

Strengthening the Application of International Humanitarian Law to Guarantee Access to Healthcare

Highlight



Thursday 12 March 2026

Geneva International Conference Centre (CICG)
Geneva



Introduction

As part of the Humanitarian Networking Partnership Week (HNPW) held on 12 February 2026 in Geneva, the Geneva Health Forum convened a symposium entitled “Strengthening the Application of International Humanitarian Law to Guarantee Access to Healthcare.” Bringing together humanitarian practitioners, legal experts, and researchers, the session aimed to address a pressing and increasingly urgent challenge: the growing gap between the strong legal protections afforded to healthcare in armed conflict and the reality on the ground.

Despite the robust framework established by international humanitarian law (IHL), including the Geneva Conventions, attacks against healthcare services continue to rise in many conflict settings. Hospitals are damaged or destroyed, healthcare workers are threatened or killed, and access to essential medical services is severely disrupted for civilian populations. These trends highlight a critical failure not of the law itself, but of its implementation.

Against this backdrop, the symposium explored how violations of IHL directly affect access to healthcare and what can be done to strengthen the protection of patients, medical personnel, and health facilities. Drawing on field experience, legal analysis, and empirical research, the discussion examined the operational, political, and legal challenges faced by humanitarian actors working in complex and insecure environments.

The session also provided an opportunity to highlight ongoing international efforts aimed at reinforcing respect for IHL. These include the Global Initiative to Galvanize Political Commitment to International Humanitarian Law led by the International Committee of the Red Cross, research programs such as RIAH (Researching the Impact of Attacks on Healthcare), and the CHH-Lancet Commission on Health, Conflict and Forced Displacement.

Positioned at the intersection of field realities and global policy discussions, this symposium sought to identify practical and actionable solutions. By fostering dialogue between operational actors and institutional stakeholders, it aimed to contribute to stronger implementation of IHL and, ultimately, to ensure that access to healthcare is preserved even in the most challenging conflict settings.

The discussion brought together the following participants:

- Karl Blanchet: Director, Geneva Centre for Humanitarian Studies, Faculty of Medicine, University of Geneva, Chair of the meeting.
- Supriya Rao: Legal Advisor at the International Committee of the Red Cross (ICRC).
- Sylvain Perron: Humanitarian Program Manager for Sudan at Doctors Without Borders (MSF).
- Stéphanie Rinaldi: Head of Research Programs at the Humanitarian and Conflict Response Institute at the University of Manchester.

Opening Remarks

Supriya Rao

Legal Advisor at the International Committee of the Red Cross

“There is a troubling gap between the strong legal protection afforded to healthcare and the grim reality on the ground.”

Supriya Rao, presented the legal framework applicable to the protection of health services in armed conflict, with a focus on medical facilities. Under International Humanitarian Law (IHL), hospitals, medical personnel, and medical transport benefit from a elevated protection, referred to as "specific protection." This protection is justified by the vital role of health services in war zones, where they are essential for saving lives.

The presentation highlighted, however, the concerning gap between legal guarantees provided by law and the reality observed on the ground. Data on attacks against health services show a rise in incidents affecting hospitals, personnel and infrastructure, with serious humanitarian consequences. In the contexts where the organization operates, this impact is reflected in particular with the disruption or collapse of access to healthcare for civilian populations.

IHL requires parties to respect and protect medical facilities under all circumstances. Respect not only imposes a prohibition against attacking them requires intelligence to refrain from any military interference on medical facilities, as well as any use of medical facilities for military purposes outside their humanitarian mission. Simultaneously, the obligation to protect them requires the implementation of positive measures to facilitate their medical functions. This includes in particular, access for staff and patients, the supply of equipment and medicines, and the maintenance of essential services such as water, electricity, and fuel so that medical facilities can continue to function and deliver medical services.

This specific protection can nevertheless be lost if a medical facility is used to commit harmful acts to the enemy outside of its humanitarian mission. However, the treatment of wounded enemy combatants or fighters never constitutes such a misuse of medical facilities. Even in the event of an allegation of misuse, the law imposes strict conditions before there is any loss of specific protection: prior warning with a reasonable timeframe must be given to allow for the cessation of the alleged acts. Thus, misuse by itself is not sufficient to make a medical facility a lawful target. Only if misuse continues after a warning is given and goes unheeded can the facility potentially become liable to attack, but only if a specific part of the medical facility meets the two-pronged definition of a military objective owing to its misuse and the principle of proportionality can be respected and provided that all feasible precautions are taken to limit the incidental harm caused.

