

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**

## **THIRD 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**

**第三轮国家咨商**

*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*

邀请来自各国防部常驻首都、参与军事行动规划的高级军事官员，卫生部代表和（或）常驻日内瓦代表团的代表参会

**WEDNESDAY, 11 FEBRUARY 2026**

**星期三，2026年2月11日**

09:30–13:30 (UTC+1)	09:30–13:30 (UTC+1)
FORMAT: IN PERSON (GENEVA) AND ONLINE (ZOOM)	会议形式: 线下 (日内瓦) 和线上 (ZOOM 网络会议)
<b>Background</b>	<b>背景</b>
<p>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.</p>	<p>根据国际人道法的规定,从事人道职务范围内工作的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,除非用于从事人道职务以外的行为。该规定包含交战各方采取一切可行措施支持医疗机构正常运作的义务。尽管医院享有此种较高程度的保护,但当代武装冲突表明法律与一线严酷现实之间仍存在明显鸿沟。“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。</p>
<p>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.</p>	<p>在第二轮咨商中,各国代表和专家继续重申医疗设施所享有的特别保护,同时重点讨论了履行尊重和保护医疗机构这一义务的良好实践。参与方尤其分享了其军事条令和实践中的关键内容,涉及如何避免攻击,以及如何避免将医院滥用于从事人道职务以外的害敌行为——此类行为可能导致医院丧失特别保护。这方面的良好实践包括:在军事行动前预先与医疗机构进行沟通,以避免医院遭受攻击或被用于军事目的;并且采取具体措施,确保医疗机构获得充足的医疗物资和重要资源,如水电供应,从而能够在武装冲突中持续提供医疗服务。各国代表和专家还深入探讨了法律保障实施方面的良好实践,以防止出现医院丧失保护这种例外情形,例如确保军事条令和军事手册对害敌行为作出严格定义,并体现发出警告这一要求的强制性。此外,各国代表和专家还就如何核实关于医院被滥用于军事目的指控分享了经验方法,旨在避免或最大限度减少评估误差。</p>
<p>The third consultation will build on the domestic practices, legal perspectives and operational recommendations</p>	<p>第三轮咨商将基于前两轮咨商中分享的国内实践、法律观点和行动建议,重点探讨预防措施原则,该原则进一步限</p>

<p>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.</p>	<p>制了针对极少数情况下丧失特别保护并构成军事目标的医院和其他医疗队实施的攻击。此外，本轮咨询还将基于首轮咨询中各方提出的意见，着重探讨与医院享有之特别保护相关的国际人道法规则在实施与执行方面的良好实践。</p>
<h2>Objectives</h2>	<h2>目标</h2>
<p>The objectives of this consultation are to:</p>	<p>本轮咨询的目标是：</p>
<ul style="list-style-type: none"> <li>• provide an update on the workstream and its progress: <ul style="list-style-type: none"> <li>◦ brief participants on the findings of the second consultation and on insights gained from the second expert workshop</li> <li>◦ outline the next steps towards identifying the workstream's final recommendations</li> </ul> </li> <li>• ensure that a wide-ranging set of good practices are collected to improve respect for and implementation of IHL norms protecting medical facilities</li> <li>• 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 介绍本工作领域的最新情况及进展： <ul style="list-style-type: none"> <li>◦ 向参与方简述第二轮咨询结论，以及第二轮专家研讨会贡献的见解</li> <li>◦ 概述后续工作步骤，推动本工作领域形成最终建议</li> </ul> </li> <li>• 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</li> <li>• 就目前已征集的良好实践向各国征询实质性意见，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。</li> </ul>
<h2>Next steps</h2>	<h2>后续工作步骤</h2>
<p>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:</p>	<p>在完成三轮咨询后，各联席主席国与红十字国际委员会将制定具体建议，呈交各国以供进一步讨论：</p>
<ul style="list-style-type: none"> <li>• On <b>1 April 2026</b>, the first versions of the recommendations for all workstreams will be sent to all Permanent Missions in Geneva and published on the <a href="#">Humanity in War</a> website.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2026年4月1日</b>，各工作领域初版建议将发送至所有常驻日内瓦代表团，并发布于“<a href="#">战争中的人道</a>”网站。</li> </ul>
<ul style="list-style-type: none"> <li>• The <b>fourth round of consultations</b> will be held between <b>4 and 6 May 2026</b>, in a <b>hybrid format</b>. 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.</li> </ul>	<ul style="list-style-type: none"> <li>• 第四轮咨询将于<b>2026年5月4日至6日</b>期间以线上线下混合形式召开。该轮咨询期间将依次对各工作领域建议进行讨论，我们将邀请所有国家就每一工作领域的初版建议提出意见。</li> </ul>
<ul style="list-style-type: none"> <li>• On <b>1 June 2026</b>, the second versions of the recommendations for all workstreams will be sent to all states and published on the <a href="#">Humanity in War</a> website.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>2026年6月1日</b>，各工作领域第二版建议将发送至所有国家，并发布于“<a href="#">战争中的人道</a>”网站。</li> </ul>

