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

# THIRD STATE CONSULTATION ON ACHIEVING MEANINGFUL PROTECTION FOR HOSPITALS IN ARMED CONFLICT

*For capital-based senior military officials from the defence ministry who are involved in the planning of military operations, and representatives from the ministry of health and/or Permanent Missions in Geneva*

WEDNESDAY, 11 FEBRUARY 2026

09:30–13:30 (UTC+1)

FORMAT: IN PERSON (GENEVA) AND ONLINE (ZOOM)

## Background

Under international humanitarian law (IHL), hospitals and other medical facilities that are used within their humanitarian function are granted specific protection, according to which they must at all times be respected and protected and may under no circumstances be attacked as long as they are used within their humanitarian function. This includes the obligation of belligerents to take all feasible measures to support the functioning of medical facilities. Despite this elevated protection that hospitals enjoy, contemporary armed conflicts point to a chasm between the law and the grim reality on the ground. 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 second consultation, states and experts continued to reaffirm the specific protection granted to medical facilities while focusing on good practices to implement the obligation to respect and protect medical facilities. In particular, participants shared key aspects of their military doctrine and practice

on avoiding attacks and avoiding misuse of hospitals to commit acts harmful to the enemy outside their humanitarian function leading to a loss of specific protection. In this regard, good practices included communicating with medical entities in advance of military operations so that hospitals are not attacked or used for military purposes and taking concrete steps to ensure that medical facilities receive adequate medical supplies and vital resources, such as electricity and water, so they can continue to deliver medical services in armed conflict. States and experts also delved into good practices for implementing legal safeguards to prevent an exceptional loss of protection, for instance by ensuring that military doctrine and military manuals include a strict definition of acts harmful to the enemy and reflect the mandatory nature of the warning requirement. States and experts also shared approaches to substantiating allegations that a hospital has been misused for military purposes in order to avoid or minimize errors in assessments.

The third consultation will build on the domestic practices, legal perspectives and operational recommendations shared during the first and second rounds. In particular, it will address the principle of precaution, which places further limits on attacks against hospitals and other medical units in the rare instance when they forfeit specific protection and become a military objective. In addition, the consultation will address good practices around implementing and enforcing IHL rules related to the specific protection for hospitals, building on contributions received during the first consultation on these questions.

# Objectives

The objectives of this consultation are to:

- provide an update on the workstream and its progress:
  - brief participants on the findings of the second consultation and on insights gained from the second expert workshop
  - 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 on good practices collected thus far, supplement them with additional practical measures and identify areas that could benefit from further consideration.

# Next steps

Following the three rounds of consultations, the co-chairing states and the ICRC will formulate concrete recommendations, which will be presented to all states for further discussion:

- On **1 April 2026**, the first versions of the recommendations for all workstreams will be sent to all Permanent Missions in Geneva and published on the Humanity in War website.
- The **fourth round of consultations** will be held between **4 and 6 May 2026**, in a **hybrid format**. During this round, all states will be invited to share comments on the first versions of the recommendations for each workstream, which will be discussed sequentially.
- On **1 June 2026**, the second versions of the recommendations for all workstreams will be sent to all states and published on the Humanity in War website.
- The **fifth round of consultations** will be held between **22 and 26 June 2026**, in a **hybrid format**. All states will be invited to provide final comments on the recommendations. Following this round, the co-chairing States and the ICRC will finalize the recommendations for each workstream, which will be presented to all states in the second part of 2026.

# Participants

- The consultation will be held in a hybrid format with participation in person and online.
- The consultation is **open to all states that are interested**, with a preference for capital-based senior military officials from the defence ministry who are involved in the planning of military operations, representatives from the ministry of health and representatives from Permanent Missions in Geneva.
- Other representatives with specific expertise in the subject matter (e.g. members of international organizations, civil society and academia) will also participate upon invitation.
- Please register no later than **Friday, 30 January 2026**, using the registration form.

# Procedure

- The working languages will be **Arabic, Chinese, English, French, Russian and Spanish**, with simultaneous interpretation.
- We ask participants to limit their statements to **four minutes** to ensure sufficient time for all participants to take the floor. At the end of the consultation, and after all participants 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.
- 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 interpretation, we invite participants to share a copy of their statements by 30 January 2026, via email at ihlinitiative@icrc.org, with "Hospitals workstream third consultation" in the subject line. We also encourage participants to send their full written statements by email after the meeting. **Unless confidentiality is explicitly requested, these statements will be published on the** Humanity in War **website.**
- The consultation will be recorded, but the recording will not be made public.