In conclusion, the intervention reiterates that the protection of hospitals constitutes a fundamental rule of IHL, while the loss of this protection must remain a strictly regulated, rare exception.

Stéphanie Rinaldi

Head of Research Programs at the Humanitarian and Conflict Response Institute at the University of Manchester

“The data reveals not only a growing number of attacks on healthcare, but also their deep, cumulative and long-term impact on systems and communities.”

The presentation by Stéphanie Rinaldi focused on an empirical analysis of attacks on healthcare services in conflict contexts and their effects on access to care. Her work is part of a research program undertaken by a consortium working on the *Researching the Impact of Attacks on Healthcare* (RIAH) project that aims to systematically document this violence, understand its impacts, and measure its consequences for healthcare systems and civilian populations.



Their analysis highlights the increasing scale of violence targeting medical infrastructure, healthcare personnel, and medical transport. Using data from partners at Insecurity Insight and RIAH, she emphasizes that these attacks are not merely isolated incidents but are often part of broader trends that have a lasting impact on the capacity of healthcare systems. The destruction of hospitals, threats against healthcare workers, and restrictions on access to medical facilities lead to profound disruptions in the continuity of care.

The intervention also emphasizes the indirect effects of this violence. Beyond immediate material damage, the attacks produce long-term structural consequences. Fear and insecurity can lead healthcare professionals to leave conflict zones, causing a shortage of qualified personnel. Damaged or closed infrastructure reduces patient capacity, while difficulties in obtaining medicines, equipment, or fuel compromise the functioning of facilities that remain operational.

In this context, access to healthcare deteriorates rapidly for civilian populations. Patients may be forced to travel long distances to receive treatment or forgo essential care altogether. The consequences are particularly evident in the management of emergencies, chronic diseases, maternal and child health, and vaccination campaigns.

Finally, the intervention underscores the importance of collecting reliable data and conducting interdisciplinary research to better understand these phenomena. Rigorous documentation of attacks against health services not only allows us to measure their scale, but also informs public policy, humanitarian action, and protection mechanisms. It thus highlights the central role of research in informing international responses to the erosion of access to healthcare in war zones.

Sylvain Perron

Operation Manager for Sudan at Médecins Sans Frontières

“In Sudan, the scale of violence and obstruction has turned a humanitarian crisis into a situation where healthcare workers risk their lives simply to do their job.”



Sylvain Perron's presentation outlined the organization's operational experience in the context of the conflict in Sudan and the direct consequences of the violence on access to healthcare and humanitarian action. He emphasized the outset that MSF's intervention in this country constitutes one of the organization's largest operations in the last decade, due to the exceptional scale of the humanitarian crisis, marked by approximately fourteen million internally displaced persons or refugees.

Present in Sudan for nearly forty years, the organization was already active when the conflict erupted. While a significant portion of the staff had to be evacuated at the beginning of hostilities, medical activities were able to resume quickly. MSF teams are currently working in areas controlled by both the Sudanese Armed Forces and the Rapid Support Forces, illustrating the commitment to maintaining impartial medical action despite the fragmentation of the territory.

The intervention describes a situation characterized by the collapse of the health system, massive population displacements, and the resurgence of epidemics. Teams also witnessed widespread violence against civilians, including indiscriminate attacks, massacres, and ethnically motivated violence, particularly in the Darfur region. In some locations, such as El Geneina and El Fasher, MSF teams directly encountered episodes of mass violence, which also claimed the lives of some Sudanese staff members.

Medical teams also documented widespread sexual violence, reported particularly in Darfur and the capital, Khartoum. Humanitarian access remains severely hampered by the warring parties, with some areas remaining inaccessible for extended periods. For nearly two years, teams were unable to freely access Khartoum, despite the presence of millions of residents.

