运作的水电系统等基本服务，制定并持续更新禁止攻击名单与限制攻击名单。 • 建立与医疗服务提供方的协调平台，用于： ○ 提供关于宵禁、雷区、战争遗留爆炸物分布图、边境状态和路线这些可能影响医疗服务获取和供应的信息 ○ 在极少数情况下，当医院的部分区域可能受到攻击时，制定医疗后送的程序。	
	茶歇	10:40–11:00
	第 2 部分：履行尊重与保护义务：避免为军事目的滥用医疗机构 本部分将重点讨论如何避免医疗机构在其人道职能之外被滥用于军事目的，此为履行尊重医疗机构义务的核心内容。 为履行尊重医疗机构的义务，冲突方需采取一切切实可行的措施，防止医疗机构被用于从事其人道职能以外的害敌行为。为军事目的滥用医疗机构会损害其提供医疗功能的能力。此外，一旦医疗机构被滥用于军事目的就会失去特别保护，这进一步凸显了避免滥用的重要性。 **引导性问题** 5. 在军事实践中，存在哪些措施或程序能够避免医疗机构在其人道职能之外被滥用于军事目的？如何将这些措施融入军事行动规划？	11:00–12:15

• Establish a coordination platform with health-care providers that can be used to:
  ○ 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
  ○ 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	11:00–12:15

6. 标准操作程序、行动命令和/或其他相关文件对于将医院用于军事行动目的有何严格规定？ 7. 对于避免医疗机构在其人道职能之外被用于军事目的的相关措施，如何提高武装部队成员在这方面的认识？ 8. 以下清单列出了从各国收集的良好实践。贵国是否有补充意见或者其他良好实践，以确保医院不被滥用于军事目的？ • 主管部委在所有医疗机构推行“禁止携带武器”政策，并采取必要措施予以落实。 • 明确军事替代方案，避免医院用于其人道职能之外的军事目的，并通过培训和发布明确指令禁止武装部队将医院用于军事目的。 • 单方面承诺永远不将医疗机构用于军事目的。	
午餐（自理）	12:15–13:15
第 3 部分：履行尊重和保护的义务：为冲突期间医院的正常运转提供便利 本部分将重点探讨如何确保医疗机构在冲突期间能继续正常运转并提供医疗服务，此为履行保护医疗机构以及收集和照顾伤者病者义务的核心内容。 为保护医疗机构并保护、收集和照顾伤者病者，武装冲突各方需要采取积极措施，包括一切可行措施以支持医疗机构运转并防止其遭受损害（如第三方劫掠等）。 交战各方必须采取一切可行措施，为医疗机构的正常运转提供便利，包括确保医院获得充足的医疗用品和设备以继续提供医疗服务，同时确保医院	13:15–14:45

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.

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

可以持续获取水电等维持运转的基本服务。

引导性问题

4. 能够采取哪些具体步骤，确保医疗机构在持续敌对行动中仍能获取医疗用品与设备？
5. 能够采取哪些实际措施，确保医疗设施不被切断水电等关键资源，以维持其正常运转并继续提供医疗服务？
6. 以下清单列出了从各国收集的良好实践。贵国是否有补充意见或其他良好实践，以确保武装冲突期间医院继续正常运转？
    - 积极协助确保向医疗机构提供医疗物资和设备，并确保其不被切断水电等关键资源，以继续提供医疗服务。
      为此，应与医疗当局和医疗服务提供方建立联系，全面掌握医疗用品的供应路线，确定可行的替代补给路线，并详细计划能够维持医疗设施正常运转的水电系统等基本服务。
    - 建立与医疗服务提供方之间的协调平台，用于制定应急预案，应对因军事行动可能造成的医疗服务中断，并尽快全面恢复医疗服务供应。

