

INTRODUCTION

The crisis of violence against health care during conflict demands urgent action to prevent attacks before they occur, document attacks accurately and transparently when they happen, mitigate the harms that they cause, and ensure accountability and justice. The recommendations below reflect these imperatives and are grounded in the recognition that achieving them requires coordinated effort across states, institutions, and civil society.

Recommendation 1: Establish a new alliance to protect health care during conflict.

The single most important step the international community can take is to move from fragmented, individual responses to coordinated, collective action. The 2024 joint report of the World Health Organization (WHO) and the WISH Foundation, *In the Line of Fire*, called for a new global alliance composed of committed UN Member States, UN agencies, international organizations, NGOs, and civil society organizations to exert diplomatic pressure and coordinate action against attacks on health care.

UN Member States should establish this alliance without delay. Modeled on effective multistakeholder initiatives such as the movement for the UN Convention Against Torture, the International Campaign to Ban Landmines and the Safe Schools Declaration, the proposed alliance should:

- comprise a "coalition of the willing," ideally with broad geographic and operational representation, that includes member states; civil society, humanitarian, and human rights organizations; and relevant UN agencies;
- meet regularly to develop aligned strategies, coordinate messaging and share evidence;
- maintain a consistent, prominent public voice condemning attacks on health care and calling out perpetrators;
- deploy the full range of political, diplomatic, judicial, and other levers available to its members, including restricting arms transfers, imposing targeted sanctions, expelling diplomats where appropriate, suspending bilateral agreements where relevant, and urging international and regional courts to investigate and prosecute perpetrators; and
- issue joint declarations and statements of commitment as useful tools to reinforce norms and signal political will.

Recommendation 2: Take strong action to prevent attacks.

The UN Secretary-General and Member States should forcefully and publicly reject interpretations of international humanitarian law (IHL) that undermine the protection of health care during conflict, including claims of broad license to attack hospitals based on misinterpretations of the law, and efforts to dilute the obligations of parties to a conflict to permit humanitarian access to those in need and apply the principles of precaution and proportionality when planning and executing military operations. Such misinterpretations do not reflect the law: they corrode it and normalize violence.

UN Member States should:

- report on the specific actions they have taken to fulfil their obligations under UN Security Council Resolution 2286, including reforms to military doctrine and domestic law. No state has yet done so, but doing so would provide both accountability and a model for others;

- regulate the use of drones and autonomous weapons systems, which would require compliance with IHL and the publication of clear, transparent policies governing their deployment, and engage constructively in international processes to establish binding legal frameworks to control the development and use of lethal autonomous weapons;
- ratify the Arms Trade Treaty if they have not done so, and enact and implement domestic legislation prohibiting arms transfers and other forms of support to parties that attack health care;
- repeal counterterrorism and other laws that penalize health workers for providing care in accordance with their professional duty of impartiality;
- use diplomatic, economic, and political leverage, including targeted sanctions, arms supply restrictions, public condemnation, and the suspension of relevant bilateral agreements, to pressure governments and armed groups that attack health facilities, workers, or patients to refrain from such attacks; and
- require their national militaries to review and revise doctrines, operational protocols, and training to ensure that health care is protected at all times, including drawing up and implementing strict rules banning attacks on health facilities, enforcing no-weapons policies in health care settings, and guaranteeing safe passage for the wounded and sick during conflict.

Recommendation 3: Take effective action to adequately document attacks.

Effective action to protect health care during conflict requires accurate, transparent, and timely data. Current data collection processes remain fragmented, inconsistent and insufficiently resourced.

The World Health Organization (WHO) should:

- carry forward the commitment made in the *In the Line of Fire* report to strengthen its methodologies for documenting attacks on health care, promote full data transparency, share data systematically with civil society organizations and UN agencies, and collaborate with academic and research partners to improve both the quality of data and the analysis of the public health impacts of violence against health care.

The UN Secretary-General should:

- provide detailed, country-specific reporting on violence against health care in his annual *Protection of Civilians* report, giving the issue the prominence it demands, given that 2024 and 2025 saw record numbers of attacks on health care;
- create an annual list of perpetrators, states, and armed groups responsible for attacks on health care, citing evidence and documenting impacts, as called for in Resolution 2286 and consistent with the naming-and-shaming model in the annual report on *Children and Armed Conflict*;
- offer special briefings following particularly severe or high-profile incidents; and
- in the annual *Children and Armed Conflict* report, and without regard to political pressure, name all UN Member States and armed groups responsible for carrying out recurrent attacks on health care.