Finally, the intervention highlights the extreme risks faced by humanitarian workers. Hundreds of security incidents have been recorded against humanitarian facilities and personnel, and numerous workers have been killed, arrested, or interrogated since the start of the conflict. Testimonies gathered from MSF staff reflect the constant pressure under which these teams carry out their mission, revealing a reality where healthcare workers, while continuing their medical work, must themselves fight for their own survival.

From Evidence to Action: Addressing Attacks on Healthcare in Conflict Settings

This discussion brought together operational, legal and research perspectives on the protection of healthcare in armed conflict. It highlighted the gap between strong legal norms and the realities on the ground, and emphasized the need for better implementation, stronger accountability and improved coordination to protect healthcare services.

How do humanitarian organizations decide whether to continue, suspend, or discontinue their operations when security is threatened?

The discussion following the presentations allowed for a deeper exploration of several key issues related to the protection of health services in armed conflict. The discussions brought together operational, legal, and scientific perspectives around several central questions, particularly on the contributions of Sylvain Perron, Supriya Rao, and Stéphanie Rinaldi.

One initial question concerned the criteria guiding humanitarian organizations when they must decide whether to continue, suspend, or discontinue their activities in insecure contexts. Based on Doctors Without Borders' experience in Sudan, Sylvain Perron described the operational dilemmas faced by field teams. Decisions are made collectively between the teams on the ground and support structures, particularly in Geneva. They are primarily based on an assessment of humanitarian needs, access possibilities, and the level of security for staff and patients. When the safety of medical facilities can no longer be guaranteed, organizations may be forced to suspend their operations, despite the scale of the needs.


How can we ensure respect for and the effective implementation of international humanitarian law, particularly regarding the protection of hospitals?

The discussion also explored ways to strengthen respect for and the effective implementation of international humanitarian law. Supriya Rao emphasized that the effectiveness of the law depends primarily on the willingness of States and parties to the conflict to respect and implement it. She presented the ICRC's Global IHL initiative and the workstream on protecting hospital aimed at strengthening political commitment to the protection of hospitals. The hospitals workstream is co-chaired by Nigeria, Pakistan, Spain and Uruguay while the Global IHL initiative is now supported by 104 countries. This initiative includes a series of all-state consultations aimed at identifying concrete and practical measures to improve the implementation of existing IHL rules.

What practical measures can strengthen the protection of health facilities during conflicts?

Discussions also focused on practical measures that could strengthen the protection of health facilities in the field. The preliminary findings of the working group mentioned

by Supriya Rao emphasize the integration of international humanitarian law into military doctrines, operational orders, and national legal frameworks. They also recommend establishing coordination mechanisms between armed forces and health actors to map the local of medical infrastructure, identify supply and re-supply routes, enable access to essential services, and prevent security measures from hindering access to healthcare. The discussions also reiterated that the loss of protection for a medical facility can only occur under very strict circumstances and strictly remains an exception..

 *“The absolute priority is the protection of staff and patients. When this safety can no longer be guaranteed, we sometimes have to interrupt our activities, even if the needs remain immense.”*

Sylvain Perron

What role do research and data play in understanding attacks against health services?

Another major focus of the discussion concerned the role of research and data production in understanding attacks against health services. Stéphanie Rinaldi emphasized the importance of systematically documenting these incidents in order to measure their scale and analyze their impact on health systems. This data makes it possible to assess the impact of violence on access to care and to guide the operational decisions of humanitarian organizations. She also highlighted the value of cross-referencing different sources of information, such as security data and data on the use of health services, to better understand the direct and indirect effects of attacks.

How can the capacity and training of healthcare personnel be strengthened in conflict settings?

The discussion also highlighted the training and capacity-building needs of healthcare personnel, particularly local professionals working in conflict contexts. Stéphanie Rinaldi indicated that some healthcare workers may be unaware of the rules of international humanitarian law or the mechanisms for reporting incidents. Appropriate training could help improve understanding of their rights and obligations but also strengthen the capacity to manage security risks within healthcare facilities.

Is the law adapted to new warfare technologies, such as drones?

Another question addressed the adaptation of the legal framework to the emergence of new military technologies, such as drones and automated systems. Participants emphasized that the fundamental rules of international humanitarian law remain applicable to all weapons systems, regardless of the technological means used. However, these developments pose practical challenges, particularly regarding incident documentation and risk management, which necessitates continued research and data collection efforts.

