

ICRC Global Initiative to Galvanize Political Commitment to International Humanitarian Law

Workstream 5 – Protection of Hospitals

Second State Consultations – Tuesday 2 December 2025

New Zealand Statement

- New Zealand has a proud history of supporting the development and implementation of international humanitarian law. We are once again pleased to be participating in this important workstream, and would like to extend our sincere thanks to the ICRC, Nigeria, Pakistan, Spain and Uruguay for convening today's second state consultations.
- Next May marks a decade since the adoption of UN Security Council Resolution 2286 - a resolution co-drafted by New Zealand, Japan, Egypt, Spain and Uruguay which strongly condemned attacks on medical personnel in conflict situations, demanded an end to impunity for those responsible for such attacks, and called for all parties to respect their obligations under international law. As we approach the 10th anniversary of this resolution, persistent attacks against medical workers and facilities, and against humanitarian convoys delivering medical supplies, continue. This reinforces why the ICRC's Global IHL Initiative - and its protection of hospitals workstream - remains vital.
- States can and should do more to ensure that international legal frameworks relating to the protection of medical care in armed conflict are reflected in domestic law, as well as in relevant rules of engagement, military manuals and other operational guidelines.
- The New Zealand Defence Force Manual of Armed Forces Law contains the orders implementing NZ's Laws of Armed Conflict obligations relating to medical units and establishments. Paragraph 11.6.2 provides that medical units are not to be attacked or misused and outlines other orders relevant to this, referencing most of the provisions contained in the Annex of the Workstream Five Concept Note. An order that references a provision not contained in the Annex is the order not to make medical units and establishments the subject of reprisals (as per AP I, art 20).
- In addition, Chapter 11, Section 7 covers hospital ships, medical transports, and medical aircraft (as well as small/coastal rescue craft and installations, life boats, life rafts) and prohibits their attack or capture so long as they have not lost their protection.
- Rule 6(2) of the NZDF Code of Conduct cards (which are issued to every recruit during their compulsory Law of Armed Conflict brief and to personnel before deployment) provides that NZDF members must "Respect religious, medical, humanitarian and civil defence personnel, transports, buildings and equipment." The back of the card also displays various protective emblems/symbols, including the Red Cross, Red Crescent, and Red Crystal.
- This is just a few examples of specific military doctrine New Zealand has in place for avoiding attacks on military facilities. We will follow up with the co-chairs of this workstream to submit a more detailed written statement which provides other examples in response to the questions posed for discussion today.
- Thank you and we look forward to further discussions on this topic.

SESSION 1 – IMPLEMENTING THE OBLIGATION TO RESPECT AND PROTECT MEDICAL FACILITIES: AVOIDING ATTACKS

1. What specific military doctrine and directives do you have in place to avoid attacking medical facilities?

Chapter 11, Section 6 of [Defence Manual 69 \(2 ed\) Volume 4 Manual of Armed Forces Law – Law of Armed Conflict](#) contains the orders implementing NZ's LOAC obligations relating to medical units and establishments. Paragraph 11.6.2 provides that medical units are not to be attacked or misused and outlines other orders relevant to this, referencing most of the provisions contained in the Annex of the WS5 Concept Note. An order that references a provision not contained in the Annex is the order not to make medical units and establishments the subject of reprisals (as per AP I, art 20).

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SESSION 2 – IMPLEMENTING THE OBLIGATION TO RESPECT AND PROTECT: AVOIDING MISUSE OF MEDICAL FACILITIES FOR MILITARY PURPOSES

1. In military practice, which measures or procedures exist on avoiding the use of medical facilities for military purposes outside of their humanitarian functions?

Under DM 69 Vol 4, para 11.6.2, there are orders in prevent misusing/causing medical facilities to lose their special protection. Some are already covered by provisions contained in the WS5 Concept Note Annex but there are some that are not, in the orders not to:

- Use the material of captured medical units and establishments for any other purpose other than the care of the wounded and sick (as per GC1, art 33); and
- Booby-trap medical facilities, medical equipment, medical supplies, or medical transportation (Conventional Weapons Protocol II, art 7(1)(d)).

SESSION 3 – IMPLEMENTING THE OBLIGATION TO RESPECT AND PROTECT: FACILITATING THE FUNCTIONING OF HOSPITALS DURING CONFLICTS

3. Comments/additional good practices to suggest to ensure that hospitals can continue to function during armed conflicts

DM 69 Vol 4, para 11.6.3 also provides an order regarding the siting of NZDF's own medical establishments to contribute to the upholding of the medical facility-related LOAC obligations: "NZDF commanders are to ensure that, wherever possible, medical units and establishments are sited so that attacks against military objectives do not imperil their safety."

SESSION 4 – LOSS OF SPECIFIC PROTECTION: ACTS HARMFUL TO THE ENEMY

4. Comments/additional good practices to suggest to ensure that the specific protection of hospitals can only be lost in exceptional circumstances

See *Entry and search of civilian medical establishments* (DM 69 Vol 4, Chapter 11, paras 11.6.6-8) – covered in last statement.