UN Member States should:

- urge and support the WHO and other monitoring actors to systematically collect, publicly report, and share data with civil society organizations and UN agencies.

National ministries of health should:

- integrate the surveillance of violence against health care into national health information systems, ensuring that data informs both prevention and response.

Civil society organizations should:

- continue to collect and report on data; and
- continue to innovate and test methods and processes for collecting data on incidents of attacks on health care and on their impacts.

Recommendation 4: Take immediate action to mitigate the impacts of attacks on health care.

Preventing attacks is the goal; but when they occur, rapid and sustained action is needed to restore health services and protect the people who depend on them.

National ministries of health should:

- pre-position emergency stocks of supplies and designate alternative service delivery points in advance, so that disruption to any one health care facility does not leave communities without care;
- establish emergency funds to support health workers in the immediate aftermath of attacks, and ensure that these funds are accessible without bureaucratic delays; and
- actively communicate with affected communities when services are disrupted, paying particular attention to marginalized groups, and take proactive steps to connect individuals most in need with available care.

International donors should:

- prioritize funding to programs that enable health services to be delivered and accessed safely during conflict, including the provision of adequate resources for security management, risk analysis, and protective measures for both international and local health teams in conflict-affected countries.

The Health, Nutrition, and Protection Clusters should:

- jointly coordinate activities at the country level to prevent and mitigate violence against health care as an integrated component of response planning, rather than treating protection and health care as separate workstreams.

Health care professional organizations should:

- build the capacity of their members to work safely in conflict-affected settings, provide psychosocial support to colleagues affected by attacks, and publicly express solidarity with health workers under threat.

Recommendation 5: Ensure accountability and justice.

Justice for attacks on health care is not fulfilled by legal mechanisms alone. It requires holding perpetrators legally accountable, but also rebuilding what was destroyed and repairing the harm done to health workers and communities.

Legal accountability:

- The International Criminal Court (ICC) should prioritize investigations and prosecutions of war crimes and crimes against humanity involving attacks on health care in all situations under its jurisdiction, including the ongoing crises in Ukraine, Israel/Palestine, and West Darfur in Sudan.
- National prosecutors should pursue investigations under universal jurisdiction and similarly prioritize cases of attacks on health care as war crimes or crimes against humanity.
- UN Member States should share evidence with and fully cooperate with the ICC; conduct credible, independent, and transparent investigations of violations by their own forces; and pursue disciplinary action where violations are identified.
- The UN Security Council should refer allegations of relevant war crimes to the ICC where a referral is required to establish jurisdiction, including in Syria and Myanmar, and should implement the commitment made in the 2024 Pact for the Future to reform Security Council procedures, including the France-Mexico initiative to limit the use of the veto in mass atrocity situations.
- UN Member States should support and promote universal jurisdiction cases, share expertise and resources internationally, and consider establishing or supporting an expert mechanism to strengthen compliance with IHL.

The reconstruction and restoration of health services and support for health workers:

- UN Member States, international donors, and members of the alliance proposed in Recommendation 1, above, should provide funding to restore and rebuild health facilities, equipment, and supply chains damaged or destroyed in attacks.
- Donors and humanitarian organizations should ensure that reconstruction funding is guided by the expressed needs and priorities of affected communities, particularly those from marginalized groups.

Support for health workers and patients:

- Ministries of health should develop comprehensive, sustained programs to support health workers in violence-affected situations, including improving working environments, ensuring steady financing, providing legal guidance on their rights and ethical obligations, and delivering security training and psychosocial support.
- States and international donors should fund the coordination of services so that patients receive timely and relevant care, and gaps and redundancies in services are avoided.
- Health care professional and humanitarian medical organizations should sustain visible, vocal solidarity with colleagues under attack, making clear to conflict actors and the public alike that attacks on health workers and health care systems are totally unacceptable.

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. Suggested citation: Safeguarding Health in Conflict Coalition (SHCC) 2026. Care in the Crosshairs: Violence Against Health Care in Conflict, May 2026. <https://shcc.pub/SHCCAnnualReport2025>
<https://safeguarding-health.com>

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