How can accountability be strengthened and impunity combated for attacks against health services?

Finally, the discussion addressed the issue of accountability and the fight against impunity for attacks targeting health services. Supriya Rao reiterated that states have an obligation not only to investigate serious violations of international humanitarian law but also to hold the perpetrators and those with command responsible for such actions. To hold accountable and to prosecute those responsible. Documenting incidents, whether from humanitarian organizations, researchers, or international mechanisms, plays a crucial role in establishing the facts and supporting accountability processes.

How can humanitarian organizations balance operational presence with the risk of being instrumentalized by parties to the conflict?

Humanitarian organizations must assess not only security risks but also how their presence may be used by conflict actors. This requires clear ethical boundaries, the ability to refuse compromising situations, and ongoing context analysis. At the same time, they can use their essential role

to negotiate access, while remaining ready to adapt or withdraw if the risk of complicity becomes too high.

“States have an obligation not only to investigate serious violations of international humanitarian law, but also to hold perpetrators and those with command responsibility over such actions accountable.”

Supriya Rao

What role should local communities play in protecting and sustaining health services in conflict settings?

The discussions implicitly suggest that local communities play a crucial yet still underutilized role. Their knowledge of the local context, their ability to engage with armed actors, and their involvement in the functioning of health facilities can help strengthen both acceptance and protection of these services. Greater inclusion of communities in security strategies, early warning mechanisms, and operational decision-making could improve access to care while reducing the risks of attacks or instrumentalization of health structures. However, such an approach requires careful support to avoid exposing these populations to additional risks.

Conclusion

Overall, the discussion highlighted the complementarity between operational, legal, and scientific approaches. The field experiences presented by humanitarian actors, legal analyses, and research work together contribute to a better understanding of the dynamics of attacks against health services and to identifying avenues for action to strengthen their protection in armed conflicts.



How to implement international humanitarian law to preserve medical services?

Questions from the audience highlighted the crucial role of political will and strategies for mobilizing non-state actors. Speakers also emphasized the importance of documentation.

What can be done when there is a lack of political will to implement international humanitarian law (IHL)?

The audience pointed out that even when legal norms exist, their implementation is often hampered by lack of political will, citing in particular Israeli attacks on health services in Gaza. The panel reiterated that political will is essential to ensuring respect for IHL. The Global Initiative for IHL aims precisely to create a “critical mass” of political commitment by mobilizing States and encouraging regional consultations and exchanges. Confidential bilateral mechanisms, such as those of the ICRC, allow for direct dialogue with stakeholders on the ground, to reiterate legal obligations and assess potential violations. Emphasis is placed on the role of States in preventing violations and protecting medical facilities, and on the need to combine public communication and discreet dialogue to influence the conduct of armed actors.

What specific protection is available for different types of medical and humanitarian personnel?

The audience inquired about the existence of differences in protection between hospital staff, local healthcare workers, and humanitarian workers. Supriya Rao clarified that medical personnel benefit from specific protections that cover non-interference and taxation, provided they do not act outside their medical duties to harm the enemy. Humanitarian workers, a broader category that includes NGO members and civil society actors, also benefit from

legal protections, now strengthened by a recent declaration on their status. The panel emphasized that respect for these protections is imperative and that they should only be waived in exceptional circumstances.

How can IHL be applied to non-state armed groups and local codes of conduct?

Participants questioned the possibility of engaging non-state armed groups. The panel indicated that dialogue with these actors is essential, using existing national codes of conduct and laws, as well as practical tools such as fact sheets and training. The approach involves explaining simply to local commanders the importance of hospitals as sanctuaries and the consequences of their closure for the population. These efforts combine direct engagement, training, and awareness-raising at the local level to strengthen adherence to humanitarian standards.

How to coordinate and complement data collected on attacks against health services?

A question was raised regarding collaboration between researchers and the WHO in data collection. Stéphanie Rinaldi reiterated that her consortium’s work aims to complement WHO data by compiling information from multiple open sources to make the information accessible and actionable. The aim is for decision-makers in operational responses to have access to as much



information as possible. Recent experience shows that synergies between organizations and states are possible and beneficial for data coordination.