<ul style="list-style-type: none"> <li>The <b>fifth round of consultations</b> will be held between <b>22 and 26 June 2026</b>, in a <b>hybrid format</b>. 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.</li> </ul>	<ul style="list-style-type: none"> <li>第五轮咨商将于 <b>2026年6月22日至26日</b> 期间以线上线下混合形式召开。我们将邀请所有国家对建议文件提出最终意见。该轮咨商结束后，联席主席国与红十字国际委员会将最终确定每一工作领域的建议，并于 <b>2026年下半年</b> 呈交所有国家。</li> </ul>
<h2>Participants</h2> <ul style="list-style-type: none"> <li>The consultation will be held in a hybrid format with participation in person and online.</li> <li>The consultation is <b>open to all states that are interested</b>, 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.</li> <li>Other representatives with specific expertise in the subject matter (e.g. members of international organizations, civil society and academia) will also participate upon invitation.</li> <li>Please register no later than <b>Friday, 30 January 2026</b>, using the <a href="#">registration form</a>.</li> </ul>	<h2>参与方</h2> <ul style="list-style-type: none"> <li>咨商将以线上线下混合形式召开，开放现场参会和线上参会渠道。</li> <li>咨商欢迎所有感兴趣的国家参会，尤其欢迎来自各国国防部常驻首都、参与军事行动规划的高级军事官员，卫生部代表以及各国常驻日内瓦代表团的代表参会。</li> <li>就会议主题事项具备专业知识的其他代表（如国际组织、民间社会及学术界人士）也将应邀参会。</li> <li>请至迟于 <b>2026年1月30日（星期五）</b> 前通过<a href="#">注册表</a>完成会议注册。</li> </ul>
<h2>Procedure</h2> <ul style="list-style-type: none"> <li>The working languages will be <b>Arabic, Chinese, English, French, Russian and Spanish</b>, with simultaneous interpretation.</li> <li>We ask participants to limit their statements to <b>four minutes</b> 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.</li> <li>When preparing their statements, participants are requested to kindly consider the <b>guiding questions</b> provided in the agenda below.</li> <li>The <b>inclusive, constructive, non-politicized and solution-oriented</b> 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.</li> </ul>	<h2>程序事项</h2> <ul style="list-style-type: none"> <li>会议工作语言为<b>阿拉伯文、中文、英文、法文、俄文和西班牙文</b>，会议期间提供同声传译。</li> <li>请各参与方将发言时间限制在<b>四分钟</b>内，确保所有参与方都有足够时间发言。在咨商结束时，待有意发言的所有参与方发言完毕后，各国及其他参与方将有机会就他方提出的观点进行讨论。</li> <li>在准备发言内容时，请各参与方对以下议程中所列的<b>引导性问题</b>进行考虑。</li> <li>咨商全程的讨论将始终保持<b>包容性、建设性、非政治化</b>，并以<b>解决方案为导向</b>。鼓励各参与方在咨商会议中提及本国实践，但请避免讨论具体国家和地区或其他国家的实践。</li> </ul>

