

Recommendations

1. End impunity.

- a.** The International Criminal Court (ICC), national prosecutors, and international investigatory bodies should prioritize cases of war crimes and crimes against humanity involving attacks on the wounded and sick, health facilities, and health workers in all cases where they have jurisdiction.
- b.** 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 when the court does not otherwise have jurisdiction; and
 - ii.** adopt a proposal by France, which has been endorsed by more than 100 UN member states, that the five permanent members of the Security Council should refrain from using their veto power in the case of mass atrocities, as determined by an independent panel.
- c.** UN member states should conduct credible, independent, 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, member states should promptly initiate disciplinary processes by court martial or criminal prosecutions, as appropriate.
- d.** The UN Secretary-General should:
 - i.** name all member states and armed groups that engage in recurrent attacks or threats of attack on hospitals and protected persons in his annual report on Children and Armed Conflict, without regard to political considerations and pressures by member states; and
 - ii.** strengthen engagement with parties to conflicts that carry out attacks on health care. Parties should develop, sign, and support the implementation of action plans as provided in the protection mechanism to prevent attacks on schools.

2. Strengthen prevention.

- a.** All states that have not done so should ratify the international Arms Trade Treaty and enact domestic legislation that prohibits arms transfer and other forms of proxy or partner support for combatants who violate international humanitarian law.
- b.** National militaries should review and revise 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, passage of the wounded and sick through checkpoints, and other circumstances where health care is at risk due to military operations. The revisions should also include abiding by no-weapons policies in health facilities.
- c.** States should repeal counterterrorism and other laws that impose criminal or other penalties for offering or providing medical care consistent with the professional duty of impartiality and end the obstruction or prevention of humanitarian medical assistance to all in need.
- d.** The Joint Health and Protection Operational Framework established by the UN's Health and Protection Clusters should be leveraged to strengthen the coordination of activities to prevent and mitigate violence against health care in humanitarian settings among lead organizations and members. These activities should be appropriately funded and prioritized in the areas most affected by such violence.

Recommendations

- e. Humanitarian country team protection strategies should contain an explicit focus on the protection of health care, with a specific goal of preventing violence and reducing its impact on health care workers and infrastructure and civilian populations.

3. Reform and expand the collection of data on attacks on health care.

- a. Member states should adopt a World Health Assembly resolution to address deficiencies in the WHO Surveillance System for Attacks on Health Care (SSA) as recommended by the International Peace Institute in a report issued in 2022. The resolution should include concrete steps to improve the external review of data-collection methods and their implementation; the comprehensiveness and transparency of reporting; cooperation and data sharing with civil society, ministries of health, and local health care providers; and the regular external oversight of the SSA.
- 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. Under appropriate safeguards, NGOs and health care providers should collect and share data on violence inflicted on health care in conflict.

4. Strengthen global, regional, and domestic leadership.

- a. The WHO and UN Secretary-General should become consistent, powerful leaders on the protection of health care, including by analyzing trends in 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.
- b. Ministers of health should provide leadership by:
 - i. engaging with their own countries' military and security forces and the ministries that oversee them, peacekeepers, armed groups, and front-line health workers to find and implement improved methods of protecting health care from violence;
 - ii. strengthening mechanisms to reduce the impact of violence on affected populations in the immediate aftermath of violence that results in the suspension of health services, including the provision of information on alternative services and support to those most in need of reaching these services; 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 in 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 these forces' operational procedures.
- d. Regional collaboration bodies among states, such as the Economic Community of West African States and the East African Community, should promote and support consultation among states to harmonize and coordinate their respective policies on the protection of health care in conflict.

Recommendations

- e.** Medical, nursing, and public health 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 governments.

5. Support health workers.

- a.** Ministries of health should develop comprehensive programs to support health workers in situations of violence through guidance on protection and prevention strategies and the provision of security training and psychosocial support.
- b.** UN members states and international donors should provide funding for psychosocial support and programming for health workers in situations of conflict and support research to increase understanding of the burdens of providing health care in conflict zones.
- c.** Health professional organizations and humanitarian medical organizations should regularly express the strongest possible solidarity with colleagues who are under or at risk of attack.