How can we strengthen the application of IHL and the accountability of perpetrators of attacks?

The panel emphasized the importance of documenting incidents and naming perpetrators when evidence is available. Accountability is essential to preventing violations, but it remains complex when states or those supporting belligerents are not engaged. The data collected, even if underestimated, could be used to raise awareness, inform courts, and support the implementation of IHL. MSF illustrated this approach with the identification of perpetrators in Sudan, while taking into account the publicly available information and exercising caution in naming external parties.

How can we understand and anticipate the motivations of perpetrators of attacks against health services?

The audience questioned studies on the motivations of actors who violate IHL. The panel explained that motivations are highly contextual and vary according to region and armed group. Research includes the analysis of interviews and qualitative data to identify behaviors and develop advocacy and awareness-raising strategies. Each situation is unique, as illustrated by the differences between the Taliban in Afghanistan and the militias in

Myanmar. Identifying perpetrators and documenting their actions is a key step in analyzing motivations and preventing violations.

 *“Systematic data collection and analysis are essential to understanding the dynamics of attacks against health services and their consequences for health systems.”*

Stéphanie Rinaldi

How do collective and regional initiatives support respect for IHL?

Finally, the panel described global and regional initiatives, such as State consultations within the framework of the Global Initiative for IHL. These events help to create a collective voice, reaffirm the humanitarian purpose of the law, and raise awareness among other States. Regional activities, in Jordan, South Africa, and the Gulf, aim to strengthen knowledge and application of IHL on the ground. The approach includes training, the dissemination of simplified standards, and data integration to support operational actions and the protection of health services.

The importance of IHL and the Geneva Conventions

International humanitarian law (IHL) is a body of rules that seeks to limit the effects of armed conflict for humanitarian reasons. It aims to protect persons who are not, or are no longer, participating in hostilities—such as civilians, medical personnel, and wounded combatants—and to regulate the means and methods of warfare. Rather than prohibiting war itself, IHL establishes a framework intended to preserve a minimum of humanity in situations of violence, by balancing military necessity with humanitarian considerations. Its core principles include distinction, which requires parties to differentiate between civilians and combatants; proportionality, which prohibits attacks causing excessive civilian harm in relation to the anticipated military advantage; and precaution, which obliges parties to take measures to avoid or minimize harm to civilians and civilian objects.

At the heart of IHL stands the Geneva Conventions, adopted in 1949, which form the cornerstone of the legal protection afforded in times of armed conflict. These four treaties, universally ratified by almost all States, define the protections granted to wounded and sick soldiers on land and at sea, prisoners of war, and civilians. They establish fundamental obligations for parties to a conflict, including the duty to respect and protect medical services, facilities and personnel at all times. Additional Protocols adopted in 1977 and 2005 further develop these rules, adapting them to contemporary forms of conflict and strengthening protections for civilian populations.

The Geneva Conventions thus provide both the legal and moral foundation of IHL. They codify essential humanitarian principles and serve as a reference point for the conduct of hostilities and the protection of human dignity in war. However, their effectiveness ultimately depends on the willingness of states and non-state actors to respect and implement them in practice.



Current initiatives to strengthen the IHL

The Global Initiative to Galvanize Political Commitment to Protect Medical Care in Armed Conflict

Despite a global consensus supporting the Geneva Conventions, adherence to even the most fundamental humanitarian norm is shockingly insufficient in today's war zones. Current conflicts show, in appalling and devastating ways, the significant challenges facing international humanitarian law (IHL) in providing effective and meaningful protection for people affected by armed conflicts.

The ICRC believes that this tragic trend can and must be reversed – provided there is strong and sustained political commitment to respect and implement IHL.

Together with Brazil, China, France, Jordan, Kazakhstan and South Africa, the ICRC has launched a global initiative aimed at galvanizing political commitment to IHL. This initiative seeks to develop a set of concrete and actionable recommendations to ensure that IHL is not only better respected but adapted for the future. This effort will culminate with a High-Level Meeting to Uphold Humanity in War in 2026.

The hope is that the initiative will contribute to tangible changes on the ground by strengthening political commitment and providing actionable recommendations.

