

Recommendations

1. END IMPUNITY

- a. The **International Criminal Court (ICC)** should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers in instances where it has jurisdiction, including its ongoing investigations in the conflicts in Ukraine, and Israel and the occupied Palestinian territory.
- b. Similarly, **national prosecutors** engaged in investigations under principles of universal jurisdiction should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers.
- c. **Governments** should:
 - i. share evidence and otherwise cooperate with the ICC in connection with its investigations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers;
 - ii. conduct credible, independent, transparent, and thorough investigations of violations of international humanitarian and domestic law in cases of violence or threats against or obstruction of access to health care by their military forces or security personnel. If investigations reveal credible allegations of violations, ICC member states should promptly initiate disciplinary processes by court martial or criminal prosecutions, as appropriate; and
 - iii. exert diplomatic and other pressures on state security forces and non-state armed groups to cease attacks on the wounded and sick, health facilities, and health workers or the use of health facilities for military purposes, and demand an accounting and release of health workers detained for having complied with their ethical duties or exercised their rights of freedom of assembly and expression.
- d. **Regional human rights bodies** should monitor and report on attacks on health care using the authority they have under regional human rights conventions.
- e. **The UN Security Council** should:
 - i. refer allegations of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers to the ICC where the court has jurisdiction, including ongoing conflicts in Syria, Sudan, and Myanmar; and
 - ii. adopt the proposal of the France-Mexico declaration, which has been endorsed by more than 100 UN member states, encouraging permanent members of the Security Council to refrain from using their veto power in cases of mass atrocities.
- f. **Country-level joint verification mechanisms** should explicitly include attacks against health care as part of their monitoring activities.
- g. **The Secretary-General of the United Nations** should:
 - i. name all member states and armed groups that engage in recurrent attacks or threats of attacks on hospitals and protected persons in his annual report on Children and Armed Conflict, without regard to political considerations and pressures by UN member states; and
 - ii. strengthen engagement with parties to conflicts that commit attacks on health care by pressuring the perpetrators of such attacks to develop, sign, and support the implementation of action plans, as provided for in the UN mechanism to protect children in armed conflict.

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2. STRENGTHEN PREVENTION

- a. **States** should:
 - i. ratify the international Arms Trade Treaty if they have not done so and enact and implement domestic legislation that prohibits arms transfer and other forms of proxy or partner support for parties to conflicts that violate international humanitarian law; and
 - ii. repeal counterterrorism laws and other laws that impose criminal or other penalties for offering or providing care consistent with the professional duty of impartiality and end the obstruction or prevention of humanitarian medical assistance to all in need.
- b. **National militaries** should review and revise their military doctrine, protocols, rules of engagement, and training to increase respect for and the protection of health care in situations such as armed entries into medical facilities, the passage of the wounded and sick at checkpoints, and other circumstances where health care is at risk due to military operations. These revisions should also include abiding by no-weapons policies in health facilities.
- c. **Donors** should prioritize funding to programs that ensure health services can be provided and accessed safely in conflict. This includes allocating sufficient resources to security management, risk analysis, and protective measures, and support for international and local health care teams.

3. REFORM AND EXPAND DATA COLLECTION ON ATTACKS ON HEALTH CARE

- a. **States** should adopt a resolution at the World Health Assembly to address the deficiencies in methodology, comprehensiveness, and transparency of the WHO Surveillance System for Attacks on Health Care, as recommended by the International Peace Institute's 2022 report. The resolution should include external review of methods and their implementation; comprehensiveness and transparency of reporting; cooperation and data sharing with civil society, ministries of health, and local health care providers; and regular external oversight of the system.
- b. **Ministries of health** should expand their surveillance and data collection activities to facilitate the collection of data on violence inflicted on health care and the impact of violence on health staff and communities to inform evidence-based policy, security, and response measures.
- c. **NGOs and health providers** should collect and share, under appropriate safeguards, data on violence inflicted on health care in conflict.
- d. **UN agencies** that collect data on incidents of violence against health care should share their data with one another and the public.

4. STRENGTHEN GLOBAL, REGIONAL, AND DOMESTIC LEADERSHIP

- a. The **World Health Organization** and **UN Secretary-General** should become consistent, powerful leaders on the protection of health care in conflicts throughout the world, including by analyzing trends regarding violence against health care, calling out states and armed groups that attack health care, and mobilizing the global health and health professional communities to demand adherence to international law.

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- b. Ministers of health** should provide leadership by
 - i. engaging with their own military and security forces and the ministries that oversee them, peacekeepers, armed groups, and front-line health workers in order to protect health care from violence;
 - ii. strengthening mechanisms to mitigate impacts in the aftermath of violence leading to the suspension of health services, including the pre-positioning of emergency stocks, providing information on alternative health services, assisting individuals most in need to reach health services, and supporting health workers affected by attacks; and
 - iii. ensuring that resource allocation and planning are informed by evidence and guided by the voices of those most affected, including health staff and marginalized groups within the community.
- c. Legislative bodies** should regularly oversee military and security forces' policies and practices regarding the protection of and respect for health care, including holding hearings on the conduct of military and security forces, and enacting legislation to reform military and security operational procedures.
- d. Regional bodies** such as the Economic Community of West African States and the East African Community should promote and support consultation among states to harmonize and co-ordinate their respective policies on the protection of health care in conflict. The African Union Commission, including its Humanitarian Affairs Division, Social Affairs Division, Peace & Security Department, and Peace & Security Council, should prioritize leadership on the protection of health care across the continent and implement its commitments as outlined in the 2021 communiqué on the protection of medical facilities and personnel in armed conflict.



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- e. In the most affected countries, the **health, nutrition, and protection cluster** should jointly coordinate activities among its members at the country level to prevent and mitigate violence against health care as part of response planning and health and protection cluster strategies.
- f. **Medical, nursing, public health, and other professional organizations** should expand initiatives to educate their members about violence against health care in conflict, speak out publicly when health care is under assault, and call for action by their countries' governments.

5. SUPPORT AND SAFEGUARD HEALTH WORKERS

- a. **Ministries of health** should develop comprehensive programs to support health workers in situations of violence by improving their working environments, offering guidance on their rights and responsibilities, designing protection and prevention strategies, and providing security training and legal and psychosocial support. They should also provide emergency funds to health workers after episodes of violence and support research to increase understanding of the burdens of providing care in conflict zones.
- b. **States and international donors** should provide funding for physical and psychosocial support and programming for health workers in situations of conflict, including through emergency funds to mitigate the impacts of attacks, and support research to increase understanding of the burdens of providing care in conflict zones.
- c. **Health professional organizations and humanitarian medical organizations** should regularly express solidarity with colleagues who are under or at risk of attack, including disseminating messages that express respect for their work and stress the unacceptability of putting them at risk.

SAFEGUARDING HEALTH IN CONFLICT

The Safeguarding Health in Conflict Coalition is a group of more than 40 organizations working to protect health workers and services threatened by war or civil unrest. We have raised awareness of global attacks on health and pressed United Nations agencies for greater global action to protect the security of health care. We monitor attacks, strengthen universal norms of respect for the right to health, and demand accountability for perpetrators.

www.safeguardinghealth.org

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