<ul style="list-style-type: none"> <li>To facilitate interpretation, we invite participants to share a copy of their statements by 30 January 2026, via email at <a href="mailto:ihlinitiative@icrc.org">ihlinitiative@icrc.org</a>, with “Hospitals workstream third consultation” in the subject line. We also encourage participants to send their full written statements by email after the meeting. <b>Unless confidentiality is explicitly requested, these statements will be published on the <a href="#">Humanity in War</a> website.</b></li> </ul>	<ul style="list-style-type: none"> <li>为协助会议口译,请各参与方于2026年1月30日前将发言稿通过邮件分享至 <a href="mailto:ihlinitiative@icrc.org">ihlinitiative@icrc.org</a>, 邮件标题栏请注明“医院工作领域第三轮咨商”。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,上述发言稿均将在“<a href="#">战争中的人道</a>”网站上公开发布。</li> </ul>
<ul style="list-style-type: none"> <li>The consultation will be recorded, but the recording will not be made public.</li> </ul>	<ul style="list-style-type: none"> <li>咨商会议将进行录像,但录像不会公开。</li> </ul>

## Agenda

## 会议议程

Achieving Meaningful Protection for Hospitals in Armed Conflict	在武装冲突中实现对医院有意义的保护
Third Round of Consultations	第三轮咨商
09:30–13:30, 11 February 2026	2026年2月11日, 09:30–13:30
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 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.	以下议程列出了前两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 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.	请各国在国家咨商期间就这些问题发表意见;如各同意,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,本问题清单已作为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,该研讨会期间国际人道法学者、公共卫生从业者及军事人员齐聚一堂,共同讨论相同问题。
<i>*Depending on the number of statements given, all times set out below are subject to change.</i>	*以下所有时间安排均将基于发言数量进行调整。

Registration and coffee / Login and connection	9:00–9:30	现场注册和茶叙/线上登录和接入会议	9:00–9:30
Opening of the meeting and introduction	9:30–10:00	会议开幕、情况概述	9:30–10:00
Session 1: The principle of precaution	10:00–11:30	第1部分：预防措施原则	10:00–11:30
<b>Discussion</b>  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.  Belligerents must take constant care to protect civilians from the dangers arising from military operations.  Belligerents must take all feasible precautions to minimize incidental harm in the rare situation when that part of a hospital becomes liable to attack.  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.  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.  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.		讨论  本部分旨在围绕医院可能成为攻击目标或面临附带损害风险的情形，探讨如何改善预防措施原则的实施情况，并寻求既能避免或最大限度减少此类损害，又能确保医疗服务持续性的方法。必要时，此类措施可包括撤离患者、医务人员及医疗设备。  交战各方必须经常注意保护平民免受军事行动所造成的危害。  在医院某部分可能成为攻击目标这种极少数情况下，交战各方必须采取一切可能的预防措施尽可能减少附带损害。  当医院可能因针对附近军事目标的攻击而遭受附带损害，或针对军民两用基础设施的攻击可能影响其运作时，交战各方必须采取一切可能的预防措施。  例如，采取一切可行措施最大限度减少对伤者病者、医务人员及平民的附带伤害。必须特别注意避免毁损、破坏医疗设备或以其他方式导致医疗设备无法运作。因任何原因无法从医疗机构撤离的患者、医务人员及平民，始终受到免受攻击的保护。  交战各方必须采取一切可能的预防措施，保护其控制下的医疗机构不受攻击的影响，包括避免将军事目标部署在医疗机构附近。	
<b>Guiding questions</b>		引导性问题  <b>1.</b> 对于如何最有效地确保持续提供医疗服务（包括在需要撤离医务人员和患者时，如术后患者、重症监护患者及面临特定风险或有	