We call on all High Contracting Parties to the Geneva Conventions to join this initiative to solidify sustained political will to ensure respect for, compliance with, and implementation of IHL. We are driven by a unified goal: to use IHL as a guiding framework to reduce suffering and help steer armed conflicts towards peaceful resolution. The main outcome of this process will be a final political document, expected to be published in 2026, following the last rounds of consultations scheduled in the first half of the year. This final report aims to provide actionable guidance to improve the protection of healthcare in armed conflict, strengthen political ownership of the issue, and support more consistent and effective implementation of international humanitarian law on the ground.



CHHH-Lancet Commission on Health, Conflict, and Forced Displacement

The CHH-Lancet Commission on Health, Conflict, and Forced Displacement is an international initiative launched in late 2023, jointly led by the Johns Hopkins Center for Humanitarian Health and The Lancet and co-Chaired by Prof. Karl Blanchet. It addresses the growing challenges posed by armed conflicts and forced displacement, which increasingly strain fragile health systems and reveal gaps in humanitarian response. The Commission brings together experts from academia, humanitarian organizations, and policy institutions, integrating perspectives from affected communities to generate practical, evidence-based recommendations.

The Commission examines inequities in access to care, barriers within humanitarian systems, and long-term impacts of crises on health services. It focuses on improving governance, coordination, financing, data collection, and accountability, while emphasizing solutions that prioritize the needs and voices of populations directly affected by conflict and displacement.

Its main output will be a landmark report expected in early 2026, synthesizing evidence, field lessons, and actionable recommendations for governments, humanitarian actors, and international institutions. The report aims to influence global policy, guide humanitarian operations, and support more resilient, equitable, and effective health systems in conflict-affected settings.



The 10th anniversary of UN Security Council Resolution 2286

The 10th anniversary of UN Security Council Resolution 2286, adopted on 3 May 2016, will be a key moment to reaffirm global commitment to the protection of healthcare in armed conflict. Resolution 2286 condemns attacks against medical personnel, humanitarian workers, patients, and healthcare facilities, and emphasizes that parties to conflicts must respect and ensure compliance with international humanitarian law (IHL). Over the past decade, violations have continued, with health services frequently targeted in conflicts worldwide,

highlighting the ongoing relevance of the resolution.

The 10th anniversary in May 2026 is being used as a platform to bring renewed attention to this critical issue. Governments, UN agencies, and humanitarian organizations, including Médecins Sans Frontières and the Safeguarding Health in Conflict Coalition, plan to organize advocacy campaigns, public statements, and high-level briefings to emphasize the need for stronger implementation and accountability. The anniversary will also be followed by discussions and events at the UN General Assembly in New York in October 2026, providing a wider political forum to reinforce commitments and integrate protection of healthcare into broader UN agendas.

This initiative aims to transform the symbolic milestone into concrete action, encouraging states to enhance compliance with IHL, investigate violations, prosecute perpetrators, and strengthen measures that protect patients, medical staff, and health facilities. Through coordinated advocacy, policy engagement, and public awareness, the 10th anniversary seeks to translate international commitments into real-world protection for healthcare in conflict zones, ensuring that medical care remains accessible and safe for those who need it most.



The Safeguarding Health in Conflict Coalition

The Safeguarding Health in Conflict Coalition is an international network of over 40 organizations working to protect healthcare in situations of armed conflict. It brings together humanitarian NGOs, human rights organizations, professional health associations, and academic institutions, combining operational, legal, and research expertise. This multi-stakeholder composition enables the coalition to document attacks on healthcare, analyze their impacts, and advocate for stronger protection and accountability.

One of the coalition's core activities is the publication of its annual global report on violence against healthcare. Based on data collected by Insecurity Insight from open sources, this report provides a comprehensive overview of attacks affecting medical facilities, personnel, and patients across conflict-affected settings. It identifies trends, highlights country-specific situations, and assesses the humanitarian consequences of such violence. In addition to its annual reports, the coalition also produces thematic and multi-year analyses to better understand long-term patterns. These publications serve as key reference tools for policymakers, humanitarian actors, and researchers, supporting efforts to strengthen the implementation of international humanitarian law and improve the protection of healthcare in conflict.

The 2025 annual report and the ten-year report on data collection and analysis will be published in May.

