

## MORNING SESSION

Thank you, Co-Chair,

Egypt attaches the highest importance to Work Stream 5 on the protection of hospitals and medical services. Our approach is firmly grounded in the obligations reflected in the Geneva Conventions and its additional Protocols, all of which establish the special protection of medical units, medical personnel, and the indispensable infrastructure enabling their operation.

**First**, on military doctrine and directives, Egypt emphasizes that national rules of engagement must fully reflect the obligations under Article 19 of the First Geneva Convention, Article 18 of the Fourth Geneva Convention, and Articles 12 and 15 of Additional Protocol I, which require that medical units must be respected and protected at all times and may not be the object of attack.

Egypt also highlights Article 52(3) AP I, which mandates that in cases of doubt, an object must be presumed to be civilian in nature. These rules guide our approach to operational planning, target verification, command decision-making, and dissemination of orders.

**Second**, regarding engagement with medical authorities, Egypt underscores that advance identification and continuous mapping of hospitals, clinics, and primary health-care centers—as reflected in ICRC Customary IHL Rule 28 (medical units) and Rule 55 (access to humanitarian relief)—are essential for ensuring their protection. This includes mapping the essential services that support them, such as water and electricity systems, in line with the broader obligations under Article 54 AP I on objects indispensable to the survival of the civilian population.

**Third**, on civil–military coordination, Egypt supports mechanisms consistent with Rule 31 (humanitarian relief personnel). Platforms that allow the exchange of information on curfews, access routes, mined

areas, or explosive remnants of war significantly enhance the ability of medical actors to operate safely.

We agree with the good practices listed, noting that structured coordination is consistent with the obligation to take all feasible precautions to minimize harm to protected objects under Articles 57 and 58 AP I.

**Fourth**, on preventing misuse of medical facilities for military purposes, Egypt reiterates the clear prohibition reflected in Article 12(4) AP I, which forbids using medical units to commit acts harmful to the enemy.

A strict national “no weapons” policy in medical facilities is essential to maintain their exclusively humanitarian function.

Egypt supports clear command directives and identification of military alternatives to ensure that operational needs never compromise the neutrality of medical units.

**Fifth**, regarding integration into operational planning, Egypt stresses the importance of maintaining and regularly updating no-strike lists and restricted-fire areas, particularly for medical units and the systems enabling their operation. This aligns with Rule 7 (distinction between civilian objects and military objectives) and the requirement under Article 57 of AP I to verify that targets are not protected objects.

**Sixth**, on awareness and training, Egypt highlights the importance of incorporating IHL obligations into military education, pre-deployment briefings, and scenario-based training, consistent with Article 83 AP I, which requires States Parties to disseminate IHL as widely as possible among their armed forces.

**Finally**, Egypt notes additional good practices, including unilateral commitments never to use medical facilities for military purposes, consistent with the spirit of Common Article 1 of the Geneva Conventions: the obligation to respect and ensure respect for IHL.

Egypt firmly believes that Work Stream 5 can achieve a practical, results-oriented recommendations that help strengthen the protection of hospitals in real operational environments. The Global Initiative should

consistently project a unified message: the protection of medical services is central to civilian protection, and indispensable to preserve humanity in armed conflict.

Thank you.

## AFTERNOON SESSION

Thank you, Co-Chair,

Egypt appreciates the continued focus of Work Stream 5 on safeguarding the functioning of hospitals during armed conflict. Ensuring uninterrupted access to essential medical services lies at the core of the protections enshrined in Geneva Conventions and its Additional Protocols. These obligations must be operationalized through concrete measures that enable medical facilities to function even in armed conflicts.

**First**, on practical steps to maintain the flow of medical supplies, Egypt underscores the importance of guaranteeing safe, rapid and unimpeded passage of medical consignments. This requires continuous liaison with health authorities to map supply routes, identify possible alternative routes, and monitor the availability of essential services such as water and electricity systems, which are themselves protected under Articles 54 and 56 of AP I.

Egypt agrees with the good practices listed and stresses that depriving hospitals of electricity, fuel or water amounts to a violation of the prohibition against attacking objects indispensable to civilian survival.

**Second**, Egypt supports establishing structured, standing coordination platforms between militaries and national health-care providers. Such platforms allow the development of contingency plans to address potential disruptions of medical services and ensure rapid restoration of essential deliveries. These arrangements reflect the obligation to take constant care to spare civilian objects, as set out in Article 57 AP I, and contribute directly to minimizing incidental harm.

**Third**, with respect to substantiating allegations of “acts harmful to the enemy,” Egypt highlights that assessments must be based on multiple, credible and corroborated information sources. This is consistent with Article 52(3) AP I, which requires that doubt must always favor continued civilian protection.

**Fourth**, to ensure that the concept of “acts harmful to the enemy” is applied strictly and not misused, Egypt stresses the need for precise definitions in military manuals and rules of engagement, consistent with Article 13(1) AP I. Ordinary hospital functions—treating wounded fighters, presence of armed guards, or incidental proximity to military activity—do not negate protection. Clear, factual indicators are required before concluding that a hospital is used as a command-and-control center, a shield for military objectives, an arms depot, or an observation post.

Egypt emphasizes that such determinations must be made at an appropriately high level of command, based on corroborated evidence, and never on assumptions.

**Fifth**, Egypt agrees with the good practices ensuring that hospitals lose protection only in exceptional circumstances, as reflected in Articles 13 and 21 AP I. This includes: verifying allegations through all reasonably available sources, issuing a clear warning, setting a feasible time limit, and ensuring that the warning goes unheeded before protection can be considered lost. Egypt underlines that the loss of protection must remain a truly exceptional and last-resort measure.

**Sixth**, on issuing warnings, Egypt supports developing reliable and redundant communication channels with both the adversary and medical authorities. Direct means—such as phone calls, radio channels, email, or liaison officers—should be prioritized, while indirect means—such as public announcements or leaflets—may serve as supplementary measures. This dual approach enhances certainty that the warning has effectively reached those concerned and aligns with the obligation to take feasible precautions under Article 57AP I.

**Seventh**, with regard to warnings, Egypt considers that each context requires tailored decision-making. In all cases, warnings must specify the alleged harmful act, provide a realistic timeframe, and allow for evacuation of patients and equipment.

**Eighth**, on verification that a warning has been heeded, Egypt underscores the importance of coordinating with medical authorities, humanitarian actors, and, where possible, neutral intermediaries to confirm cessation of the harmful act and re-dedication of the hospital exclusively to medical functions. This may include remote observation, liaison officer checks, or third-party monitoring.

Egypt is convinced that Work Stream 5 can deliver meaningful, operationally relevant recommendations that reinforce the absolute necessity of maintaining medical services during armed conflict. The Global Initiative must continue to articulate a clear political message: the functioning of hospitals is a protected space under IHL, indispensable for preserving human dignity and mitigating the suffering of civilians.

Egypt remains committed to working constructively with all partners to translate these recommendations into practical and effective measures on the ground.

Thank you.