第 4 部分：丧失特别保护：害敌行为

14:45–16:00

仅在同时满足以下三个条件时，医疗机构才会丧失特别保护：

(1) 医疗机构被用于从事其人道职责之外的害敌行为
(2) 已发出警告，并依适当情形设定停止此类行为的合理时限
(3) 此种警告遭到忽视。

“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.		本部分将聚焦于丧失特别保护的第一个条件，即将医疗机构用于从事害敌行为。 **专家发言** “害敌行为”指军事或民用医院及其他医疗队在其人道职能之外，直接或间接用于介入军事行动，从而对敌方造成损害的行为。 根据国际人道法，下列行为不被视作害敌行为： • 医疗队人员配有武器，因自卫或保护伤者、病者而使用武器 • 医疗机构由持轻武器的警卫或武装部队成员保卫，以防范劫掠和暴力，但不以此对抗敌方部队缴获或控制医疗队 • 医疗机构内发现有由伤者、病者身上所解除之小型武器及弹药而尚未缴送主管机关 • 武装部队成员（包括受伤和患病的战斗员）出于医疗原因而留在医疗设施内 • 向敌方士兵或作战人员提供医疗服务。 基于国家实践，以下行为经核实后视为害敌行为： • 出于非自卫目的从医疗机构内向敌方开火 • 在医疗机构内设置火力点 • 将医院作为冲突相关的审讯中心 • 为掩护军事目标免受敌方军事行动攻击而故意将医疗机构设于其附近（掩护指故意滥用医疗机构从而为军事行动制造物理障碍；仅医疗机构与军事目标相邻本身不构成掩护）。	
Lunch (not provided)	12:15–13:15		
Session 3: Implementing the obligation to respect and protect: Facilitating the functioning of hospitals during conflicts 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.	13:15–14:45		

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

引导性问题

5. 除军事信息来源外，在核实医疗机构被用于从事害敌行为的指控时，还可以考虑哪些其他公开信息来源（如卫生当局发布的声明等）？
6. 如何能够将“害敌行为”的概念更好地体现于军事手册或交战规则，以确保其在军事行动中得到有效适用？
7. 为避免或尽量减少实践中因评估“害敌行为”而降低医院特别保护的可能性，可能需要获取哪些补充事实依据，从而判定以下情形确已发生？
    - 医院被用作指挥和控制中心；
    - 医院被用于掩护军事目标；
    - 医院被用作健全战斗员的掩体；
    - 医院被用作武器或弹药库，即存放由伤者、病者身上解除之武器或弹药以外的武器或弹药；
    - 医院被用作军事观察站。
8. 以下清单列出了从各国收集的良好实践。贵国是否有补充意见或其他良好实践，以确保医院仅在例外情况下失去特别保护？
    - 将医疗机构可能失去保护地位的例外情况纳入交战规则：（1）医疗机构被用于从事害敌行为；（2）已发出警告，并依适当情形设定停止此类行为的合理时限；（3）此种警告受到忽视。
    - 使用所有合理可得且可靠的信息来源（如军事、医疗及其他公开渠道），核实关于医疗机

	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.		构被用于从事害敌行为的报告。	
	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	14:45–16:00	茶歇	16:00–16:20
			第 5 部分：丧失特别保护：警告要求 本节将继续探讨医疗机构失去特别保护的问题，并重点讨论警告要求。 **专家发言** 发出警告具有强制性；其目的在于使实施害敌行为的一方有机会终止此类行为，若其未能停止，则为伤者、病者留出足够的时间安全撤退。 仅在重大军事必要情形下或行使自卫权等例外情况下才可免除警告要求，如当战斗员靠近军用医疗机构时遭机构内人员射击时。 发出警告不免除攻击方遵守区分原则和比例原则的义务，也不免除其采取其他预防措施以避免或至少尽量减少平民生命附带受损失、平民受伤害和民用物体受损坏的义务。 **引导性问题** 6. 就发出警告而言，存在哪些与敌方及医疗当局建立沟通渠道方面的良好实践？ 7. 相较于逐步推进的方式，同时向敌方和医疗当局发出警告的相对优势和劣势是什么？ 8. 采用排列先后顺序的方式发出警告，即先通过直接沟通渠道（电话、电子邮件、信函）联系敌方，后使用间接渠道（公告、传单）进行跟进有哪些利弊？ 9. 能够采取哪些实际措施，使发出警告的一方能够确认警告已获重视，并确定医疗机构此后将完全用于医疗目	16:20–17:30

(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.