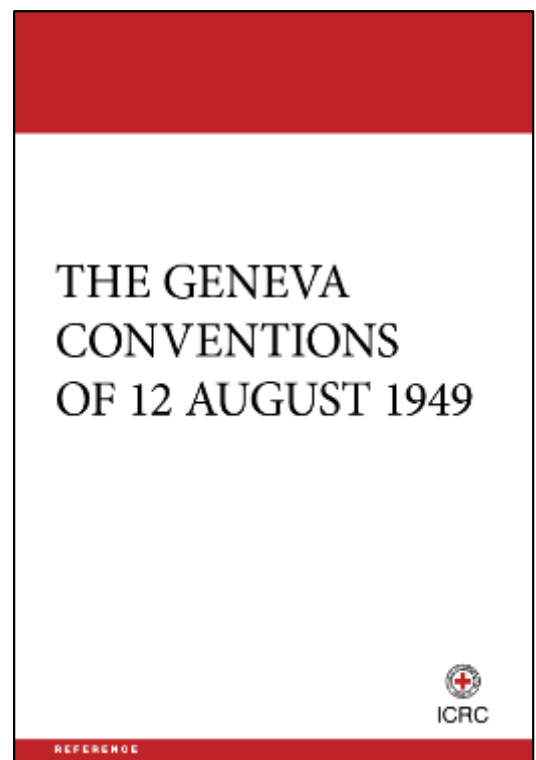


Initiatives by the Geneva Health Forum

In 2026, the Geneva Health Forum will address this issue on two occasions.

On Tuesday, 19 May, during the World Health Assembly, we will organize a workshop bringing together field actors working in healthcare structures in conflict-affected areas. The workshop will provide a space to share experiences and explore potential collaborations aimed at facilitating access to care in contexts such as Ukraine, Gaza, and Sudan.

Additionally, the GHF conference, taking place from 10 to 12 April, will also address this topic, although the exact format and focus of the sessions are still being finalized.



Key Messages



Held in the framework of the Humanitarian Networking Partnership Week (HNPW) 2026, the symposium organized by the Geneva Health Forum brought together humanitarian practitioners, legal experts and researchers to examine the challenges of protecting healthcare in armed conflict. Drawing on field experience, legal analysis and empirical evidence, the discussions highlighted the growing gap between international humanitarian law and the realities faced on the ground.

Against this backdrop, ten key messages emerged, reflecting both the urgency of the situation and the need for coordinated, concrete action to ensure the protection of health services in conflict settings.

1. Ensure and enforce the protection of hospitals, medical personnel, and patients as a core obligation under international humanitarian law.
2. Prevent and respond to attacks on healthcare by strengthening protection measures and addressing their long-term impact on health systems.
3. Strengthen political commitment by translating international humanitarian law into concrete national policies, military doctrines, and operational practices.
4. Engage systematically with both state and non-state actors to secure safe and sustained humanitarian access.
5. Systematically document and share data on attacks against healthcare to support accountability, advocacy, and evidence-based decision-making.
6. Invest in training and capacity-building for local healthcare workers to improve their understanding and application of international humanitarian law.
7. Adapt protection strategies of emerging warfare technologies, including drones, by developing appropriate risk management and data collection tools.
8. Support and actively participate in global initiatives that strengthen international coordination and reinforce the protection of healthcare.
9. Establish and strengthen coordination platforms between military actors and health stakeholders to ensure access to care and safeguard medical infrastructure.
10. Promote sustained, collective action by aligning humanitarian, legal, and research efforts to translate principles into concrete impact on the ground.



The Geneva Health Forum is a non-profit initiative launched in 2006 by Geneva University Hospitals and the University of Geneva. It provides a neutral platform for dialogue and collaboration between public stakeholders, academia, civil society, and the private sector.

It collaborates with its partners to create synergies to address public health challenges.



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Geneva Health Forum. “Strengthening the Application of International Humanitarian Law to Guarantee Access to Healthcare”. Zenodo, June 19, 2026.
<https://doi.org/10.5281/zenodo.20757332>.

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Thanks to Lucile Gaidioz, Betty Heaney Niamh, Neha Pallan and Simon Boakye. Special thanks to Joanne Movtchan Hili who helps us to review this report.