

Second State Consultation on Achieving Meaningful Protection for Hospitals in Armed Conflict

Statements of Italy

Geneva, 2nd December 2025

At the outset, Italy wishes to thank the co-chairs Nigeria, Pakistan, Spain, Uruguay and the ICRC for convening this second consultation and for their continued leadership on this issue. The protection of medical facilities in armed conflict remains a matter of pressing humanitarian concern, and Italy is committed to contributing constructively to this discussion. We would therefore like to offer the following elements, drawing on our military doctrine and operational practice.

SESSION 1: Implementing the obligation to respect and protect medical facilities: Avoiding attacks

Italy reiterates that the protection of medical facilities is a core principle of IHL, as hospitals must be respected and protected in all circumstances and may never be the object of attack.

First, regarding the directives and internal procedures in place to prevent attacks on medical facilities, our doctrine reflects the absolute obligation to respect and protect all medical units, personnel and transports according to the Geneva Conventions. Medical facilities may never be targeted and commanders are required to take all feasible precautions to avoid incidental harm, including strict target verification and proportionality assessments. Ensuring respect for the protection of medical units begins at the planning stage and protection can only be lost in extremely narrow circumstances, namely when a medical unit is used to commit acts harmful to the enemy outside its humanitarian function. Even then, a prior warning with a reasonable time-limit is mandatory, and any subsequent action must still fully comply with the principles of military necessity, proportionality and precaution.

Second, on cooperation with medical authorities and information gathering, our forces engage with medical actors before and during operations. This includes ensuring proper identification of medical personnel and units through recognized emblems and documents, as well as exchanging information on identification systems used. Communication on the location of fixed medical units is encouraged to enhance their protection; however, the absence of such notification does not diminish the protection they are owed under IHL. Regular engagement with health authorities also contributes to understanding constraints that may affect the delivery of medical care, including dependencies on essential services.

Third, regarding civil–military coordination mechanisms, established practice includes structured channels of coordination to ensure the safe and uninterrupted functioning of healthcare services. This involves facilitating the passage of medical transports, ensuring predictable routes for medical evacuation. In practice, this may involve coordinated notification of medical convoy movements, the allocation of specific means of communication between medical transport personnel and military units, as well as the establishment of clear procedures at checkpoints for the identification and priority passage of medical vehicles. In some contexts, dedicated transit lanes for ambulances have proven effective in ensuring rapid medical evacuation.

Finally, training remains central to prevention. Italian military personnel receive IHL training before deployment, including on the protection of medical facilities in the conduct of hostilities. In multinational settings, Italian contingents operate within UN, NATO or EU structures that incorporate similar safeguards, contributing to doctrinal coherence.

SESSION 3: Implementing the obligation to respect and protect: Facilitating the functioning of hospitals during conflicts

Italy wishes to highlight some practical measures that help ensure hospitals can continue to operate and provide care during armed conflict.

First, protecting hospitals requires more than refraining from attacks. It requires enabling them to function, particularly in fragile environments where access to supplies, water and electricity is disrupted. This includes taking all feasible measures to ensure that medical facilities are able to receive essential supplies and equipment, and that interruptions linked to the wider operational context are mitigated. Depending on scenario, this may involve supporting continuity of medical logistics, facilitating alternative delivery arrangements when normal channels are compromised, and working with health-care authorities to anticipate and reduce vulnerabilities.

Second, ensuring that hospitals retain access to essential services such as electricity and water is equally critical. Operational planning should take in consideration the systems that sustain medical facilities and include measures to avoid damaging them. Where such services have already been disrupted by hostilities, parties should take steps to support their restoration, for example by enabling repair teams to reach affected areas, facilitating the delivery of fuel for generators or coordinating with local authorities and humanitarian actors on temporary solutions. These efforts are often vital to maintaining the operational capacity of medical facilities.

Italy's contributions in multinational missions frequently draw on specialised capabilities, including engineering units, logistical elements and CIMIC teams. Where mandated, these assets can help stabilise or reinforce local infrastructure, maintain access to key services or mitigate disruptions that affect the provision of health care.

Third, we consider coordination platforms with healthcare providers and humanitarian actors especially valuable. When feasible, establishing structured coordination platforms with healthcare providers can help identify vulnerabilities early, develop contingency plans for possible disruptions and prevent inadvertent interference with medical services. They could also support mapping of supply routes, identification of alternative resupply options and shared situational awareness in volatile environments.

Training delivered before deployment should include a specific focus on the operational impact on essential services. Personnel could be trained to recognise risks that may inadvertently impact the essential services they rely upon, reinforcing the need to take precautions and adopt measures that support the continuity of medical care.