# Agenda

## Achieving Meaningful Protection for Hospitals in Armed Conflict Third Round of Consultations

09:30–13:30, 11 February 2026
ICRC Humanitarium, 17 avenue de la Paix, 1202 Geneva

The programme agenda below presents good practices emerging from the first and second state consultations and expert workshops. 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 was shared as part of the second expert workshop, which was held on 30 and 31 October 2025, bringing 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.*

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| Registration and coffee / Login and connection | 9:00–9:30 |
| **Opening of the meeting and introduction** | 9:30–10:00 |
| **Session 1: The principle of precaution** | 10:00–11:30 |
| **Discussion**<br>This session looks at how to improve the implementation of the principle of precaution when a hospital is liable to attack or when it risks being incidentally harmed, and seeks to identify approaches to avoid or minimize such harm while ensuring continuity of care. Where necessary, such measures could involve evacuating patients, medical personnel and equipment.<br>Belligerents must take constant care to protect civilians from the dangers arising from military operations.<br>Belligerents must take all feasible precautions to minimize incidental harm in the rare situation when that part of a hospital becomes liable to attack.<br>Belligerents must take all feasible precautions when a hospital could be incidentally harmed by attacks against a military objective located in the vicinity, and in the case of attacks against dual-use infrastructure which enables their functioning.<br>This includes taking all feasible measures to minimize incidental harm to the wounded and sick, medical personnel and civilians. Special care must be taken not to destroy, damage or otherwise render inoperable medical equipment. Patients, medical personnel and civilians who cannot leave the medical facility for any reason whatsoever remain protected from attacks. | |

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| Belligerents must take all feasible precautions to protect medical facilities under their control against the effects of attacks, including by avoiding locating military objectives in the vicinity of medical facilities.<br><br>**Guiding questions**<br><br>1. What concrete measures can you recommend for best managing the continued delivery of health care, including when the evacuation of medical personnel and patients may become necessary (including post-operative patients, patients in intensive care and patients facing specific risks or with specific needs)?<br>2. What concrete measures can be taken to minimize indirect harm to hospitals by attacks against military objectives located in their vicinity or attacks against dual-use infrastructure that enables their functioning?<br>3. The list below provides good practices to implement the principle of precaution effectively. Please share any comments or reflections on these practices as well as any additional good practice you would recommend.<br><br>In addition to the general good practices on precautions, those specific to medical facilities include:<br><br>• concluding an agreement with the opposing party to create hospital and safety zones and localities, that are demilitarized and where the wounded and sick can be cared for, in accordance with the Geneva Conventions<br>• negotiating an agreement with the other party on the evacuation of medical personnel and their patients<br>• evacuating the wounded and sick while ensuring they have access to continued medical care<br>• taking appropriate measures to protect medical equipment against damage and destruction. | |
| Break | 11:30–11:45 |
| **Session 2: Ensuring implementation and enforcement of IHL rules protecting medical facilities** | 11:45–13:15 |
| **Discussion**<br><br>This session looks at how to ensure respect for IHL rules protecting hospitals and measures to ensure accountability for attacks against medical facilities that amount to serious violations of IHL.<br><br>States must respect their IHL obligations, including in relation to the protection of medical facilities.<br><br>States must enact any legislation necessary to prohibit grave breaches and other serious violations of IHL and to provide effective penal sanctions for individuals who have committed, or ordered to be committed, any serious violation of IHL.<br><br>States must investigate and prosecute all serious violations of IHL and hold the perpetrators and those with command responsibility over such actions accountable.<br><br>The following serious violations of IHL affecting medical facilities must be integrated into domestic legislation as criminal offences with corresponding penalties.<br><br>*Attacks against health facilities* | |

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| Intentionally directing attacks against a health-care facility that has not lost specific protection – and therefore cannot be considered a military objective – amounts to a serious violation of IHL in international and non-international armed conflicts.<br><br>*Disproportionate attacks affecting health facilities*<br><br>An attack against a medical facility or that incidentally harms a medical facility with the knowledge that the expected harm to civilians and civilian objects, including the medical facility, would be clearly excessive in relation to the concrete and direct military advantage anticipated amounts to a serious violation of IHL.<br><br>*Perfidy*<br><br>Parties to an armed conflict who use medical units or transports to launch attacks or carry out other acts harmful to the enemy with the intent of leading the opposing parties to believe they are protected 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 serious violation of IHL in international and non-international armed conflicts.<br><br>**Guiding questions**<br><br>1. What individual and collective measures can states take to promote respect for IHL by parties to armed conflicts in order to protect hospitals?<br>2. How can the recommendations be linked with existing initiatives or mandates that address the protection of hospitals and other medical facilities, such as United Nations Security Council Resolution 2286 (2016) or the Office of the Special Representative of the Secretary-General for Children and Armed Conflict, which covers misuse and attacks against hospitals among the six grave violations against children?<br>3. The following list presents obligations and good practices on ensuring accountability for serious violations of the rules of IHL protecting medical facilities. What other good practices exist or could be developed?<br>• Establish a system for investigating allegations of military interference with the functioning of medical facilities, misuse of medical facilities for military purposes, attacks against medical facilities and the blocking of medical supplies needed for the functioning of hospitals.<br>• In the case of attacks against medical facilities amounting to grave breaches or war crimes, bring the perpetrators and those with command responsibility over such actions to justice. In all other cases, adopt appropriate remedial measures to prevent any further violations.<br>• Train members of the judiciary and prosecutors on the specific protection granted to medical facilities under IHL. | |
| **Concluding remarks** | 13:15–13:30 |

# 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).