<p>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)?</p> <p>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?</p> <p>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.</p> <p>In addition to the general good practices on precautions, those specific to medical facilities include:</p> <ul style="list-style-type: none"> <li>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</li> <li>negotiating an agreement with the other party on the evacuation of medical personnel and their patients</li> <li>evacuating the wounded and sick while ensuring they have access to continued medical care</li> <li>taking appropriate measures to protect medical equipment against damage and destruction.</li> </ul>		<p>特定需求的患者)， 贵国建议采取哪些具体措施？</p> <p>2. 贵国认为可采取哪些具体措施，以尽量减少因攻击医院附近的军事目标或攻击维持医院运作的军民两用基础设施而对医院造成的间接损害？</p> <p>3. 以下清单列出了有效实施预防措施原则的良好实践。请就这些实践分享意见或见解，并补充贵国建议采纳的其他良好实践。</p> <p>除预防措施方面的一般性良好实践外，针对医疗机构的具体良好实践包括：</p> <ul style="list-style-type: none"> <li>根据日内瓦四公约，与敌对方订立协定，设立非军事化的医院地带与安全地带及地方，以便救治伤者病者；</li> <li>与敌对方协商达成关于撤离医务人员及其患者的协定；</li> <li>在确保伤者病者能获得持续医疗照顾的前提下对其进行撤离；</li> <li>采取适当措施保护医疗设备免遭损毁。</li> </ul>	
Break	11:30-11:45	<p>会间休息</p> <p>第2部分：确保保护医疗机构的国际人道法规则的实施与执行</p> <p>讨论</p> <p>本部分将重点讨论如何确保关于医院保护的国际人道法规则得到尊重，并讨论哪些措施有助于确保对构成严重</p>	<p>11:30-11:45</p> <p>11:45-13:15</p>

<b>Session 2: Ensuring implementation and enforcement of IHL rules protecting medical facilities</b>	11:45–13:15	<p>违反国际人道法的攻击医疗机构之行为追究责任。</p>	
<b>Discussion</b>		<p>各国必须履行其国际人道法义务，包括保护医疗机构的相关义务。</p>	
<p>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.</p>		<p>各国必须制定必要立法，对严重破约行为及其他严重违反国际人道法的行为予以禁止，并对本身犯有或令人犯有严重违反国际人道法行为的个人，处以有效的刑事制裁。</p>	
<p>States must respect their IHL obligations, including in relation to the protection of medical facilities.</p>		<p>各国必须调查并起诉所有严重违反国际人道法的行为，并追究行为人与相关指挥责任人的责任。</p>	
<p>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.</p>		<p>以下影响医疗机构的严重违反国际人道法行为必须作为刑事犯罪纳入国内立法并制定相应刑罚。</p>	
<p>States must investigate and prosecute all serious violations of IHL and hold the perpetrators and those with command responsibility over such actions accountable.</p>		<p><b>针对医疗机构的攻击</b></p> <p>针对并未失去特别保护（因而不得视为军事目标）的医疗机构实施的蓄意攻击，在国际性和非国际性武装冲突中均构成严重违反国际人道法的行为。</p>	
<p>The following serious violations of IHL affecting medical facilities must be integrated into domestic legislation as criminal offences with corresponding penalties.</p>		<p><b>影响医疗机构的不成比例攻击</b></p> <p>针对医疗机构或对其造成附带损害的攻击行为，在实施时若明知该行为可能造成与预期的具体和直接军事利益相比显然为过分的平民伤害或民用物体（包括医疗机构）损害，则该攻击构成严重违反国际人道法的行为。</p>	
<p><i>Attacks against health facilities</i></p>		<p><b>背信弃义行为</b></p>	
<p>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.</p>		<p>武装冲突各方意图诱使敌方相信某医疗队或医务运输工具受到保护，同时使用该医疗队或医务运输工具发动攻击或实施其他害敌行为，构成背信弃义行为。如果这种背信弃义行为导致敌方人员死亡或受伤，则在国际性和非国际性武装冲突中均构成严重违反国际人道法的行为。</p>	
<p><i>Disproportionate attacks affecting health facilities</i></p>			
<p>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.</p>			
<p><i>Perfidy</i></p>			
<p>Parties to an armed conflict who use medical units or transports to launch</p>			