的？此类情况下应如何组织核查流程？

10. 以下清单列出了从各国收集的良好实践。对于如何落实警告要求，贵国有何补充意见或其他良好实践？

    - 应在标准操作程序和作战命令中明确规定警告应：
        - 为停止敌对行为、冲突各方和/或医院工作人员回应不实指控设定可行期限，若未获回应，则在采取军事应对行动前为患者及医疗设备安全撤退留出时间；
        - 明确指出医疗机构在其人道职责之外从事的害敌行为；
        - 通过确能送达敌方、卫生当局及医疗机构负责人员的途径发出；
        - 优先采用电话、电子邮件等直接沟通方式向敌方及医疗当局直接传达，并依适当情形酌情以传单、公告等间接方式补充跟进。
    - 应明确判定某医疗机构丧失受保护地位所需的权限级别。

总结发言 红十字国际委员会和联席主席国	17:30–18:00

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 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	16:20–17:30	

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	附件
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.	本节概述了国际人道法中关于保护伤者病者、保护医务人员、医疗队和医务运输工具以及使用特殊标志的法律框架。
THE WOUNDED AND SICK	**伤者与病者**
Attacking, harming or killing	**攻击、伤害或杀害**
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).	在任何情况下，伤者与病者均须受到尊重；对其生命之任何危害或对其人身之暴行均应严格禁止（《日内瓦第一公约》第 12 条；《日内瓦第二公约》第 12 条；《日内瓦第四公约》第 16 条；《第一附加议定书》第 10 条；《第二附加议定书》第 7 条）。
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).	故意杀害或故意使身体及健康遭受重大痛苦或严重伤害，构成严重破坏日内瓦公约的战争罪（《日内瓦第一公约》第 50 条；《日内瓦第二公约》第 51 条）。
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.	在某些情况下，如果符合必要的标准，拒绝给予医疗救治的行为可能构成虐待或不人道待遇、对人身尊严的侵犯，特别是侮辱性和有辱人格的待遇，以及酷刑。
Searching for and collecting	**搜寻并收集**
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).	武装冲突各方必须立即采取一切可能的措施以搜寻并收集伤者、病者。如果情况允许，各方必须商定办法，以便搬移或交换伤者病者（《日内瓦第一公约》第15 条；《日内瓦第二公约》第18 条；《第二附加议定书》第 8 条；《红十字国际委员会习惯国际人道法研究》（简称《习惯国际人道法研究》）规则 109；另见《第一附加议定书》第17 条，关于平民居民和救济团体在救助伤者病者和遇船难者方面的作用）。
Protection and care	**保护和照顾**
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).	武装冲突各方必须保护伤者、病者不受抢劫和虐待。他们还必须确保在最大实际可能范围内，尽速向伤者、病者提供适当的医疗照顾（《日内瓦第一公约》第15 条；《日内瓦第二公约》第 18 条；《日内瓦第四公约》第 16 条；《第二附加议定书》第 7 条和第 8 条；《习惯国际人道法研究》规则 111）。
Treatment without discrimination	**不加歧视地对待**
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	对待伤者病者，不得有所歧视。在这类人之中，不应以医疗以外的任何理由为依据加以任何区别。（《日内瓦第一公约》第 12 条；《日内瓦第二公约》第 12 条；《第二附加议定书》第 7 条第 2 款；《习惯国际人道法研究》规则 110）。

condition (GC I, Art. 12; GC II, Art. 12; AP II, Art. 7(2); Customary IHL Study, Rule 110).	
MEDICAL PERSONNEL	**医务人员**
Protecting and respecting	**保护和尊重**
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).	专门从事医疗工作/目的的医务人员必须始终受到尊重和保护，除非他们越出其人道任务之外实施了有害于敌方之行为（《日内瓦第一公约》第 24 条；《第一附加议定书》第 15 条；《习惯国际人道法研究》规则 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)).	当医务人员携带并使用武器自卫或保护在其照顾下的伤者、病者时，他们不会失去其有权享有的保护（《日内瓦第一公约》第 22 条第 1 款；《日内瓦第二公约》第 35 条第 1 款；《第一附加议定书》第 13 条第 2 款第 1 项）。
The wounded and sick under their care remain protected even if the medical personnel themselves lose their protection.	即使医务人员本身失去了保护，其所照顾的伤者、病者仍受到保护。
Provision of care	**提供照顾**
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)).	武装冲突各方不得阻止医务人员通过，从而妨碍医疗服务的提供。他们必须为救治伤者、病者提供便利，并为医务人员提供必要的协助和保护（《日内瓦第一公约》第 15 条；《日内瓦第二公约》第 18 条；《日内瓦第四公约》第 17 条；《第一附加议定书》第 15 条第 4 款）。
HEALTH-CARE PROFESSIONALS	**专业医务人员**
Impartial care	**公正的照顾**
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).	任何专业医务人员不得因从事符合医疗道德的活动（如提供公正的照顾）而受惩罚（《第一附加议定书》第 16 条第 1 款；《第二附加议定书》第 10 条第 1 款；另见《日内瓦第一公约》第 18 条，关于平民人口的作用；《习惯国际人道法研究》规则 26）。
MEDICAL UNITS AND TRANSPORTS	**医疗队和医务运输工具**
Medical units	**医疗队**
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.	医疗队，例如医院和其他为了医疗目的而组织且专门用于医疗目的的设施，在任何情况下，均须收到尊重和保护。不得攻击医疗队，亦不得限制人们进入医疗队。
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).	武装冲突各方必须采取措施保护医疗队免受攻击，例如确保医疗队不设在军事目标附近（《日内瓦第一公约》第 19 条；《日内瓦第二公约》第 22 条；《日内瓦第四公约》第 18 条；《第一附加议定书》第 12 条；《第二附加议定书》第 11 条；《习惯国际人道法研究》规则 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).	医疗队如果用于从事人道职务以外的害敌行为，例如掩护健全的战斗员或储存武器，则将失去其有权享受的保护。但此项保护仅在发出定有合理时限的适当警告，而警告仍无效果后，才得中止（《日内瓦第一公约》第 21 条和第 22 条；《第一附加议定书》第 13 条；《第二附加议定书》第 11 条；《习惯国际人道法研究》规则 28）。
Medical transports	**医务运输工具**
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).	任何专门用于运送伤者与病者、医务人员和/或医疗设备或用品的运输工具都必须与医疗队一样受到尊重和保护。如果医务运输工具落入敌方之手，该方有责任确保该医务运输工具照顾下的伤者、病者得到照顾（《日内瓦第一公约》第 35 条；《日内瓦第二公约》第 38 条和第 39 条；《第一附加议定书》第 21-31 条；《第二附加议定书》第 11 条；《习惯国际人道法研究》规则 29 和 119）。
Perfidy	**背信弃义**
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).	武装冲突各方使用医疗队或医务运输工具，意图使敌方相信它们受到保护，同时利用它们发动攻击或实施其他害敌行为，属于背信弃义行为。如果这种背信弃义行为导致敌方人员伤亡，则构成战争罪（《第一附加议定书》第 37 条和第 85 条第 3 款第 6 项；《习惯国际人道法研究》规则 65）。
USE OF THE DISTINCTIVE EMBLEMS	**特殊标志的使用**
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).	特殊标志——红十字、红新月或红水晶标志——用作保护手段时，是日内瓦四公约及其附加议定书赋予医务人员、医疗队和医务运输工具之保护的有形标记。然而，此类保护并非此类标志所赋予的；个人或物体符合构成医务人员和医疗物体的要求并履行医疗职务的事实，才是享有保护的构成要素（《日内瓦第一公约》第 38 条；《日内瓦第二公约》第 41 条；《第一附加议定书》第 8 条第 1 款；《第二附加议定书》第 12 条；《第三附加议定书》；《习惯国际人道法研究》规则 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	在武装冲突期间，准许使用保护标志的人员包括军事医务人员、医疗队和医务运输工具；经本国认可并核准协助武装部队医疗部门的国家红十字会和红新月会的医务人员、医疗队和医务运输工具；经国家认证被核准展示标志的平民医疗队；以及在被占领领土内的医务人员。作为保护手段使用的标志应足够大，以确保可见性，使敌方能在战场上从远处认出医疗队。医疗队和医务运输工具还可使用特殊信号（如光信号和无线电信号）（《日内瓦第一公约》第 39-44 条；《日内瓦第二公

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).	约》第 42 条和第 43 条；《第一附加议定书》第 39-44 条；《第二附加议定书》第 12 条）。
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).	特殊标志用作识别手段时，将展示标志的人或物与国际红十字与红新月运动的机构联系起来。在这种情况下，标志应相对较小（《日内瓦第一公约》第 44 条）。
Attacking buildings, material, medical units and transports or personnel displaying the distinctive emblems is a war crime.	攻击展示特殊标志的建筑物、物资、医疗队和医务运输工具或医务人员属于战争罪。
Misuse of the emblem	**特殊标志的滥用**
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).	国际人道法未作规定的任何特殊标志使用行为均构成不正当使用标志（《日内瓦第一公约》第 53 条；《第一附加议定书》第 37、38 和 85 条；《第二附加议定书》第 12 条；《习惯国际人道法研究》规则 59）。