<p>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.</p> <p><b>Guiding questions</b></p> <ol style="list-style-type: none"> <li>What individual and collective measures can states take to promote respect for IHL by parties to armed conflicts in order to protect hospitals?</li> <li>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?</li> <li>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? <ul style="list-style-type: none"> <li>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.</li> <li>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</li> </ul> </li> </ol>	<p><b>引导性问题</b></p> <ol style="list-style-type: none"> <li>为促进武装冲突各方遵守国际人道法以保护医院，各国可采取哪些单独措施和集体措施？</li> <li>如何将相关建议与现有保护医院及其他医疗机构的倡议或机构职责相结合，例如联合国安理会第2286号决议（2016年），或负责儿童与武装冲突问题的秘书长特别代表办公室（其职责涉及处理包括滥用和攻击医院在内的六种严重侵犯儿童权利的行为）？</li> <li>以下清单列出了为确保对严重违反国际人道法中医疗机构保护规则的行为进行追责，所需履行的义务与相关良好实践。目前是否存在或者可发展哪些其他良好实践？ <ul style="list-style-type: none"> <li>建立调查制度，用于处理有关军事干预医疗机构正常运作、将医疗机构滥用于军事目的、针对医疗设施实施攻击，以及阻断医院运作所需医疗物资的指控。</li> <li>攻击医疗机构的行为如构成严重破约行为或战争罪，应追究行为人与相关指挥责任人的法律责任；在其他情形下，应采取适当补救措施以防止进一步的违反行为。</li> <li>围绕国际人道法赋予医疗机构的特别保护，对司法人员与检察官开展培训。</li> </ul> </li> </ol>	<p><b>总结发言</b></p> <p>13:15–13:30</p>
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appropriate remedial measures to prevent any further violations.		
<ul style="list-style-type: none"> <li>Train members of the judiciary and prosecutors on the specific protection granted to medical facilities under IHL.</li> </ul>		
<b>Concluding remarks</b>		13:15–13:30

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。
<b>THE WOUNDED AND SICK</b>	<b>伤者与病者</b>
<b>Attacking, harming or killing</b>	<b>攻击、伤害或杀害</b>
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。
<b>Searching for and collecting</b>	<b>搜寻并收集</b>
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）。
<b>Protection and care</b>	<b>保护和照顾</b>
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,	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；

Art. 15; GC II, Art. 18; GC IV, Art. 16; AP II, Arts 7 and 8; Customary IHL Study, Rule 111).	《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)。
<b><i>Treatment without discrimination</i></b>	<b>不加歧视地对待</b>
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).	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）。
<b>MEDICAL PERSONNEL</b>	<b>医务人员</b>
<b><i>Protecting and respecting</i></b>	<b>保护和尊重</b>
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。
<b><i>Provision of care</i></b>	<b>提供照顾</b>
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）。
<b>HEALTH-CARE PROFESSIONALS</b>	<b>专业医务人员</b>
<b><i>Impartial care</i></b>	<b>公正的照顾</b>
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）。
<b>MEDICAL UNITS AND TRANSPORTS</b>	<b>医疗队和医务运输工具</b>
<b><i>Medical units</i></b>	<b>医疗队</b>
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，均须受到尊重和保护。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.	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 16 条第 1 款; 《第二附加议定书》第 10 条第 1 款）。

19; GC II, Art. 22; GC IV, Art. 18; API, Art. 12; AP II, Art. 11; Customary IHL Study, Rule 28).	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)。
<b><i>Medical transports</i></b>	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)。
<b><i>Perfidy</i></b>	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)。
<b>USE OF THE DISTINCTIVE EMBLEMS</b>	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 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	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)。

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).	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.	
<b><i>Misuse of the emblem</i></b>	<b>特殊标志的滥用</b>
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）。